

MENTAL HEALTH & WELLBEING

*A sector-wide view of
Victorian emergency services' programs*



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An Interactive Qualifying Project submitted to the Faculty of Worcester Polytechnic Institute in partial fulfillment of the requirements for the degree of Bachelor of Science.

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CONTRIBUTIONS

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Jake was the primary author of the background. He was a primary data analyst, and played a large role in the interview data analysis for programs as well as metrics. He also was a key contributor towards the executive summary and finalizing and formatting the report. He was also a primary editor throughout the report. During the data collection, Jake was a primary interviewer.



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ABSTRACT

Emergency service work involves exposure to conditions that place workers at risk of mental injury. The goal of this project was to **assess and catalog current mental health programs, evaluate metrics used to measure their effectiveness, and identify opportunities for enhancing the promotion of mental fitness in the workplace.**

Through interviews with well being managers and mental health experts, we collected data on existing programs, evaluation metrics, and frameworks. Our findings showed a focus on intervention and support initiatives, while promotion lacked development. Our recommendation to bridge this gap emphasized thriving mental health through our acronym: C.A.R.E.



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Executive Summary

The mental health of emergency service workers is important as Victorian citizens rely on them to keep the state operational. The emergency service organizations in the sector understand the need for good mental health programs. Each has a team dedicated to reducing the impact of mental injury on these necessary workers. Our goal was to develop a sector-wide view of the programs that these teams have implemented. This will create a baseline for future reference and continuous improvement while understanding how organizations are measuring these programs.

Our Sponsor

Our sponsor, the Emergency Services Foundation (ESF), works with 15 member agencies across Victoria and serves as the only organization entirely dedicated to the prevention of mental injury for Victoria's emergency workers. The ESF conducts research around mental wellbeing, reveals risks for emergency service workers, and puts preventative and promotional measures in place.

Common Programs in the Sector

There are many common programs that are used throughout the sector. The most common ones that we used for analysis are:

- Peer Support
- Chaplaincy
- Critical Incident Response (Check-ins / Debriefing)
- Employee Assistance Program (EAP)
- Family Programs
- Organizational Leadership

The Importance of Promoting Mental Health

Promotion of mental health is the key to creating a proactive mental health plan. A work environment where mental health is a prevalent conversation and where people are constantly learning creates a place where employees feel empowered to do their job.

Measuring Program Effectiveness

Measuring effectiveness of mental health programs is important to identify the value of each program. Both direct qualitative measurement and proxy metrics have been used by researchers to determine effectiveness of programs. Most organizations have not attempted to measure their own programs in the sector, instead referring to consultation organizations to assess gaps.

Approach

1. Create a Sector-wide view of member's priorities in prevention, intervention, and promotion.

Entering the project, the sector was lacking an overall view of what the mental injury prevention effort looked like. Each organization had its own strategy with associated priorities, but were relatively uninformed of how others in the sector approached mental health programs.

In 2022, ESF and Phoenix Australia mapped the programs available for emergency service workers and their families throughout the sector. Our goal was to build on what work while focusing on the promotion aspect of the programs.

2. Identify strategies to enhance promotion of mental health in the workplace.

We identified some areas in which organizations were succeeding in the promotion space, and compiled best practices for each program. We then backed our initial interview findings with interviews with experts in the mental health field. These interviews gave us more insight into the strengths and weaknesses of programs, resources available in the Australian mental health space, and validation in categorizing our programs.

3. Identify and Access Studied Metrics for Efficacy Currently in Use.

We asked mental health teams about the strategies that they use to measure their programs. We interviewed a mental health researcher from Curtin university, and Phoenix Australia to determine studied metrics currently used in consultation. These findings gave guidance for what metrics are already in use and what can be implemented within the sector.

Results and Analysis

We obtained data about mental health programs being used throughout the sector, identified a gap in the sector's mental health approach, and determined metrics for efficacy through the following inputs.

Objective 1: A Sector-Wide Understanding of Members' Priorities in Support, Protection and Promotion



The support pillar contained programs with the most development in the sector, including Employee Assistance Programs (EAPs) and after-deployment check-ins. Their strong establishment highlights the historical emphasis on retroactive support.

The less utilized supporting programs were in-house clinical psychologists and chaplaincy. Due to needing significant resources, in-house psychologists are instead often replaced by an EAP provider. Chaplaincy has shifted its focus in recent years, becoming either multi-faith or non-religious.

The prevention pillar had many programs with a large focus from organizations, but little development. These programs were mostly newer, suggesting a shift toward prevention and early-intervention programs in the sector.

Very few programs exist that prioritize the promotion space. Recognition programs are mostly outdated, but are well established with medal ceremonies and sector-wide awards programs.

Significant resources have been allocated to support and protect pillars. The area that sees the most potential for growth is the promotion sector.

Objective 2: Identify Strategies in use to Enhance Promotion of Mental Health in the Workplace

Promotion programs are those that take good mental health and make it even better, rather than emphasizing treatment or prevention. Recognition programs prioritize promotion by making volunteers and employees proud of the important work they do. Award-based systems and medal ceremonies based on service time were the most common. Allowing workers to tell their story and feel heard was done by a few organizations. This had profound effects on the culture and pride of the workers. Peer and community nominated recognition were also found to be greatly appreciated.

Objective 3: Identify and Access Metrics for Efficacy Currently in Use and Possible Alternatives

We found across the interviews with member agencies that there were few metrics of effectiveness for programs. Still, there were three approaches in use that we discovered:

- Hearing the worker's perspective
- Tracking utilization
- Organizational proxy metrics

Hearing from workers can mainly be done using surveying. The People Matters survey is widely used to collect a variety of data, and additional surveying of employees is necessary as well.

Tracking usage of programs breaks down which programs are being utilized and what to prioritize as a mental health team. This information may correspond with worker's recommendations and feedback.

Organizational metrics note the effect of the organization's mental health efforts. While these are proxy metrics, they can be quite effective and have been used in studies for implementing programs.

Deliverables

Through the interview findings and further research into promotion and thriving, we established an acronym to guide the sector in enhancing the organizations' efforts in this aspect.

Connection
Acknowledgement
Relationships
Empowerment

The C pillar of CARE stands for **connection**. With strong connection, many aspects of a team's dynamic will improve. Without connection, communication and trust within the team will suffer. Leaders can combat this by getting to know their team on a personal level, creating a safer environment for difficult discussion.

The A pillar of CARE is **acknowledgement**. Acknowledgment is recognizing worker's importance and showing appreciation. Implementing an acknowledgement program can bring a new meaning into the workplace and foster a deeper appreciation for front line workers.

The R pillar of CARE comes from the foundation that **relationships** in the workplace foster mental health. We found that these relationships are

developed with two primary support systems: those found outside of the workplace such as their family and friends and those found within the workplace in the form of coworkers and colleagues. Workplace relationships can also be developed with peer support networks and clinical psychologists, allowing workers to strengthen their support system.

The E pillar of CARE stands for **empowerment**. Workers who feel empowered are better equipped to respond to challenges and recover quickly from difficult experiences. The confidence that comes from a worker's feeling of empowerment comes from a variety of sources, but can be nurtured in the workplace through their interactions with leaders, peers, and other colleagues. This empowerment can be accomplished by allowing individuals to feel in control of their job and life paths, fostering workers' feelings of greater purpose in their job's role, creating a space where all workers feel a sense of belonging, and encouraging positive practices of wellbeing and literacy in the workplace.

Conclusion

Emergency service workers are essential parts of every community. The mental health of these workers is vital to allow them to perform at the best of their ability. The programs available for them are key to maintaining good mental health. We found that there is a large focus on the support and prevention programs in the sector, but a limited focus on programs in the promotion space.

The promotion space of mental health takes mental health from good to great. These programs are available to all workers at all times, even if they are not in crisis. Through an interview with a researcher who works specifically in the promotion space, we developed an understanding of what organizations should focus on to effectively promote mental health in the workplace. This allowed us to create our deliverable, C.A.R.E., an acronym that can be used throughout the whole sector as a strategy to create promotion programs.

The implementation of programs that emphasize promoting mental health and encourage a thriving work environment has potential to leave a large impact on not only emergency service workers, but the community as a whole. Emergency service workers are the backbone of our society, and we need them to be mentally healthy, which starts with the programs that are available for them through their organizations.

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ESF Team B24

INTRODUCTION

Emergency management work carries the risk of harm to workers' mental health due to the **extreme and potentially traumatizing conditions** they face. The citizens of Victoria rely on healthy and capable emergency service workers at all times, so they must be able to properly endure the mentally traumatic work. Our partner, the Emergency Services Foundation, collaborates with member organizations to understand mental health issues with a focus on developing evidence-based interventions.

In each organization, there is a team dedicated to the well being of the workers. This team's job is to create mental health and well being programs that fit their organizational needs with a focus on the **prevention of mental harm, intervention to mitigate harm, and the promotion of mental health**. These programs are developed based on different stages of the mental health continuum (Figure 1).

The ESF stated that currently they do not have a sector wide view of what is happening to promote mental fitness and prevent mental injury.

Each organization has their own well being strategy and associated priorities and initiatives; some strategies are less mature and would benefit from the experience of others.

The aim of our project was to develop a **sector-wide view** of the **mental health programs** to create a baseline for future reference and continuous improvement while understanding how emergency service organizations are **measuring effectiveness** of these programs. To address this problem we interviewed well being managers of these organizations and experts in the mental health field. We hoped to allow member agencies to gain insight into further programs and metrics to better their mental health initiatives for their emergency service workers.

First, we interviewed well being managers of each of the ESF's member agencies to obtain knowledge of their mental health programs available. Using this insight, we conducted interviews with mental health experts to understand key strengths and weaknesses of each program.



Watson P & Westphal R (2020). Stress First Aid for Healthcare Workers, National Center for PTSD | Colorado Healthcare Ethics Resource <https://cohcwcovidsupport.org/>

Figure 1. Mental Health Continuum Model (Watson & Westphal, 2020)

Next, we analyzed our data by selecting key areas of focus within the stronger mental health programs. From this analysis, we developed a figure to display our key takeaways and recommendations to the companies in Victoria's emergency management sector.

OBJECTIVES

Create a sector-wide understanding of members' priorities in prevention, intervention, and promotion.

Identify strategies to enhance promotion of mental health in the workplace.

Identify and access metrics for efficacy currently in use and possible alternatives.



Figure 2. ESF Member Agencies throughout the Sector (Mackenzie, 2023)

BACKGROUND

In the following chapter, we will start by introducing our project's community partner organization, the Emergency Services Foundation and their interest in a sector-wide understanding of mental health programs and metrics. We then will discuss common mental health practices in organizations, and the importance of organizational leaderships on the success of these programs. We move on to describe stigma on mental health and its effects on the usage of mental health programs and transition to how mental health is promoted within the workplace. Finally, we will discuss common practices of measuring effectiveness of mental health programs and frameworks that organizations use as a guide for them.



Figure 3. ESF Logo
(Emergency Services Foundation, 2018)

Emergency Services Foundation

The Emergency Services Foundation (ESF) is a nonprofit organization that serves fifteen different emergency management organizations in Victoria, Australia (Figure 2). The ESF **links these agencies together and encourages collaboration** throughout the sector and is the only organization that is entirely dedicated to the prevention of mental health injury for Victoria's emergency workers.

The ESF has three main goals: to research ideas around mental wellbeing, reveal how emergency service workers might be at risk for mental injury, and put preventative and promotional measures in place. They serve approximately 139,000 service workers throughout Victoria, consisting of both paid workers and volunteers (Emergency Services Foundation, 2023).

With the strong focus on prevention and early intervention of mental injury for emergency service workers throughout the sector, the ESF currently has several programs in place. One of the ESF's main programs is the Learning Network. This program connects the wellbeing managers from the Victorian emergency management agencies and subject matter experts in monthly meetings and other collaborative activities to share knowledge and provide ideas. The ESF Learning Network is based on the principle that "a collaborative approach will help emergency management agencies to be stronger, and more

consistent and creative in their response to the mental health needs of their volunteers and staff”(Emergency Services Foundation, 2023).

Common Mental Health Programs

Peer Support

Peer support programs are coordinated programs where members of an organization offer their time to provide mental health and wellbeing support to colleagues. In research done by Phoenix Australia in 2021 on understanding the application and relevance of the peer support guidelines in practice, and how peer support programs might operate within a multi-agency context, the researchers established the core activities of peer support. As seen in figure 4 below, peer supporters can provide support in many ways to colleagues (Phoenix Australia, 2022).

Chaplaincy

Chaplaincy programs “provide emotional and spiritual care, comfort and compassion to people affected by trauma as a result of an emergency or disaster” (VCCEM, n.d). Chaplains are people who are trained to **emotionally** and **spiritually** care for individuals and the community, and are often used in

emergency service organizations. In a study done by the Journal of Health Care Chaplaincy in 2024 on paramedics’ perspectives of the role and value of Australian ambulance chaplains, 77.4% of subjects did not know that chaplains were available in their ambulance service, and 62.7% of those who were aware of the support did not seek support previously. The research concludes that the **decrease in chaplaincy usage correlates to the decrease of religious practices in society**, as the results identified that paramedics who are more open to spirituality and religion were more likely to use chaplaincy (Tunks, et al., 2024). Chaplaincy is not intended to only be a support mechanism for those seeking religious guidance, but for all emergency service workers of every demographic.

Debriefing

Research has shown that following traumatic events, it is important for emergency service workers to debrief their emotions on the event. Debriefing initially allows the group or individuals to look at the incident as a whole and can result in suggestions to improve future responses. Secondly, it allows the persons involved to go over the incident, allowing individuals to

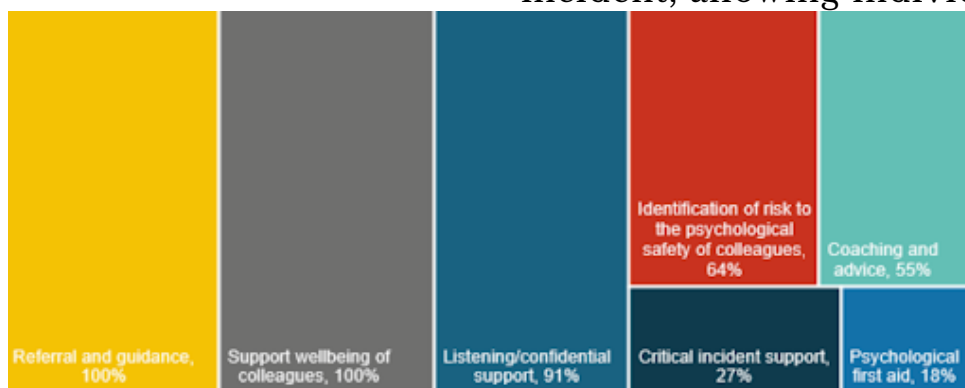


Figure 4. Core Functions of Peer Support Programs (Phoenix Australia, 2021)

express their own point of view and see it through others' views, allowing a sense of closure. Finally, debriefing allows people to talk about the feelings they experienced at the time of the incident, or still feel, and help them deal with any unresolved emotions (Royal Life Saving WA, n.d.). The mental health of individuals can be at risk if strong emotions are not talked about or assisted further. Debriefing and allowing emergency service workers to talk with those who have shared experiences, while establishing the next steps in processing these events is a critical event in traumatic situations.

Employee Assistance Program

The Employee Assistance Program (EAP) is an external, voluntary, and work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems (U.S. Office of Personnel Management, n.d.). EAPs are widely used in emergency service workers, along with their immediate family members.

Family Programs

As emergency service workers clock-out of their job and go home, their first resource is often their friends and family. As a loved one of an emergency service worker, properly supporting these individuals can be challenging. Their role involves recognizing signs and symptoms of poor mental wellbeing, engaging in conversations about these challenges, encouraging healthy practices,

understanding available resources, and prioritizing their own wellbeing.

The ESF has established a **Families Guide** that is intended to help families of emergency service workers - especially families of volunteers. Within the guide there is a variety of information on mental health and wellbeing, starting by clearly outlining ways to **recognize early warning signs**. The AV Mental Health Continuum Support Options and Actions illustrate some variables of wellbeing including mood, attitude, behaviors, and habits (Figure 5).

Five things to notice

There are lots of things that can impact our mental health, so we need to pay attention to where we are in the current climate and to take a metaphoric temperature check of how we're feeling and responding to it.

We have identified five factors you should take notice of that will help you tune into what you're thinking, feeling, doing and seeing in yourself or in others.



Figure 5. ESF Families Guide, Page 14 (Emergency Services Foundation, 2024)

The AV Mental Health Continuum What to Notice followed by Support Options and Actions are direct tools that anyone can access. The ESF Families Guide is provided to the families of many emergency service organizations throughout the sector. The Families Guide concludes with information on how the family members can help themselves, along with resources that are provided.

Organizational Leadership

Due to the collaborative nature of the work, emergency service personnel are often grouped into crews, squads,

and teams with leaders. These leaders are in the **most direct contact** with workers and volunteers, as they can personally provide support from a respected role. Leadership development regarding mental health can improve the resource utilization process.

Increasingly, research has shown that development of leadership mental health training can improve **both mental health support and employee resource utilization**. In a study on the effects of training in Canada, leaders that received training showed increased communication about mental health and resources, greater recognition

of warning signs, and action-taking. It also showed that employees under trained leaders perceived increases in leaders' communication about mental health and resources, leader's consideration for struggling employees, employee willingness to use resources, and employee resource use (Dimoff, 2019).

This increased resource use can lead to considerable cost-saving on advertising other under-utilized resources. A small training program that can be incorporated naturally into leadership development can make an organization wide impact on mental health literacy and resource use.

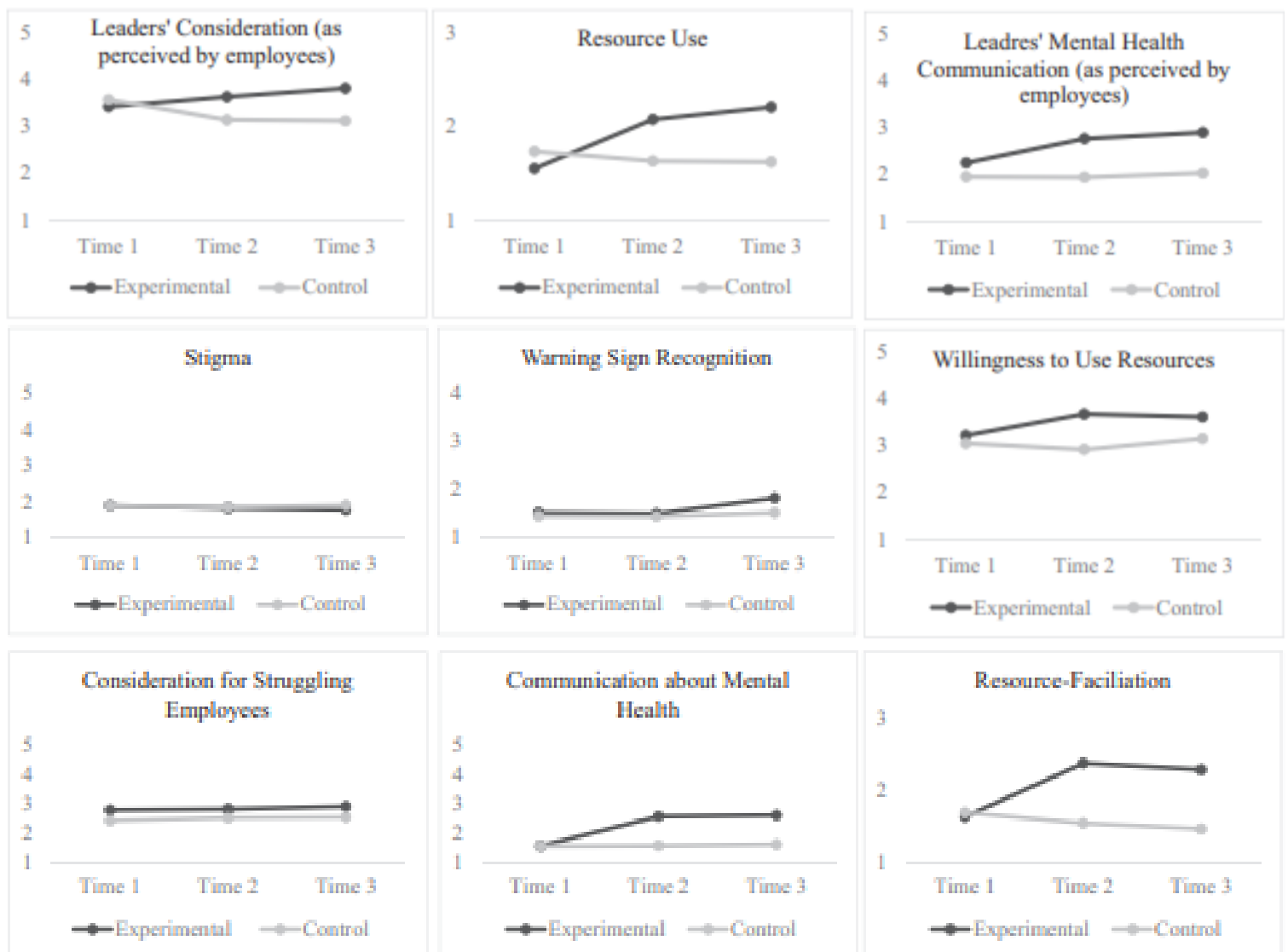


Figure 6. Changes in Employee Variables Over Time, page 7 & 8 (Dimoff, 2019)

Stigma as an Obstacle to Mental Health Programs

The acknowledgement and breakdown of stigma is important to our project because **high levels of stigma** surrounding mental health can lead to **decreased usage of provided programs**. In general, emergency services are also in higher contact with those with mental health struggles, through their coworkers and interactions with the public. Reducing stigma and helping workers recognize their own stigma can **improve workplace discussions and culture** around mental health significantly. It may also reduce some of the barriers around seeking help.

Stigma levels are lower in the general population compared to emergency services. Reduced stigma across the sectors was predicted by “being female, having increased sympathy-related beliefs and having reduced fear-related attitudes” (Hazell, 2021). On a sector-by-sector view, stigma was reduced by **educational level** and **personal experience**, and current contact. Data shows that the perception of public stigma was more likely to be associated with self-stigma in older adults (Mackenzie, 2019). In more recent years, mental health has become a more common topic of conversation, and younger adults with less exposure to stigma have an easier time transitioning their mindsets compared to the older generations.

Promotion of Mental Health

The emphasis on promotion in the mental health space is important because it allows employees who are not currently experiencing mental

distress to **continue to improve their mental health**. An organization with thriving employees not only protects against psychological harm, but also provides an environment that fosters the development of positive mental health and a **sense of fulfillment**. In thriving workplaces, all individuals can experience positive well-being (Taylor, 2019).

Promotion of mental health in the workplace is what creates organizations with thriving employees. “Thriving is being **energized, feeling valued**, and feeling that **what you do is valued**. Thriving is being **productive**, being **open to challenges** presented, and having the opportunity to continuously **learn and grow**” (Spreitzer, 2005). This thriving comes from one main source of work culture.

The work culture of an organization can be difficult to change, and this difficulty only increases in spread out organizations. This is because distance reduces the ability to connect at work through social interaction. This has become even more prevalent due to remote working that rose during the COVID-19 pandemic in 2020. Volunteers are especially disconnected as they work far less than a full time employee and have no obligation to report to headquarters in a lot of cases.

Based on a research investigation done by Shaun Cardiff on effective workplace cultures, there are **four main guiding principles**:

- Collective leadership
- Living shared values
- Safe, critical, creative learning environments
- Changes for good that make a difference

These four principles work towards a working culture that has the following values shown in figure 7.

The conversation about mental health falls into the effective care category, making sure that everyone is holistically safe. A positive attitude to change and appreciative learning assist in the destigmatization of mental health and bring the conversation into the workplace.

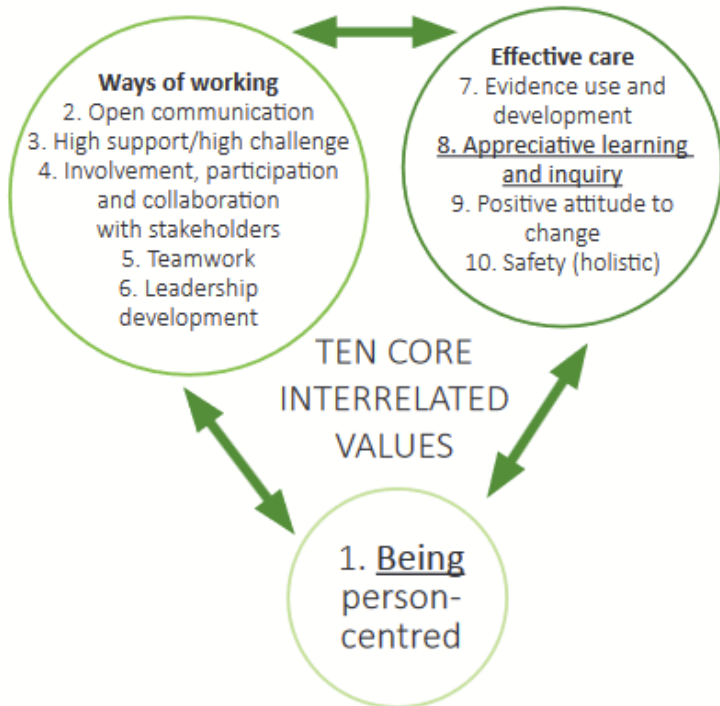


Figure 7. Ten Core Interrelated Values of an Effective Workplace Culture (Cardiff, et al., 2020).

Program advertisement for mental health is a large part of the success of programs among workers. If the programs do not reach the people who need them, then they serve no real purpose. Many emergency service organizations in Victoria have their volunteers spread across the entire state, so it can be difficult to get people together and advertise programs effectively. For this reason, creative ways of bringing mental health into the workplace is required for bolstering thriving mental health.

Measurements of Effectiveness

Measuring effectiveness of mental health programs is important to identify the **value of each program**. There have been many different approaches but the methods of measurement almost always come with downsides and issues with confidentiality are common. Part of our aim is to **identify potentially valid metrics** for organizations to use in their program development.

The first method is surveys which often accompany mental health workshops. They obtain self reported data about the perceived effectiveness from the users' point of view. Using a questionnaire before and after completing the mental health program is a common way that researchers and managers measure growth in mental health literacy (Hassen, et al., 2022). The degree by which the overall scores increase from the beginning of the program to the end provides a clear measure of effectiveness.

Anecdotal evidence is often used as a way to determine the effectiveness of mental health programs. In a study of the effectiveness of mental health programs targeted for veterans, "descriptive statistics" were used to measure how well the programs were implemented and used by the veterans (Shaw, et al., 2021). These descriptions included variables such as recovery well being outcomes and risk factors. These factors allowed researchers to analyze the **positive outcomes** of the programs as well as the **areas in which the programs could be enhanced**.

Retention of workers can be used to measure the effectiveness of mental

health programs as those who feel mentally exhausted or burnt out are likely to leave and find less demanding work elsewhere. Many programs measure retention rates each year, and by comparing the percentage of returning workers, managers are able to determine the effectiveness of the mental health programs in place on a year to year basis. The implementation of mental health programs for nurses led to a retention increase from 88.3% to 97.1%, providing clear evidence of the effectiveness of the programs in improving mental health (Pelletier, et al., 2018). The study also received feedback from nurses that described their satisfaction with the program, thus reiterating the credibility of this method of measuring effectiveness.

Mental Health Frameworks

Mental health Frameworks are the backbone for how organizations implement and create their programs. They **emphasize key values** and serve as a base that mental health programs are built upon.

Beyond Blue is a not-for-profit organization that conducts research on mental health in Australia and provides help through programs to those who visit their website. The Good Practice framework was developed by Beyond Blue specifically for emergency service workplaces (Beyond Blue, 2020). The key elements of the framework include: workplace integration of mental health, the types of programs to introduce, guidance on program implementation, and practical suggestions for how to use mental health programs. This framework has been utilized by many emergency service organizations,

although many choose to follow other frameworks instead.



Figure 8. Beyond Blue's Good Practice Framework Pillars (Beyond Blue, 2020).

Thrive at Work is an Australian wellbeing initiative developed by Curtin University to develop workplaces that allow employees to thrive. The key elements of this framework are mitigation (helping those impacted by mental illness become well again), prevention (helping healthy people stay well), and thriving (further improving the wellbeing of those who are mentally healthy) (Thrive at Work, 2021). This framework is set apart from Beyond Blue's Good Practice framework because of the promotion pillar.



Figure 9. Thrive at Work Framework (Thrive at Work, 2021).

Promotion of mental health is a very **understudied field** and collecting data is notoriously difficult. This is why Beyond Blue doesn't include it within their framework as their programs are all backed by research.

METHODS

Objective 1

Create a sector-wide understanding of members' priorities in prevention, intervention, and promotion

Method 1

Interview mental health managers of emergency service organizations in Victoria

As we entered this project, there was not a sector-wide view of what was happening to promote mental fitness and prevent mental injury. While each organization has its own well being strategy and associated priorities and initiatives, there has been **very little collaboration**, and **spotty mutual awareness** of each other's efforts and approaches. Agencies in different stages of development could benefit from learning from others.

In 2022, Phoenix Australia and ESF researched available programs in order to create a diagrammatic map of the scope of mental health programs and services available to Emergency Service workers and their families across Victoria (Emergency Services Foundation, 2022). The purpose of this section of the project is to build on that work and provide ESF and the organizations it serves with a more strategic overview of how the sector is promoting mental fitness and preventing mental injury.

Our areas of focus reflect areas of particular interest to the ESF. Programs that focus on prevention, mitigation and early intervention have existed for a long time and are very well established. Exploring pre-established programs provides a view into the maturity and scope of a member organization's resources. In contrast, emergent programs promoting "thriving in the workplace" – increasingly considered **crucial for continued improvement** in those who are already on the right track with their mental health – remain relatively uncommon compared to preventative programs. Thriving programs receive less attention by both organizations and researchers, but could **improve the lives** of many emergency personnel.

This objective was completed with semi-structured interviews with mental health managers of emergency service organizations in Victoria.

The level of detail necessary to get a picture of common themes between organizations is difficult to achieve with a survey. Semi-structured interviews allowed us more in-dept exploration of crucial details of programs.

The purpose of the interviews was to gain an **overall understanding** of the programs offered by each organization; where each program falls into **categories** such as prevention, mitigation, early intervention and promotion; how and **why programs were designed**; and what changes or decisions that were made in the past that provided improvement to programs.

Objective 2

Identify strategies to enhance promotion of mental health in the workplace.

Method 2

Interview mental health managers of emergency service organizations in Victoria and experts in the field.

In the majority of emergency service organizations throughout the sector there is a **strong emphasis on programs involving prevention, early intervention, and treatment of mental health**. Though there is often a lack of attention on the promotion of mental health. The promotion of mental health can be defined as “optimizing well-being and generating future capabilities” (Thrive at Work, 2021).

We completed this objective by interviewing mental health managers of emergency service organizations (Appendix A) and experts in the mental health field (Appendix D). Through interviewing mental health managers we were able to identify existing programs that address the promotion of mental health, as well as **identify gaps** in the promotion aspect. When interviewing experts in the mental health field, we were able to establish what thriving looks like in the field, and how it can be incorporated into organizational programs. A thriving organization is one where the **mental health of all employees is protected and supported, regardless of cause**. Work is more than just a place to survive each day, good work provides opportunities for meaning, connection, learning and growth, which in turn support employees to thrive. A thriving employee is energized, feels valued, and feels that what they do is valued. Thriving is being productive, open to challenges presented, and also having the opportunity to continuously learn and grow.

Objective 3

Identify and access metrics for efficacy currently in use and possible alternatives.

Method 3

Interview mental health managers of emergency service organizations in Victoria and policy consultation service organizations.

The most efficient way to determine effective metrics of mental health programs in the sector is to interview mental health managers of emergency service organizations in Victoria. Through these interviews (Appendix B), we asked each organization how they measure the effectiveness of their individual programs. This allowed us to learn what each organization does internally to determine the effectiveness of their programs.

Many of the emergency service organizations in Victoria reached out to **Phoenix Australia's consultation service** to obtain an outside perspective on the mental health programs implemented within their organization.

We interviewed a representative from Phoenix Australia to understand what the organization's own methods for determining the effectiveness of programs is (Appendix B). This allowed us to gain a better understanding of the best method of determining effectiveness of mental health programs because this organization has been solicited by multiple organizations within Victoria's emergency management sector.

The data obtained in the interviews with mental health managers and with Phoenix Australia was used to collectively determine the best practice for measuring effectiveness of mental health programs.



Figure 10. ESF Family Matters Advisory Group
(Emergency Services Foundation, 2024)

RESULTS

We were able to obtain data about mental health programs throughout the sector, identify a gap in the sector's mental health approach, and determine metrics for efficacy currently in use through the following inputs:



Objective 1: Create a sector-wide understanding of members' priorities in prevention, intervention, and promotion.

When exploring this objective, we interviewed 13 mental health managers of emergency service organizations in Victoria. Throughout the interviews, we asked them to explain the programs that they have in place to full extent. The programs that we explored were peer support, chaplaincy, EAP, leadership training, check-ins, clinical psychologists, family programs, training/online learning programs, and recognition programs. We asked the subjects on how much they believe stigma impacts their programs. With these responses, we then scored their

organization in each subcategory on a scale of 1-5. The following were the metrics:

1	no program in place
2	narrow or minimal program
3	Slightly outdated or improvable, covers all bases
4	well rounded program, substantial focus from mental health team
5	well-established program with a holistic approach or outstanding feature

Based on these metrics, the data was analyzed and put in a graph (Figure 11).

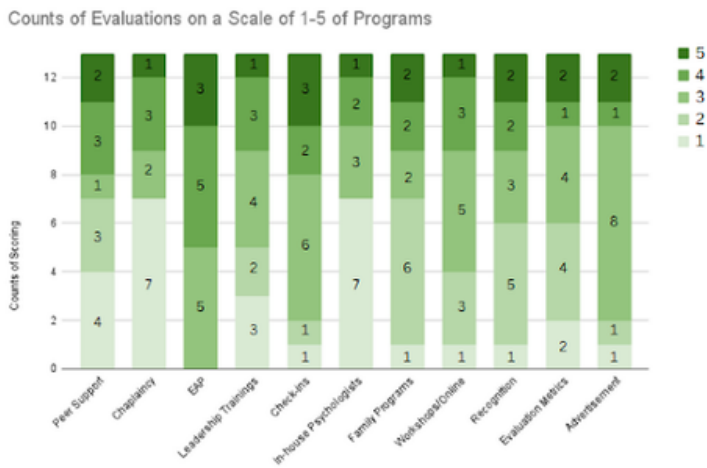


Figure 11. Counts of Scores for Each Program Within the Member Agencies



Figure 12. Average Scores and Data Based on How Many Companies Utilized and Developed Programs (Modified after Beyond Blue, 2020)

Strong Development in the Support Pillar

Areas that received the most development within the sector included Employee Assistance Programs (EAPs) (3.85) and after-deployment check-ins (3.62). These programs also showed the highest number of organizations with very developed programs (Figure 10). The strong establishment of EAPs and after-deployment check-ins highlights the sector’s focus on addressing workers and volunteers after injuries have occurred. This aligns with a reported historical emphasis on support and intervention, described in our interviews.

Lower Development in Specialized and Alternative Support

The least developed areas were **in-house clinical psychologists** (2.46) and **chaplaincy** (2.31) (Figure 11). The data indicates that many organizations do not utilize them at all (Figure 10). Organizations reported that these programs provide niche support and require **significant resources**, making them a lower priority.

Lower Development in the Promotion Pillar

Other areas with lower development included **recognition programs** (2.92) (Figure 11). No other programs exist in the promote space. These programs were described by experts as essential for fostering appreciation and support among workers, as well as extending that support to families. They can contribute to workers feeling valued and fulfilled as well.

Moderate Development in the Protect Pillar

Areas showing moderate development within the sector included **advertising** (3.17), **training/online resources** (3.0), **family programs** (2.85), **leadership training** (2.77), and **peer support** (2.69) (Figure 11). These programs frequently scored 2s and 3s, indicating that many organizations are still developing them (Figure 10). This may be caused by a described consistent rolling out of new training programs and promoting them to workers and volunteers. Many organizations reported education as a priority. This shows a shift towards prevention/early-intervention programs.

Program	Pros	Cons
Employee Assistance Programs	<ul style="list-style-type: none"> • Can reduce the fear that accessing support will affect the individual's job 	<ul style="list-style-type: none"> • Often don't understand the daily demands of emergency service work
After-Deployment Check-Ins	<ul style="list-style-type: none"> • Can help workers/volunteers quickly process a critical incident in a healthy manner 	<ul style="list-style-type: none"> • If done incorrectly, can cause vicarious trauma and further harm workers/volunteers

Figure 13. Support Pillar Strong Program Overview

Program	Pros	Cons
In-House Clinical Psychologists	<ul style="list-style-type: none"> • Vetted for relevant experience, ensuring they understand the daily demands of emergency service work 	<ul style="list-style-type: none"> • Requires a significant resources • May do some of the duties that an EAP clinician could complete
Chaplaincy	<ul style="list-style-type: none"> • Can help foster a sense of community • Provide care for matters outside of work that clinicians may not be able to address 	<ul style="list-style-type: none"> • Struggling to find relevancy in an increasingly secular world

Figure 14. Support Pillar Less Developed Program Overview

Program	Pros	Cons
Recognition Programs	<ul style="list-style-type: none"> • Employees and volunteers feel honored and appreciated for their hard work. 	<ul style="list-style-type: none"> • Lack of personalization or connection during larger ceremonies

Figure 15. Promote Pillar Program Overview

Program	Pros	Cons
Advertising	<ul style="list-style-type: none"> • Reduce stigma by fostering open discussions about mental health in the workplace • Increases utilization of programs 	<ul style="list-style-type: none"> • Difficulty advertising in organizations with widespread workforces
Training/Online Resources	<ul style="list-style-type: none"> • In-person, interactive training can reduce stigma • Online training and mental health hubs are easily available to widespread workforces 	<ul style="list-style-type: none"> • Remote training can lead to less engagement • Optional trainings can mean lower usage
Family Programs	<ul style="list-style-type: none"> • Bolsters the natural support system that emergency service workers already rely on 	<ul style="list-style-type: none"> • A less direct line of contact with families can lead to lower engagement
Leadership Training	<ul style="list-style-type: none"> • Allows leaders to role model positive behaviors and develop closer connections with employees and volunteers 	<ul style="list-style-type: none"> • Takes significant resources to select and train leaders • Can affect the whole team's culture if leaders are trained ineffectively
Peer Support	<ul style="list-style-type: none"> • Creates a community of workers or volunteers that can foster more open discussion of mental health and connection to the workplace 	<ul style="list-style-type: none"> • Requires significant resources

Figure 16. Protect Pillar Program Overview

Key Insight: The Promotion Pillar Has Growth Potential

The promotion pillar, including social connection initiatives, shows the most potential for growth. Currently, many organizations leave social connection efforts to local stations and groups, with **few prioritizing this area in their mental health plans**. While significant resources have been allocated to support and protect pillars, there is a lack of programs focused on maintaining or enhancing positive mental health. It would take significant resources for smaller organizations to implement programs for more niche care. For this reason, we believe the promotion pillar represents the most beneficial area for further development.

Objective 2: Identify Strategies in use to Enhance Promotion of Mental Health in the Workplace

When exploring this objective, we asked mental health managers about the framework that they were using to guide them in establishing their programs. Out of the 13 member agencies, 7 did not use a framework, 4 made their own frameworks, and the remaining 2 referred to Beyond the Blue's Good Practice framework, established in 2017 (Figure 16).

After determining that a company used this framework, or one with similar pillars (protect, promote, support), we then categorized the different mental health programs based on where they fit in the pillars. When categorizing the programs, we found that zero member agencies had any programs that they intentionally placed in the "promote" space (Figure 17).



Figure 17. Promotion Pillar of Beyond Blue Framework
(Modified after Beyond Blue, 2020)

This was where we established **our gap**. The only program that was directly dedicated to promotion throughout the sector was recognition programs. Based on our metric scale, the recognition programs averaged a 2.92/5 throughout the sector. This number, along with the lack of other programs, showed that there **needed to be advancements** in this portion of programming.

Objective 3: Identify and Access Metrics for Efficacy Currently in Use and Possible Alternatives

Current Data Sharing in the Sector

From interviews with mental health teams, a large **lack of data sharing was evident**. A sector-wide library was in development but confidentiality and lack of metric uniformity had been slowing progress.

Privacy for employees is a priority for each organization with some organizations avoiding collecting metrics for this reason.

Even the metrics that are used by organizations are not shared. This makes sharing even more difficult as the data collected is collected differently for each organization. This **data diversity** adds to the difficulty of combining it all into a larger, more useful data set. Working together between organizations to establish metrics is the first step towards this data uniformity.

Why Measurement is Important

Measurement of mental health programs allows for creation of continuously improving programs. Quantifying changes will also start to show what is effective for a specific organization and what changes are beneficial. This measurement has **historically been an issue within the sector**. Creating measurements that relate programs and tactics to changes in data over time can help create backed data that is more useful to share and learn from. There are 3 main pillars that we investigated (Figure 17) and some examples are included in Appendix E.

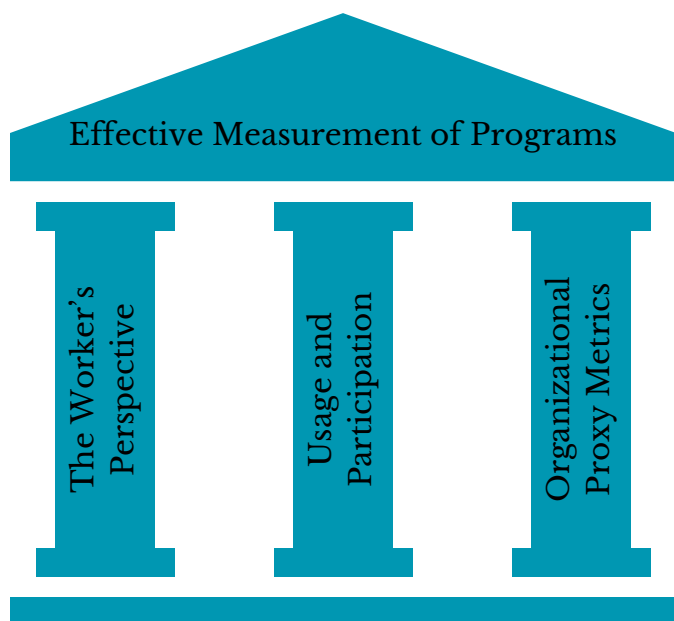


Figure 18: The Pillars of Effective Measurement

The Worker's Perspective

The volunteers and employees using mental health programs are a good source for showing the effect of the mental health effort within the organization. The most popular approach to get this feedback was **surveys**, both yearly and as feedback after events.

Yearly surveys can set a baseline for understanding program awareness and support within the organization. A widely used survey in Victoria is the **People Matters Survey** (Figure 18). This survey is available to all industries in Victoria and covers job satisfaction, career development, wellbeing, and diversity and inclusion. This is important, but more data is needed to understand the workers perspective on mental health.



Figure 19: People Matter Survey (Victorian Auditor-General's Office, 2024)

Program awareness can be found by simply asking the employees if they have heard of programs and how much they know about them. This information can assist in tracking the effectiveness of advertisement of programs.

Support within the organization can be tracked through **employees' reactions** to difficult situations. These questions include an employees **comfort approaching leaders** or coworkers, comfort with **discussing mental health with coworkers**, and

how they would **personally react** if a coworker informed them of a mental challenge they were going through.

Leadership from an employee's point of view can also be found through these surveys and can be associated to the effectiveness of leadership trainings. **Separating leaders** out in the data can also lead to profound findings of leadership awareness and comfort.

A survey directly following the completion of a **learning session** can measure literacy and generate useful feedback. Focusing on what was learned will give information about what was extracted and can reinforce covered ideas. This includes terminology during the workshop, or how workers feel about their knowledge of a certain topic. Asking the workers for **feedback** on the session is a good way to get their opinions and see what they want to learn in the future. **Avoid asking for satisfaction** as it does not directly translate to program effectiveness. Instead, effectiveness can be measured through knowledge of what was learned in the program. Feedback should include what discussions felt engaging and what the workers want to learn next.

Some organizations include a survey **before and after** to get a feel for how much people learned through the information session. Both approaches are effective for measuring the immediate impact of workshops, but they **lack in measuring longevity** of the impact.

Finding out how your employees think of mental health and what avenues they are more likely to engage with can **drastically change** how programs are structured. Making sure that the people who are receiving these programs are conscious of them and would feel **comfortable engaging** with them is key to a successful system.

Usage and Participation Metrics

Usage and participation metrics provide information on how many people are **undergoing learning** within programs. Having a workforce that is learning and interacting with programs is going to lead to a thriving environment, so it is important to understand how well the programs are **utilized**.

This utilization should be measured for EAP usage, workshop participation, online training, peer support sign-ups, click tracking on key intranet locations and usage of Mental Health First Aid MHFA officers. Once this data is **tracked over time**, it allows for **setting goals** for continuous improvement and preventing burnout for vital MHFA officers.

Realistic participation goals are going to be **different for each organization** and program. If the goal is a 10% year on year usage increase in MHFA training for example, then the advertisement of this program or the barriers to access this program for employees must change for the better one way or another. This will get the mental health team **thinking creatively** about how to best advertise and reduce stigma within an organization.

Employee usage of Mental Health First Aid officers shows how much work the officers are dealing with and frequency of employee access. The MHFA officers are most commonly **peer supporters or leaders**, and these workers already have a lot on their plate. Giving them hours of additional work every week to help others with mental injury is only going to give them burnout and their own issues. It is important to **not overload** these workers as they are the backbone of the mental health team.

On the other hand, if employees are **not utilizing** these officers, then there should be an explanation for why they are not. This reasoning could be good news due to **little need** for common talks with MHFA officers, or it could be negative due to **stigma**, few officers, or insufficient advertisement of programs.

Tracking **usage** is one of the first steps towards finding out what workers really lean towards, and what programs to expand upon more. Over time, continuous improvement of usage will create an environment of learning in the workplace, keep employees engaged with their mental health, and **reduce stigma** towards reaching out.

Organizational Proxy Metrics

Some metrics we have picked up throughout our interviews are tracked on an **organization wide basis**, but still correlate to the mental health effort. This can be broken down into 2 categories: How the employees are struggling, and how the organization is fighting this struggle.

Metrics that show employee struggle, such as the retention rate, suicide rate, workers compensation for mental injury, and number of injury claims open can help measure the amount of employees that are **falling through the gaps** in programs. For example, retention rate can be low for a lot of reasons, but what it truly says is that people are not happy within the organization. Tracking these metrics is useful as a **fail safe** to other tracking tactics.

How the organization is **fighting the struggle** can be measured in many ways. Some common ones found were: the number of mental health awareness events run, the amount of mental health training per person, and percent of board meetings that cover well-being or injury statistics. These all roughly show how much is being done by an organization and how big of a **priority** mental health is within an organization. Tracking these metrics and additional ones recommended in appendix E can show where an organization is generally **focusing its efforts**.

Getting information from your EAP provider can also help with understanding the mental health effort. The EAP should **report back** on at least a yearly basis with information on how many employees access services, the average length of access, number of returning employees, family access statistics, and the main reason for the sessions. This all serves as **extra data** that can help identify trends within the organization, and then where to put time towards.

C.A.R.E.

Through the ESF, we were pointed to the Future of Work Institute who created the Thrive at Work framework (Figure 20).



Figure 20. The Thrive at Work Framework
(Future of Work Institute, 2021)

Thrive at Work has a large focus on promoting, which is where we found that the sector is lacking. “Thriving is being **energized**, feeling **valued**, and feeling that **what you do is valued**. Thriving is being **productive**, being **open to challenges** presented, and having the opportunity to continuously **learn and grow**” (Thrive at Work, 2021). Through interview findings and further research into thriving, we established a mnemonic to help the sector enhance their organization’s efforts in the “promotion” aspect (Figure 21).

Connection
Acknowledgement
Relationships
Empowerment

Figure 21. C.A.R.E. Acronym

CONNECTION

The C pillar of CARE stands for connection. In emergency services in particular, the trust between a leader and their team is very important. Trust can be defined as “a belief in the abilities, integrity, and character of another person and is often thought of as something that personal relationships are built on” (Lewis, 2022). **Leaders play a crucial role in building trust within their organizations.** Leaders have the ability to set the tone for the culture and establish norms of behaviors. If trust is not a main concern of a leader, communication and connectedness of an organization will suffer. Leaders are able to build trust with their teams by creating a safe environment where people feel comfortable expressing themselves and taking risks. A leader is able to build trust by taking that extra time to learn their team at the individual level.

In neuroscience experiences performed by Zak, results showed that when people intentionally build social ties at work, their performance improves (Zak, 2017). A similar study found that managers who “express interest in and concern for team members’ success and personal well-being” outperform others in the quality and quantity of their work (Pfeffer, et al., 2023). When trust is formed with a leader and their team, many aspects of the dynamic will improve. Connection is essential in any workplace, but especially important when working in the high-stress job of emergency services. **You must be able to lean on one another and trust the people to your left and right to work at your best ability.**



Figure 22. SES Leadership Training
(State Emergency Service, 2023)

ACKNOWLEDGEMENT

The A pillar of CARE is acknowledgement. Acknowledgment is recognizing the work that is done by these workers and showing **appreciation**. Many organizations have established award-based systems that recognize people for their work.

Allowing workers to tell their story and feel heard also increases mental health. Following the 2019-20 Bushfires, the SES produced a book called “We Stood Up”, containing six personal accounts of experiences during the bushfires. Through stories, frontline workers were able to express their feelings and tell the story from their point of view. The SES found that both their affected workers and the community greatly appreciated this acknowledgement.

For further recognition, awards nominated for members of an organization by the community show that the work done each day is appreciated and acknowledged by the greater community. A “thank you” or “good job” from a leader or peer is always good, but to hear it from the community in which these workers work for each day is even more beneficial. With that, peer nominated recognitions were also found to be greatly appreciated, as your peers see you each day and experience similar things that you do, so getting an acknowledgement from them that you are doing a good job and are appreciated is very important. It is a common theme that emergency service workers tend to become hyper focused on the tasks at hand, and **lose sight of the high impact their work has on the community**. Acknowledging your workers is low cost and will go a long way. Implementing a program that acknowledges the work done by these people and rewards those who go above and beyond can **bring a new meaning** into the workplace and foster a deeper understanding of the appreciation that the community, peers, and leaders have for these workers on the frontline.



Figure 23: LSV Award Ceremony
(Life Saving Victoria, 2017)

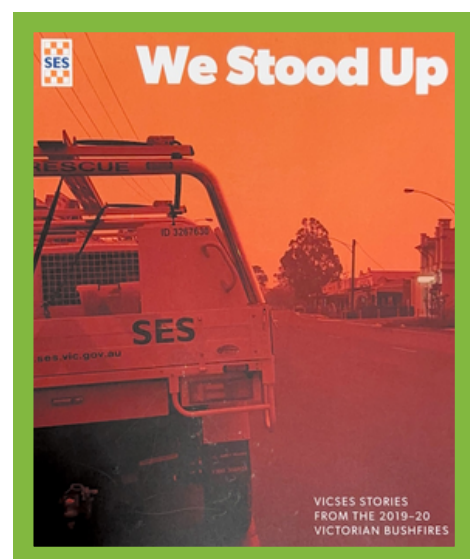


Figure 24: SES Bushfire Recognition Book
(State Emergency Services, 2023)

RELATIONSHIPS

The R pillar of CARE comes from the foundation that relationships in the workplace foster mental health. We found that these relationships are developed with two primary support systems: those found outside of the workplace such as their **family and friends** and those found within the workplace in the form of **coworkers and colleagues**.

Stronger relationships fostered outside the workplace are often improved through programs that allow workers' loved ones to feel like they can assist in the mental health of the people they care about. These programs can include workshops targeted towards families, resources sent to households about the risks within the workplace and mechanisms they can use to help, or visits to the workplace to see the programs that are designed specifically for the workers. Strengthening relationships within the workplace requires a slightly different approach. Often, workers are encouraged to spend time with one another outside of a work setting at casual gatherings such as bowling nights, barbecues, and other social activities within their communities. By building personal relationships outside of the workplace, workers are able to feel more **comfortable speaking to one another about vulnerable topics at work**.

Additionally, workplace relationships can be developed with peer support networks and clinical psychologists by interacting with them during a regular day at work, even if they do not feel a need to access these mental health supports at the time of these visits. These relationships allow workers to strengthen their support system in order to feel comfortable reaching out for help if they are feeling unwell.



Figure 25. VCCEM Peer Supporters
(Victoria Council of Churches Emergencies Ministry,
n.d)

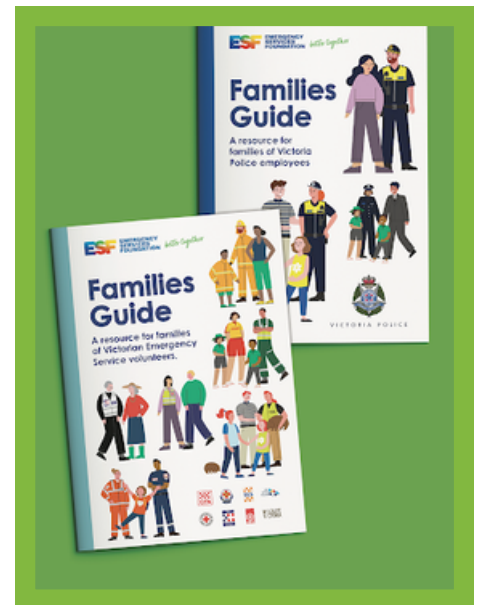


Figure 26. ESF Families Guide
(Emergency Services Foundation,
2024)

EMPOWERMENT

The E pillar of CARE stands for empowerment. Workers who feel empowered are better equipped to respond to challenges and recover quickly from difficult experiences (Desrumaux, 2015). Employees and workers should feel empowered to speak up to leaders and managers about how they feel. This empowerment can be accomplished by allowing individuals to **feel in control** of their job and life paths, fostering workers' feelings of **greater purpose** in their job's role, and encouraging positive practices of wellbeing and literacy in the workplace.

From this application, empowerment can be defined as a strategy “to increase personal resources for thriving” (Thrive at Work, 2021). In other words, to empower is to provide individuals with the resources and materials to make decisions about their own wellbeing, thus allowing them to thrive.

Amy Edmundson, on how fearless organizations succeed, stated “if leaders want to unleash individual and collective talent, they must foster a **psychologically safe climate** where employees feel free to contribute ideas, share information, and report mistakes” (Edmundson, 2018). The confidence that comes from a worker's feeling of empowerment comes from a variety of sources, but can be nurtured in the workplace through their interactions with leaders, peers, and other colleagues with whom they interact with regularly.

Empowerment can also stem from a sense of **belonging**, which can be fostered through diversity and inclusion initiatives to ensure that every member of the organization has a place and is accepted. These initiatives may look different for each organization depending on the culture of the workplace, but the general aim should be to allow each individual to feel valued and respected.

Our interview with a researcher that helped develop the Thrive at Work framework revealed that a key element of an individual's thriving is feeling as though the individual's work is purposeful and a part of a larger goal within the organization. This thriving is also fostered through continuous opportunities for learning. These examples display how the empowerment pillar of CARE is closely related to thriving outcomes.



Figure 27. Red Cross Connected Women Event (Australian Red Cross, 2022)

CONCLUSION

Emergency service workers are essential parts of every community. The mental health of these workers is vital to allow them to perform at the best of their ability each day they show up to work. The programs available for them are the **key to keeping good mental health**. Through interviews with 13 member agencies of the ESF, it was found that there is a greater focus on support and prevention programs in the sector, than on programs in the promotion space.

The promotion space of mental health aims to take mental health from **good to great**. Such programs designed to be available to all workers at all times, even if they are not in need of mental health assistance. We developed an understanding for what organizations should focus on to effectively promote mental health in the workplace. This allowed us to create our recommendation, **C.A.R.E.**, an acronym that can be used throughout the whole sector as a way to create and jump start promotion programs in emergency service organizations.

Programs that emphasize promoting mental health and a thriving work environment have the **potential to benefit not only emergency service workers, but the community as a whole**. Emergency service workers are vital to our society, and we need them to be as mentally healthy as possible, which starts with the programs that are available for them through their organizations.



Figure 28. SES Unit Serving the Community
(State Emergency Services, 2017)

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APPENDICES

Appendix A. Interview Questions for Mental Health Managers

Main Topic	Questions
Background	<p>Would you be okay with us audio recording this interview?</p> <ul style="list-style-type: none"> • <p>Would you and/or your organization like to be anonymous?</p> <ul style="list-style-type: none"> • <p>Do you have any clarifying questions?</p> <ul style="list-style-type: none"> • <p>Please tell us briefly what your organization does.</p> <ul style="list-style-type: none"> • <p>What is your role in the organization?</p> <ul style="list-style-type: none"> • <p>How long have you been with the organization?</p> <ul style="list-style-type: none"> • <p>How big is your team and what are their roles?</p>
Current Mental Health Programs	<p>What mental health programs are currently available to the workers within your organization?</p> <ul style="list-style-type: none"> • <p>Who is implementing these programs?</p> <ul style="list-style-type: none"> • <p>What further training is needed to be able to implement these programs?</p> <ul style="list-style-type: none"> • <p>How often/available are these programs to your employees?</p> <ul style="list-style-type: none"> • <p>Do these programs have any visuals? If able, please provide us with those.</p>
Effectiveness Measurements	<p>How effective do you find these programs to be for your workers?</p> <ul style="list-style-type: none"> • <p>How do you as an organization measure the effectiveness of a program?</p> <ul style="list-style-type: none"> • <p>If a program is found to not be as effective as intended, what are the next steps that are completed?</p> <ul style="list-style-type: none"> • <p>In what programs do you find the effectiveness to lack? Why do you think this is?</p> <ul style="list-style-type: none"> • <p>What programs do you find to be especially useful? Why do you think this is?</p>

Main Topic	Questions
Workplace Culture	<p>What would you say is the culture of your workplace?</p> <ul style="list-style-type: none"> • Why do you think this is? • Do any of your programs contribute to this culture? • What impact do you believe that culture has on mental health in the workplace?
Frameworks	<p>Do you use any specific frameworks that you base your programs off of?</p> <ul style="list-style-type: none"> • If so, why did you choose to use this specific framework? • What about this framework do you believe is important for your organization? • In many frameworks, there is a final pillar called “promotion” or “thriving”. Does your organization have any programs in place that emphasizes the idea of thriving? • How do you measure the well being of staff from the perspective of thriving?
Program Promotion	<p>How do you promote/communicate the available programs that you offer to your workers?</p> <ul style="list-style-type: none"> • How are workers able to communicate potential feedback on the programs? • Are these resources available to the family and friends of your workers? • Are these resources available to retired members of your organization?
Concluding Thoughts	<p>Is there any further information that you believe would be helpful when working towards our deliverable that you would like to share with us?</p>

Appendix B. Interview Questions for Policy Consultation Service Organization

Main Topic	Questions
Background	<p>Would you be okay with us audio recording this interview?</p> <ul style="list-style-type: none"> • <p>Would you and/or your organization like to be anonymous?</p> <ul style="list-style-type: none"> • <p>Do you have any clarifying questions?</p> <ul style="list-style-type: none"> • <p>Please tell us briefly what your organization does.</p> <ul style="list-style-type: none"> • <p>What is your role in the organization?</p> <ul style="list-style-type: none"> • <p>How long have you been with the organization?</p> <ul style="list-style-type: none"> • <p>How big is your team and what are their roles?</p>
Programs	<p>What is often the first thing you analyze when a company requests an audit?</p> <ul style="list-style-type: none"> • <p>How long does it take to fully evaluate a company's programs</p> <ul style="list-style-type: none"> • <p>What are some of the most common programs that companies heavily utilize to promote mental health?</p> <ul style="list-style-type: none"> • <p>Of these common programs, what are common strengths of the companies' implementation?</p> <ul style="list-style-type: none"> • <p>Of these common programs, what are common weaknesses of the companies' implementation?</p>
Metrics	<p>What metrics do you use to measure a company's programs?</p> <ul style="list-style-type: none"> • <p>Of these metrics, which seems to be the strongest indicator of the strength of a company's mental health programs?</p>
Recommendations	<p>How do you determine an organization's need in terms of improvement of mental health programs?</p> <ul style="list-style-type: none"> • <p>What is the most common area of improvement that you have evaluated?</p> <ul style="list-style-type: none"> • <p>What suggestions do you most often recommend to a company that requests an audit?</p> <ul style="list-style-type: none"> •

<p>Recommendations cont.</p>	<p>What do you think is the most common reason for struggle within a company's mental health programs?</p> <ul style="list-style-type: none"> • Is there anything in particular that you would recommend to each emergency service organization in Victoria in general, regardless if you have been solicited for an evaluation?
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Appendix C. Interview Questions for Framework Companies

Main Topic	Questions
Background	<p>Would you be okay with us audio recording this interview?</p> <ul style="list-style-type: none"> • Would you and/or your organization like to be anonymous? • Do you have any clarifying questions? • Please tell us briefly what your organization does. • What is your role in the organization? • How long have you been with the organization? • How big is your team and what are their roles?
Creation	<p>What ideas went behind the creation of your framework?</p> <ul style="list-style-type: none"> • What research was done in the creation of your framework?
Metrics	<p>How is your framework measured?</p> <ul style="list-style-type: none"> • Are there any metrics that are used to measure their program's effectiveness?
Goal	<p>Is your framework specifically designed for the emergency sector or general workforces?</p> <ul style="list-style-type: none"> • How does your framework encourage continuous improvement of programs within organizations? • What does your framework highlight most in terms of promotion, prevention, and intervention?

Appendix D. Interview Questions for Experts in the Field

Main Topic	Questions
Program Specific	<p>If you were head of a mental health team, what are the programs you would put the most effort towards developing?</p> <ul style="list-style-type: none"> • What are some of the more effective programs that you have come across in your consulting? • What are some of the ways that peer support personnel can be most effective in their role?
Framework Specific	<p>If you were head of a mental health team, what framework would you use for implementing programs?</p>
System	<p>How can organizations break the stigma surrounding mental health in the workplace?</p> <ul style="list-style-type: none"> • What is the most common flaw that you have found in your consulting? • How should organizations combat this flaw? • Going forwards, what are some of the changes you would like to see most out of the mental health space of emergency service work?
Promoting Thriving	<p>If prevention and intervention efforts successfully reach everyone in need, why is achieving great mental health still so essential?</p> <ul style="list-style-type: none"> • How would you go about increasing social connectedness within the workplace to support trauma recovery? • What effect do you see from the social connectedness and camaraderie that comes from working in the emergency services?

Appendix E. Suggested Metrics for measuring mental health

Category	Hearing the workers perspective	Utilization Metrics	Background Organizational Data
Metrics	<ul style="list-style-type: none"> • How comfortable are employees / leaders: <ul style="list-style-type: none"> ◦ approaching a manager or colleague about a mental health condition. ◦ disclosing mental health conditions at work. ◦ engaging in conversation about mental health with coworkers. • Senior leaders speak openly about mental health. • Leaders demonstrated awareness and understanding of avenues to care. • Awareness of programs (EAP, Peer Support, Mental Health First Aid training, etc.) • Recommendations for new events or initiatives • Program Feedback (EAP, workshops, Peers, etc.) 	<ul style="list-style-type: none"> • What percentage of employees / leaders are: <ul style="list-style-type: none"> ◦ Attending optional workshops and events ◦ Completing online trainings ◦ Engaging in external mental health trainings ◦ Active peers • How many hours per week on average is each peer / in house psychologist / chaplain engaging in mental health conversations. 	<ul style="list-style-type: none"> • Amount of company funded mental health training time per person • Percentage of board meetings covering statistics on injury / well-being • Number of managers who are actively managing a mental health issue in their team • EAP quarterly / annual report <ul style="list-style-type: none"> ◦ Employee rank in organization ◦ Average duration ◦ Percent of employees that return to services ◦ Feedback included • Percentage of remuneration as psychological workers compensation. • Average length of leave for psychological compensation claims. • Number of employees returning to work with a return to work plan • Percentage of HR or management familiar with Return to Work planning