EMERGENCY SERVICES FOUNDATION

**White Paper** June 2026

# Beyond Trauma: Rethinking Psychosocial Risk in Emergency Services

Developed by Australian Psychological Services
**for Emergency Services Foundation**

APS

# INTRODUCTION

The Emergency Services Foundation is proud to introduce this discussion paper, Beyond Trauma: Rethinking Psychosocial Risk in Emergency Services, developed in response to the powerful insights and discussions generated through our recent Mock Court initiative.

For too long, psychosocial harm in emergency services has been understood primarily through the lens of trauma exposure. While trauma remains a critical issue, the experiences of emergency service workers and volunteers tell a more complex story — one shaped not only by critical incidents, but also by workplace culture, leadership, cumulative stress, moral injury, fatigue, organisational systems, and the pressures of serving communities in increasingly demanding environments.

This paper has been inspired and developed in response to a request from our Psychosocial Special Interest Group (PSIG) to challenge traditional thinking and support leaders across the sector to broaden their understanding of psychosocial risk and their role in preventing harm. It aims to encourage courageous conversations, practical reflection, and shared responsibility for creating mentally healthy, sustainable workplaces for those who protect and serve our communities every day.

At ESF, we believe prevention is the key to success. By strengthening awareness, accountability, and leadership capability, we can move beyond reacting to injury and toward building safer, healthier emergency service organisations for the future.

We thank our PSIG members who are working tirelessly in our member organisations to prevent harm and to the team at APS for their time and contribution to developing this valuable discussion paper. We can be 'better together' when we collaborate!

**Siusan MacKenzie,**
**CEO**

**Kate Connors,**
**Chair ESF Mental Health Advisory Group**








# BEYOND TRAUMA: RETHINKING PSYCHOSOCIAL RISK IN ESOS

Working in emergency services asks a lot of people. It asks them to act under pressure, make sound decisions in difficult moments, and keep showing up to support the community in work that can be confronting, demanding and, at times, traumatic.

That much is well understood.

What is less well understood is this: trauma exposure is often only part of the story.

For years, many responses to psychological harm in emergency services have centred on helping individuals cope better after exposure has occurred. These response and support services matter. But they are not enough on their own – because they do not examine or change the broader workplace conditions that make harm more or less likely in the first place.

## A NEW WAY OF LOOKING AT IT

It is not groundbreaking to say that trauma is a significant psychosocial hazard in emergency services. But what is less talked about is that it is rarely the only factor shaping mental health outcomes. Recent evidence suggests that harm following trauma exposure is strongly influenced by the broader work environment, including emotional demands, fairness, team relationships, workload, role clarity and incivility.

The potentially traumatic event matters. But so do the conditions around it.

This is critical, because while organisations cannot always prevent exposure to distressing or traumatic events, they can do much more to shape the conditions that influence whether that exposure causes lasting harm.

Recent analysis of more than 4,000 psychosocial participants across eight organisations points to a pattern leaders should not ignore. Harm does not simply flow from exposure. It builds through a chain of interacting workplace factors.

One factor stood out more than any other: procedural fairness. A 30% improvement in procedural fairness was associated with a 16.2% reduction in risk of harm from. Fair, clear and consistent processes and a fair and just culture do not remove traumatic exposure.
But they do change the conditions in which that exposure is experienced.

Incivility also plays a big role. When people are overloaded, treated unfairly or poorly supported, incivility rises. And when incivility rises, so does trauma risk.

When organisations improve more than one upstream condition at once, the gains are bigger again.
A combined improvement in procedural fairness and emotional demands was associated with a 31.8% reduction in risk of harm from trauma.

This makes one thing very clear: emergency service organisations that focus only on trauma exposure are leaving the biggest opportunities to reduce harm untouched.

## WHAT THIS MEANS FOR ESOs

Where trauma exposure is part of the work, the answer cannot be trauma management alone. It must include active management of the broader workplace conditions that shape whether exposure leads to harm. This means examining whether the conditions at work are fair, clear, respectful and sustainable, and whether those conditions are being measured, monitored and managed with intent.

Because if we are asking people to do work that is challenging, demanding and potentially traumatic, we have a responsibility to make sure we are not compounding that risk through workplace factors that are entirely within our control to change.

# WHY PSYCHOLOGICAL HEALTH AND SAFETY MATTERS NOW

## Good work is good for people

Work can be one of the most significant factors influencing mental health and wellbeing. Given the hours people spend at work – and thinking about work even when we are not physically present – this should not be surprising. All too often, however, we only consider these impacts when it becomes evident that the impact that work is having on us has been detrimental to our health.

Pausing to look at the evidence, it becomes clear through research that good work can in fact be good for mental and physical health and wellbeing, particularly when it is safe, well designed, and provides appropriate support, clarity and a degree of control[1].

When work is well designed, the benefits are numerous. Work can offer social connection, identity, routine, income and a sense of purpose. Work in the emergency services, in particular, can be deeply purposeful, gives people the opportunity to serve the community, work as part of a team, develop mastery, and contribute to something larger than themselves. These are not minor benefits – but factors that have a s significant positive impact on overall wellbeing.

The key question is not whether work influences mental health – we know it does. The question is whether organisations are actively managing that influence. When work is designed and managed well, it can be protective. When it is not, it becomes a source of harm that compounds over time.

## Good work is good for business

Adding to the recognition that it is within an organisation's power to design work that is good for mental health, there is also a strong business case for getting this right. Good work and positive job design are associated with better workforce outcomes, including stronger wellbeing and engagement, lower turnover intention, lower absenteeism, and better performance. Poorly designed work, by contrast, creates friction, drains energy, and increases the likelihood that people will become disengaged, unwell, or unable to perform at their best.

For emergency services, these impacts go directly to organisational and operational performance. They affect judgement, reliability, retention, and the ability to deliver safe and effective services. In environments where people must think clearly and act decisively under pressure – often over long careers – psychological health and safety is not a welfare add-on, it is a core requirement of operational performance[2345].

1. Waddell, G., & Burton, A. K. (2006). *Is work good for your health and well-being?* Department for Work and Pensions.
2. Safe Work Australia. (2015). Does the evidence and theory support the good work design principles? An educational resource.
3. Safe Work Australia. (2016). Psychosocial safety climate and better productivity in Australian workplaces: Costs, productivity, presenteeism, absenteeism.
4. Mazzetti, G., Robledo, E., Vignoli, M., Topa, G., Guglielmi, D., & Schaufeli, W. B. (2023). *A meta-analysis using the Job Demands–Resources model. Psychological Reports, 126(3),* 1069–1106.
5. Neuber, L., Englitz, C., Schulte, N., Forthmann, B., & Holling, H. (2022). *How work engagement relates to performance and absenteeism: A meta-analysis. European Journal of Work and Organizational Psychology, 31*(2), 292–315.

## A changing regulatory landscape

Alongside the human and organisational case, there is also a clear legal and regulatory obligation to manage psychological health and safety at work. In Victoria, employers have long had a duty under the Occupational Health and Safety Act 2004 to provide and maintain a working environment that is safe and without risks to health, so far as is reasonably practicable. That duty applies to both physical and psychological health.

Since 1 December 2025, that expectation has been reinforced by the Occupational Health and Safety (Psychological Health) Regulations 2025. These regulations require Victorian employers to take specific steps to identify psychosocial hazards and control risks to psychological health in the workplace.

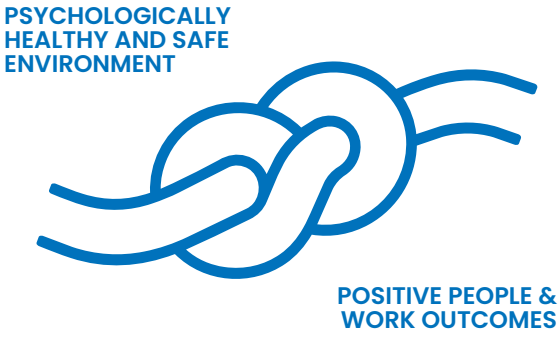
For emergency services, the message is unambiguous. Organisations have it within their power to shape workers' experience of the workplace, and in doing so, to meaningfully influence mental health and wellbeing outcomes. Psychological health and safety can no longer be managed only reactively – through support services and incident responses after exposure or harm has occurred. Organisations are now required to identify hazards and address risks proactively, by design.

The case for action is clear. Managing psychological health and safety well is good for people, good for operational performance, and now a specific legal obligation under Victoria's regulatory framework.

**Psychosocial hazards are factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.**

## Common psychosocial hazards

# MANAGING PSYCHOSOCIAL RISK IN EMERGENCY SERVICES




At its core, psychosocial risk management follows the same broad principles as any other approach to workplace health and safety. Organisations need to:

- **identify hazards,**
- **assess the risks those hazards create,**
- **implement reasonably practicable controls,**
- **monitor whether those controls are effective over time, and**
- **ensure this process includes consultation with the workforce.**

In that sense, managing psychosocial risk is not a separate or unfamiliar discipline. It is part of good risk management.

What makes psychosocial risk management more complex is not the overall process, but the nature of the hazards involved. Psychosocial hazards often arise through the design and management of work, the systems and structures around work, and the social and organisational conditions in which work is performed. They are often more subjective than physical hazards, more dynamic over time, and more likely to interact with one another in ways that either increase or reduce the likelihood of harm.

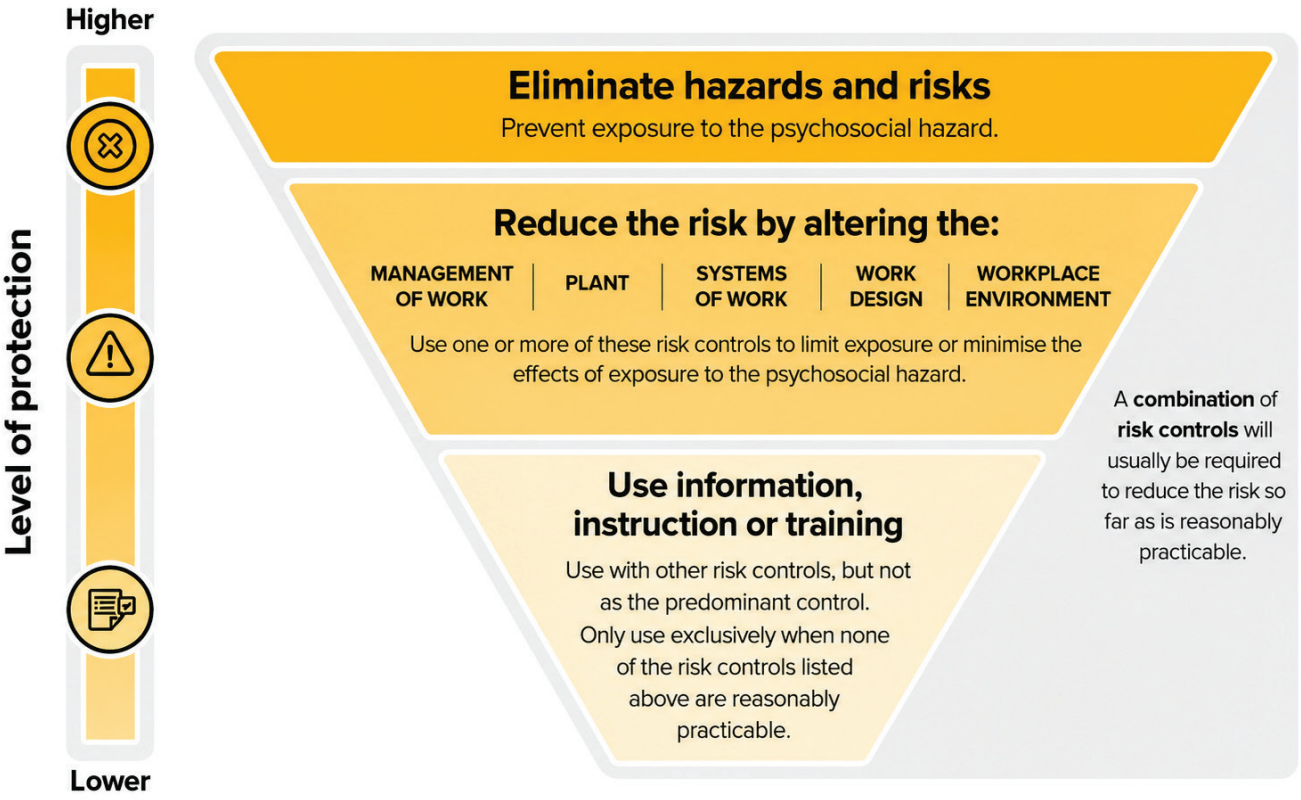
For emergency services organisations, this matters because many psychosocial hazards are embedded in the realities of the work. High job demands, exposure to potentially traumatic events, operational pressure, shift work, and responsibility in high-consequence environments may all be part of the job to some degree. Effective psychosocial risk management therefore requires more than simply recognising that these demands exist. It requires organisations to understand how they are experienced, what other workplace factors may be amplifying or buffering their impact, and where there are practical opportunities to reduce harm.

## When risk is part of the job

One of the challenges in emergency services is that some psychosocial hazards cannot be eliminated entirely. Exposure to potentially traumatic events is an obvious example. In many roles, it is a foreseeable and inherent part of the work. However, the fact that exposure to a hazard cannot always be removed does not mean that we cannot take steps to reduce the likelihood of harm.

This is a familiar principle in safety-critical work Some level of risk may be inherent in the task, but organisations are still expected to eliminate that risk where possible and, where it cannot be eliminated, to minimise it so far as is reasonably practicable. The same principle applies to psychosocial risk. In emergency services, this means accepting that while exposure to potentially traumatic events may not be fully preventable, the organisational conditions that shape its impact are often far more malleable.

This is where the hierarchy of controls becomes critical. It directs organisations to look first at higher-order interventions that address risk at its source – changes to how work is designed and managed – rather than defaulting to individual coping strategies or reactive support after harm has already occurred. Training and employee assistance programs have their place, but they sit at the bottom of the hierarchy for good reason: they do not address the conditions that create risk in the first place.




## How psychosocial risks interact

A further challenge is that psychosocial hazards rarely occur in isolation. They often interact with one another, sometimes compounding risk and/or sometimes buffering it. This means that the impact of any one hazard cannot always be understood without considering the broader work environment.

For example, during a period of organisational change, a worker may experience increased uncertainty, reduced role clarity, disruption to established team relationships, and less support from their manager. None of these factors may be highly impactful on their own, but together they can create a risk profile that is potentially more harmful than any single issue in isolation.

The reverse is also true. In some cases, demanding work can be buffered by strong protective factors. A period of high workload may be experienced as manageable when it is accompanied by clear expectations, effective training, supportive leadership, and positive team relationships. These factors do not remove the demand itself, but they can reduce the likelihood that it results in harm.

## Why trauma cannot be managed in isolation

This interaction between hazards is especially important when considering trauma exposure in emergency services. Trauma has rightly been recognised for some time as a significant psychosocial hazard in many emergency service roles[6], but it is rarely the only factor shaping mental health outcomes. Research in emergency and public safety settings suggests that while trauma exposure has often been a central focus for these organisations, broader workplace factors also play a significant role in shaping psychological outcomes. For example, research points to declines in wellbeing often being shaped not only by exposure to difficult events, but also by factors such as support, team relationships, and other features of how work is structured and experienced[7].

This means that trauma cannot be managed effectively in isolation. Where exposure to trauma is part of the role and cannot be fully removed, meaningful harm reduction often depends on addressing other factors that are more controllable. In practice, this requires leaders to look beyond the incident itself and ask a broader question: what conditions around the work are making harm more or less likely?

6. Carleton, R. N., Afifi, T. O., Taillieu, T., Turner, S., Mason, J. E., Ricciardelli, R., McCreary, D. R., Vaughan, A. D., Anderson, G. S., Krakauer, R. L., Camp, R. D., Groll, D., Cramm, H. A., MacPhee, R. S., & Griffiths, C. T. (2020). Assessing the relative impact of diverse stressors among public safety personnel. *International Journal of Environmental Research and Public Health, 17*(4)
7. Bevan, M. P., Priest, S. J., Plume, R. C., & Wilson, E. E. (2022). *Emergency first responders and professional wellbeing: A qualitative systematic review. International Journal of Environmental Research and Public Health, 19*(22)

# A NEW WAY OF LOOKING AT RISK

For many emergency services organisations, the response to psychological harm has followed a familiar pattern: identify that people are struggling, provide support, and work to build individual resilience.

These responses are a piece of the puzzle. But by themselves, they share a common limitation: they act after the fact, on people who are already affected, without necessarily addressing what caused the harm in the first place.

Recent analysis across eight organisations offers a different lens. Using a machine learning approach called Factor Influence Prioritisation (FIP), the Mibo model was designed to identify not just which workplace factors score poorly – but which factors actually drive harm. What the FIP model reveals is the upstream architecture of risk: the root causes that cascade through a system to produce harm, often far downstream from where the problem first appears.

What the research reveals is counterintuitive but important: psychological harm resulting from trauma exposure is in part a downstream outcome, shaped by upstream workplace conditions that organisations can directly influence. No single factor explains it, rather, risk accumulates through the interaction of multiple workplace factors – and in the worst case, the compounding effect of those interacting factors reaches five times what any individual factor would predict on its own. The implication to emergency service organisations is significant. The question is not only how to support people after traumatic exposure, but more importantly, what workplace conditions determine whether that exposure causes lasting harm – because those conditions, unlike the events themselves, are within organisational control.

**These findings indicate that emergency service organisations have much to gain by shifting their focus from the fact that people are exposed to trauma and instead focus on understanding and adjusting the conditions in which that exposure occurs.**

It is important to note that while the recent Mibo data highlights these findings, the understanding is nothing new. Data from a study done with the UK Defence Force in 2012 found that workplace factors such as team cohesion, leadership and culture were associated with lower rates of mental health impact, including PTSD[8].

Below, we examine two critical workplace factors that emerged within the FIP analysis as key levers influencing harm from trauma exposure: incivility and procedural fairness.

## Procedural fairness: the most powerful lever

Of the factors examined across the eight organisations included in the Mibo analysis, one emerges as the highest-leverage upstream intervention: procedural fairness.

This is not fairness in the abstract sense of treating people well – it refers specifically to whether people experience the processes around decisions, performance management, workload allocation, and operational matters as fair and consistent. Whether they feel heard. Whether outcomes are explained. Whether the rules apply to everyone.

The data on its influence is striking. A 30% improvement in procedural fairness produces a 16.2% reduction in harm from trauma – a 54% return on the intervention. This is not because fairness directly resolves traumatic exposure. It is because fairness cascades through the system, reducing emotional demands, cognitive demands, and incivility simultaneously, and moderating the conditions in which trauma harm takes hold.

| WORKPLACE CIVILITY | EMOTIONAL DEMANDS | COGNITIVE DEMANDS | TRAUMA (DIRECT) |
|---|---|---|---|
| 10.46% | 9.59% | 8.52% | 6.91% |

8. Jones, N., Seddon, R., Fear, N. T., McAllister, P., Wessely, S., & Greenberg, N. (2012). Leadership, cohesion, morale, and the mental health of UK armed forces in Afghanistan. Psychiatry, 75(1), 49–59.

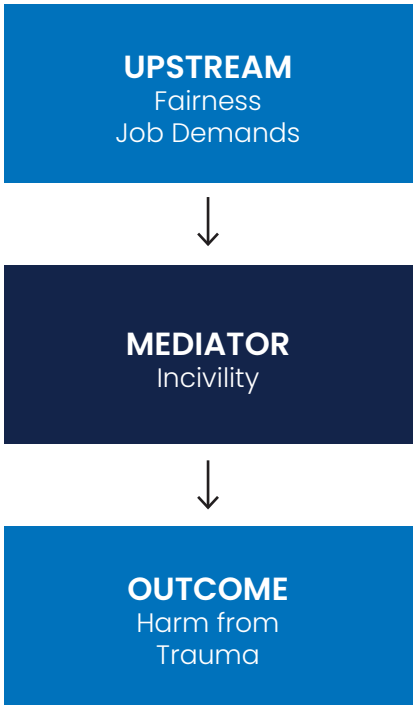
No other single factor in the analysis produces this breadth of downstream impact.

For leaders, this finding deserves to be taken seriously. Procedural fairness is not a soft concept. It is not about being liked or keeping people happy. It is about the way decisions are made and communicated, the consistency of processes, and whether people experience their organisation as one that treats them with respect. These are leadership behaviours – and according to this data, they are among the most powerful risk controls available.

There is equally an aspect of procedural fairness that relies on strong and clear processes and procedures for responding when issues are raised. How are complaints investigated? Are they taken seriously? Are they treated in a way that is fair to both parties, and is there consistent accountability for the outcomes? Where fairness isn't a core part of our processes, trust in those processes and subsequently trust in the organisation and its leaders can erode quickly.

## Incivility: a symptom and a cause

Workplace incivility occupies a distinctive position in the risk cascade revealed by FIP analysis. It is both a product of upstream conditions and a driver of downstream harm – sitting in the middle of the system, amplifying the effects of what comes before it and contributing directly to what follows.




The data shows that incivility is strongly driven by job demands:

- **Emotional Demands (10.36% influence),**
- **Procedural Fairness (10.46%),**
- **Cognitive Demands (8.90%),**
- **Physical Demands (6.43%),**
- **and Work Overload (6.24%).**

When people are overloaded, under-supported, or treated unfairly, incivility increases. It then produces its own downstream effects: bullying, harassment, discrimination, counterproductive behaviours, and violence and aggression. Through this pathway, incivility accounts for 5.9% of the total trauma harm influence.

The practical implication is significant. Incivility is not primarily a culture or behaviour problem to be solved through training or conduct policies alone. It is, in large part, a consequence of how work is structured and how people are treated. Leaders who address the upstream conditions – such as job demands, fairness, workload – will see incivility fall as a result, without necessarily targeting it directly. And when incivility falls, so does a meaningful portion of trauma risk.

## The combined intervention effect

As a yet another reminder of the power of looking at the bigger picture and resisting the urge to treat hazards in isolation, data revealed that when upstream interventions are combined, the results compound.

The analysis modelled the effect of two simultaneous interventions – a 30% improvement in procedural fairness and a 30% reduction in emotional demands – and found a 31.8% reduction in harm from trauma overall. That is a 54% return on the combined effort.

The breakdown of where that 31.8% reduction comes from is instructive. Around 63% derives from the direct effects of fairness and emotional demands on trauma outcomes. A further 8% flows through the incivility pathway – because as upstream conditions improve, incivility falls, and trauma risk falls with it. The remaining 29% comes from feedback loops being broken and synergy between factors that would not have been captured by acting on either factor alone.

This is the core logic of acting upstream: because factors are interconnected, targeted action on root causes produces surprisingly large benefits.

# CONCLUSION

The obligation to provide a workplace that is safe both physically and psychologically is not new. However, there is now greater focus than ever on preventing psychological injury at work. This matters not only for individual wellbeing and mental health, but also for operational effectiveness, particularly in frontline and emergency service environments where risk exposure is inherent to the work.

While many emergency service organisations have invested substantially in restorative controls and post-injury support, there is significant opportunity to invest more strongly in preventing harm before it occurs. Understandably, this can be difficult in roles where exposure is part of the nature of the work – but a path forward is emerging.

Recent Mibo data suggests that a more preventative approach requires closer attention to the broader psychosocial conditions in which trauma exposure occurs. The data is clear that by focusing on factors such as organisational justice, work design factors like emotional demands, and the presence of incivility, organisations can reduce the likelihood of harm even when exposure itself cannot be removed.

For emergency service organisations, the implication is clear. Where trauma exposure is inherent in the work, prevention efforts should extend beyond trauma management alone. Organisations need to actively monitor and manage the broader psychosocial factors that shape whether trauma exposure results in harm.

# GLOSSARY OF KEY TERMS

| TERM | DEFINITION |
|---|---|
| **Emotional demands** | The emotional effort required to do work, particularly where workers are exposed to distress, trauma, conflict, aggression, suffering, or highly charged interactions. When sustained or intense, emotional demands can become a psychosocial hazard. |
| **Hierarchy of controls** | A step-by-step approach to eliminating or reducing risk, ranked from the highest level of protection and reliability to the lowest. In psychosocial health, this means prioritising controls that address risk at its source before relying on lower-order controls such as training, procedures or individual support. |
| **Incivility** | Low-level but harmful disrespectful behaviour at work, such as rude, dismissive or discourteous conduct. Safe Work Australia describes incivility as the most subtle but widespread harmful behaviour and an early warning sign of uncontrolled psychosocial hazards in the work environment. |
| **Job demands** | The mental, physical and emotional effort required to do the job. Job demands become a psychosocial hazard when they are too high or too low, unreasonable, excessive, prolonged or poorly managed. |
| **Organisational justice** | Employees' sense of fairness at work. It includes whether decisions are made fairly, whether relevant information is shared appropriately, and whether people are treated with dignity and respect. |
| **Potentially traumatic events** | Work-related events or material that are distressing or confronting and have the potential to cause psychological harm. In emergency services, exposure to such events may be inherent in some roles, but the associated risk still needs to be managed. |
| **Procedural fairness** | One aspect of organisational justice. It refers to whether the processes used by people in positions of authority to make decisions are fair, consistent and applied properly. |
| **Psychological health and safety** | The protection and promotion of workers' psychological health as part of providing a workplace that is safe and without risks to health. In practice, this includes identifying and managing psychosocial hazards and risks in the same way organisations manage other workplace health and safety risks. |
| **Psychosocial hazard** | Factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm. |
| **Psychosocial risk** | The possibility that exposure to a psychosocial hazard will cause psychological or physical harm. This can increase when hazards are severe, prolonged, frequent, or interact with other hazards. |
| **Psychosocial risk management** | The possibility that exposure to a psychosocial hazard will cause psychological or physical harm. This can increase when hazards are severe, prolonged, frequent, or interact with other hazards. |
| **Role clarity** | The extent to which workers are clear about their job, responsibilities, reporting lines and what is expected of them. A lack of role clarity becomes a psychosocial hazard when expectations are unclear, conflicting, frequently changing, or important information is missing. |
| **Work-related stress** | The physical and psychological response of an employee who perceives that the demands of their work or workplace environment exceed their ability or resources to cope. While stress itself is not an injury, excessive and long-lasting work-related stress can harm health and lead to psychological injury. |

# APPENDIX

## SCOPE OF THIS PAPER

This document is intended as a white paper for a business and leadership audience. Its purpose is to synthesise relevant evidence, regulatory developments and recent data insights into a practical and accessible discussion of psychosocial risk in emergency services.

It is not intended to function as a peer-reviewed academic article or a detailed technical report. Accordingly, it does not set out the full methodological detail, sample characteristics or analytical documentation that would typically accompany an academic publication. Rather, the paper is designed to support informed leadership discussion and practical reflection on the implications of this work for policy, prevention and organisational practice.

## ABOUT THE DATA

The dataset underpinning this analysis included over 4,000 individual psychosocial risk assessments conducted across a range of organisations. This substantial sample size provides a robust foundation for identifying meaningful patterns and trends in psychosocial risk across industries. The sample comprised a diverse mix of organisations spanning several key industries. These included emergency services, utility and infrastructure providers, health and aged care organisations, and community services. This cross-sector representation enabled a broad analysis of psychosocial risk factors across differing operational environments and workforce profiles.

Common themes across the psychosocial profiles included exposure to trauma and high emotional demands, particularly in frontline roles. Many workers regularly interfaced with the public and were exposed to harmful or aggressive behaviour as a result. High job demands were a recurring factor, encompassing heavy workloads, emotional and cognitive demands, and productivity hindrances. In some organisations, workplace incivility was closely linked to high job demands and low levels of fairness or organisational justice. Support factors such as job control and role clarity also varied significantly, with some organisations providing stronger foundations in these areas than others.

## ABOUT THE AUTHORS

**Madeleine Crawford**
Senior Consultant Psychologist

Madeleine is a registered Psychologist with a Master's in Organisational Psychology and a Senior Consultant at APS. With over 7 years in the field of psychology and management consulting, she has built deep experience across both consulting and internal roles, delivering high-quality, client-centred solutions. Her work spans the development of mental health and wellbeing interventions, conducting psychological health and safety reviews, psychosocial risk management and designing and delivering training to uplift leadership capability.

**Mark Oostergo**
CEO & Principal Psychologist

Mark is an experienced workplace psychologist with a career spanning the Australian Army, industry, and government. He served nearly a decade as a Psychology Officer, providing individual, team, and organisational interventions in Australia and on overseas operations, including work with Australia's elite special forces in human performance, selection, workplace mental health, and resilience. He concluded his military career as commander of a health centre with over 100 allied health staff, earning an Australian Defence Force Gold Commendation for his motivational leadership. He is currently the CEO and a Principal Consultant at Australian Psychological services, where he works with leaders, executives and whole organisations from a range of industries to embed evidence-based psychological health and wellbeing initiatives.

## ABOUT APS

Australian Psychological Services (APS) is a specialist consultancy of workplace psychologists with deep expertise in psychological health and safety, workplace mental health, and organisational wellbeing. Our work is grounded in evidence-based practice and designed to help organisations translate complex theory, regulation and research into practical action that improves both worker wellbeing and organisational performance.

We support organisations across the full spectrum of psychosocial risk management. This includes reviewing existing psychological health and safety infrastructure, conducting organisation-wide and hotspot psychosocial risk assessments, advising on the design and implementation of controls, and supporting organisations to embed those controls in practice. We also work closely with clients to build internal capability, including in areas such as psychosocial leadership, occupational violence and aggression (OVA), management of potentially traumatic event exposure, and Psychological First Aid (PFA). Our flagship psychosocial leadership program, Leaders as the First Line of Defence, is designed to strengthen leaders' capability to recognise, respond to and help prevent psychosocial harm in the workplace.

APS has worked across a broad range of industries and sectors, including extensive work in mining and resources, the legal sector, healthcare, and government organisations at the federal, state and local levels. Collectively, the team has also worked with a range of emergency service organisations, including Queensland Fire Department, Fire Rescue Victoria, Western Australia Police Force, NSW Police Force, NSW Rural Fire Service, NSW State Emergency Service, and the Australian Federal Police.

At APS, we operate through a team of senior psychologists and specialists who understand both the human and operational realities of high-demand work. Our approach is theoretically robust and practical in application, culminating in our motto "when rigour matters".

## ABOUT MIBO

Mibo is a next-generation psychosocial risk, protection and wellbeing technology platform helping organisations take a rigorous, practical and data-informed approach to creating supportive psychosocial work environments.

Our solution combines the Psychosocial Risk Management Assessment (PRMA), advanced analysis and reporting, operational systems including a psychosocial risk register, and emerging technologies, all designed to turn data into effective psychosocial risk management. By surfacing actionable insights, Mibo helps organisations strengthen leadership capability, build organisational buy-in, and drive greater precision in the way psychosocial risks and protective factors are understood and managed.

The Mibo risk assessment survey has been independently evaluated by Griffith University, which found the tool to be a very high-quality instrument, with strong results in relation to reliability, validity, practical applicability and user experience. These findings reinforce Mibo's commitment to combining scientific rigour with practical utility, ensuring organisations have access to tools that are both evidence-informed and fit for real-world implementation.

Mibo has worked with organisations across a range of sectors to support a more mature and proactive approach to psychosocial risk management. This includes work with organisations such as Royal Flying Doctor Service, Amazon, Bolton Clarke, Essential Energy, EY and the University of Sydney. Across these settings, Mibo helps organisations move beyond measuring risk to understanding what drives it, where intervention will have the greatest impact, and how leaders can take more targeted, effective action.

## EMERGENCY SERVICES FOUNDATION (ESF)

The ESF is a Victorian not-for-profit organisation that supports the mental health and wellbeing of emergency service workers, volunteers and their families.

Established through a partnership of Victoria's emergency management agencies, ESF brings services together to deliver prevention, early intervention, education and recovery programs that strengthen wellbeing across the sector. ESF works to improve psychological safety, reduce the impacts of trauma and build healthier, more resilient emergency service communities through research, training, peer connection, family support and collaborative initiatives.