



Breaking Barriers, Changing Lives

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

Alexis Boyle, Elizabeth Inger, Manon Miller, Krystina Waters

May 13, 2020



WPI



Acknowledgements

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

About the Authors

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

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

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

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

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

Abstract

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



Acronyms and Abbreviations:

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

Table of Contents

The Emergency Services Foundation.....	1
The Project Objectives.....	1
What is Mental Health?.....	3
- Why Are We Discussing this Issue?.....	3
- Where Should We Focus?.....	3
Mental Health in Emergency Services.....	5
- Mental Health of Australian Women in Emergency Services.....	5
Back Against a Wall.....	6
Barriers Surrounding Mental Health Care.....	7
- Attitudinal Barriers.....	7
- Structural Barriers.....	7
Mental Health Care Barriers for Emergency Services.....	9
- Barriers to Mental Health Care for Women in Emergency Services.....	9
Five Main Methods.....	10
Introductory Interviews.....	12
- Gender.....	14
- Work Culture.....	14
- Education.....	14
Survey Results and Discussion.....	16

Table of Contents Cont.

Analysis of Quantitative Results and Statistical Tests.....	15
- Women in Support Roles Report Higher Levels of Attitudinal Barriers.....	17
- Women First Responders Report more Discomfort Around Mental Health.....	19
- Older Women Prioritize Mental Health and Well-being More.....	21
- Women in Emergency Services.....	22
Free Response Analysis.....	23
- The Community Dictates the Women’s Support-Seeking.....	24
- Work Culture is the Main Mental Health and Well-being Indicator.....	25
- Acknowledgement and Interaction Ameliorate Mental Health Support.....	26
- Ignorance of the Problem and People is Detrimental.....	27
Summary of Survey Findings.....	28
Focused Interviews and Discussion Groups.....	29
- Work Culture Plays a Large Role in Inclusivity and Autonomy.....	30
- Knowledge of Mental Health and Well-being is Essential for Conversation and Support.....	32
Conclusion.....	35
- Description of Mental Health and Well-being of Women in Victoria’s Emergency Services.....	36
- Barriers.....	36
- Themes.....	37
- Recommendations.....	40
- Recommendations for the ESF.....	42
- Recommendations for Organizations.....	44
Contact Information.....	47
References.....	49

The Emergency Services

Foundation

The Emergency Services Foundation (ESF) has recently shifted its mission to focus on improving the mental health and well-being of the Victorian emergency management sector. The sector has 125,000 emergency management staff and volunteers of which around 39,000 are women. Victoria depends upon these people to support the community in its efforts to prepare for, respond to, and recover from emergencies. To do that work effectively people in all roles need to be mentally healthy.

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

The Project Objectives

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

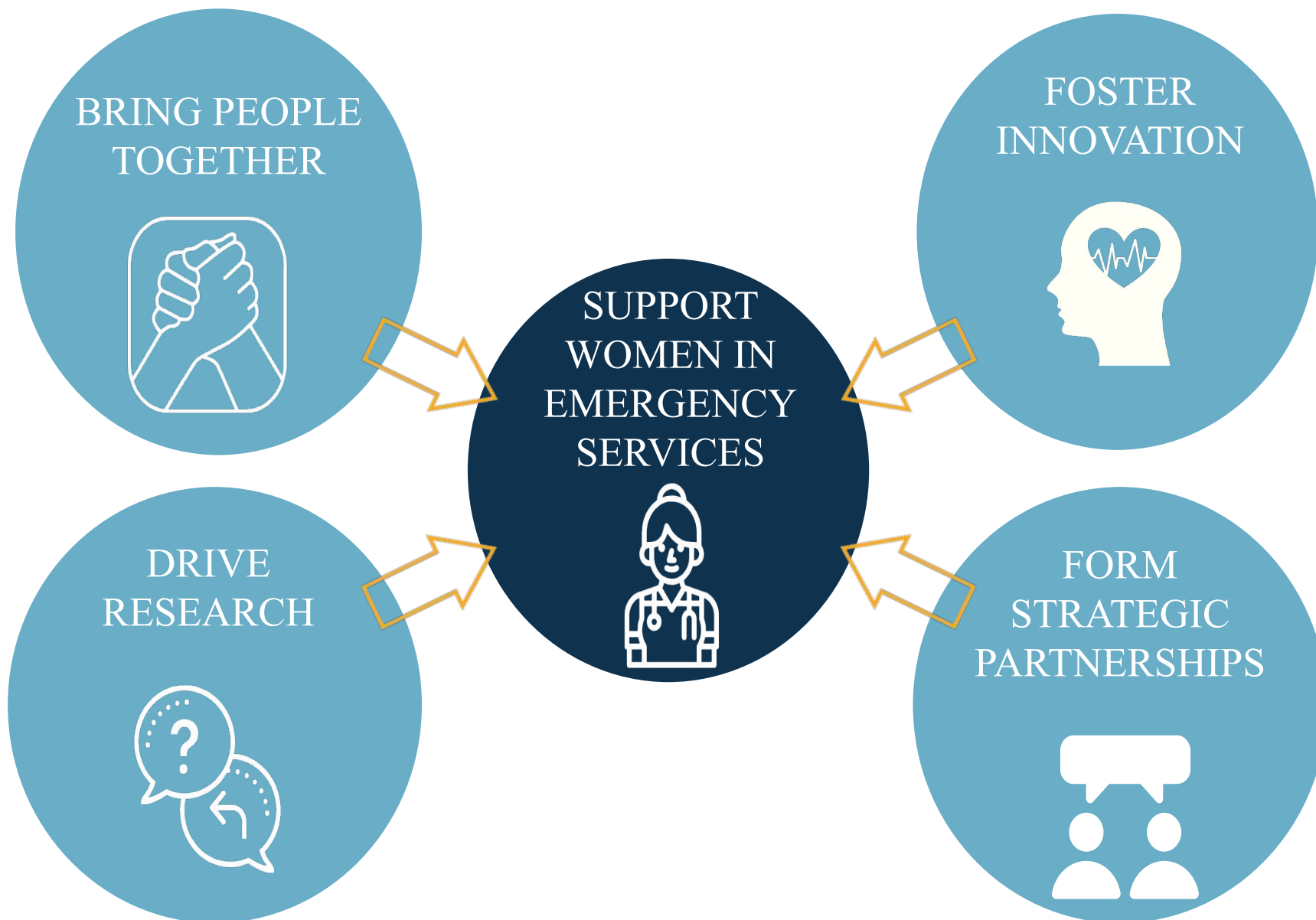
The objectives of the project were to understand:

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

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



The Emergency Services Foundation



better together

What is Mental Health?

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

Why are we Discussing this Issue?

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

Where Should we Focus?

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

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

However, not much information is out there targeting women in the emergency services surrounding the mental health and wellbeing, who make up 31% of the Victorian emergency services community (ESF, 2020). Much of the team's inspiration for this project came from the 'Answering the Call' study undertaken by Beyond Blue. Their findings found there were no significant differences between the genders in their levels of wellbeing and in support-seeking (Beyond Blue, 2018). However, Beyond Blue's work did find gender differences in how women see their mental health, what factors impact it and how they respond to distress, as well as factors that influence health seeking behaviour. The small and exploratory nature of the study conducted by the team is different from that of Beyond Blue. While there are overlaps in the findings, such as how women often recognize they need help, this study focuses on the more qualitative information: the reasoning, experiences, perspectives, and unique needs of the women. Insight into the women's lives is needed as workplace interventions and policies should be tailored to the experiences of mental health and wellbeing of the people.





Mental Health in Emergency Services

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

Mental Health of Australian Women in Emergency Services

Women within emergency services are a particular area of interest due to their minority status and the global underrepresentation of emergency responder-focused mental health research. Though they are a minority, at 31% of Victoria's emergency services population, it is important that more attention is brought to the state of their mental health (ESF, 2020). Although women within the sector are exposed to similar levels of trauma as their male counterparts, they may have the additional mental stresses of harassment, discrimination, and societal expectations as a result of their gender. Moderate to severe levels of harassment have been associated with a higher likelihood of experiencing suicidal ideations and mental illnesses within women emergency responders (Jahnke et al., 2019).

% Women by Agency (2020)

VicPol	CFA	MFB
34%	23%	11%

SES	Ambulance	DELWP
33%	48%	25%

ESTA 000	Red Cross	Lifesaving Vic
66%	50%	50%

Note: data from the ESF, 2020





Back Against a Wall



2018 AUSTRALIAN CITIZEN SUICIDE RATES

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

Source: Beyond Blue, 2020

Barriers Surrounding Mental Health Care

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

Attitudinal Barriers

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

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

Structural Barriers

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





Mental Health Care Barriers for Emergency Services

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

Barriers to Mental Health Care for Women in Emergency Services

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



Five Main Objectives

Understanding Women's Experiences on Emergency Services by Introductory Interviews

Analyzing Quantitative Survey Results Gathered to Identify Prevalence and Trends

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

Describing Mental Health Care and Barriers of Women in Emergency Services

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

Addressing the Problem



Introductory Interviews

8 Interviews with Women
6 Different Agencies



Survey

167 Responses
Quantifiable Data
Open Response Information



Discussions

3 Discussion groups
5 Interviews
Focus in on Survey Findings



Findings

Established Solid Description
Developed Recommendations

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

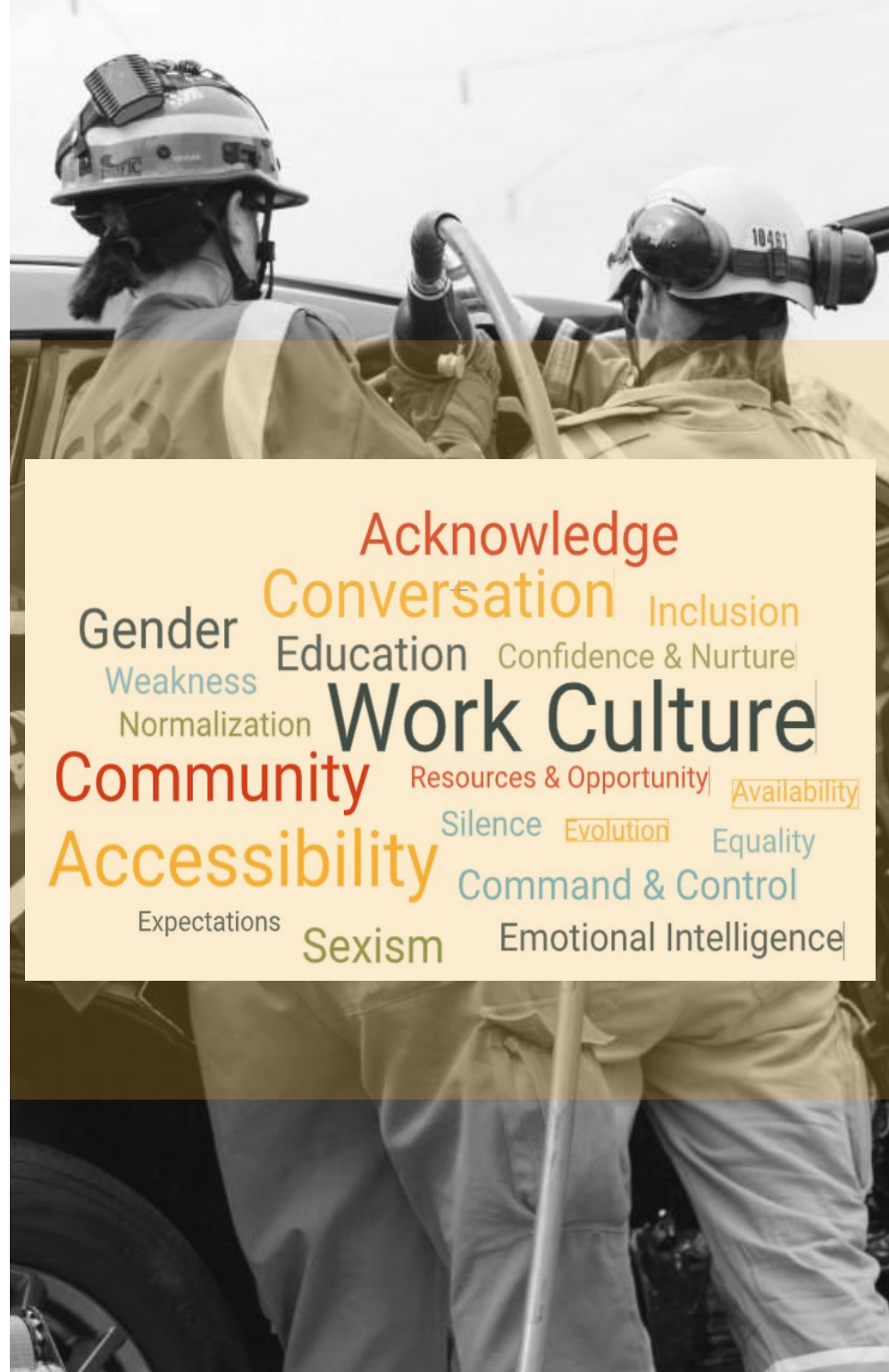
A black and white photograph of two female firefighters in full uniform, including jackets with reflective stripes and helmets, standing in front of a fire truck. They are smiling and talking to each other. A semi-transparent red horizontal band is overlaid across the middle of the image, containing the text 'Introductory Interviews' in white serif font.

Introductory Interviews

Women's Perspectives and Experiences in Emergency Services

In order to gain an understanding of the culture and the experiences of the women in emergency services, eight introductory interviews were conducted with women of leadership positions in Victoria's emergency services. To get a broad understanding of the culture within the community, the team met with women in the following organizations: Australian Red Cross, Metropolitan Fire Brigade (Melbourne), Country Fire Authority, Victoria Police, Ambulance Victoria, Victoria State Emergency Service, and Forest Fire Management Victoria. The main themes identified are present in the word cloud located to the right, with the size of the word correlating to its relative prevalence in the women's dialogue. The following two sections focus on two overarching topics of interest: the work culture and the mental health of the emergency services communities. All of the preliminary interviews were kept anonymous and their specific agencies were not disclosed.

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



Gender

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

Work Culture

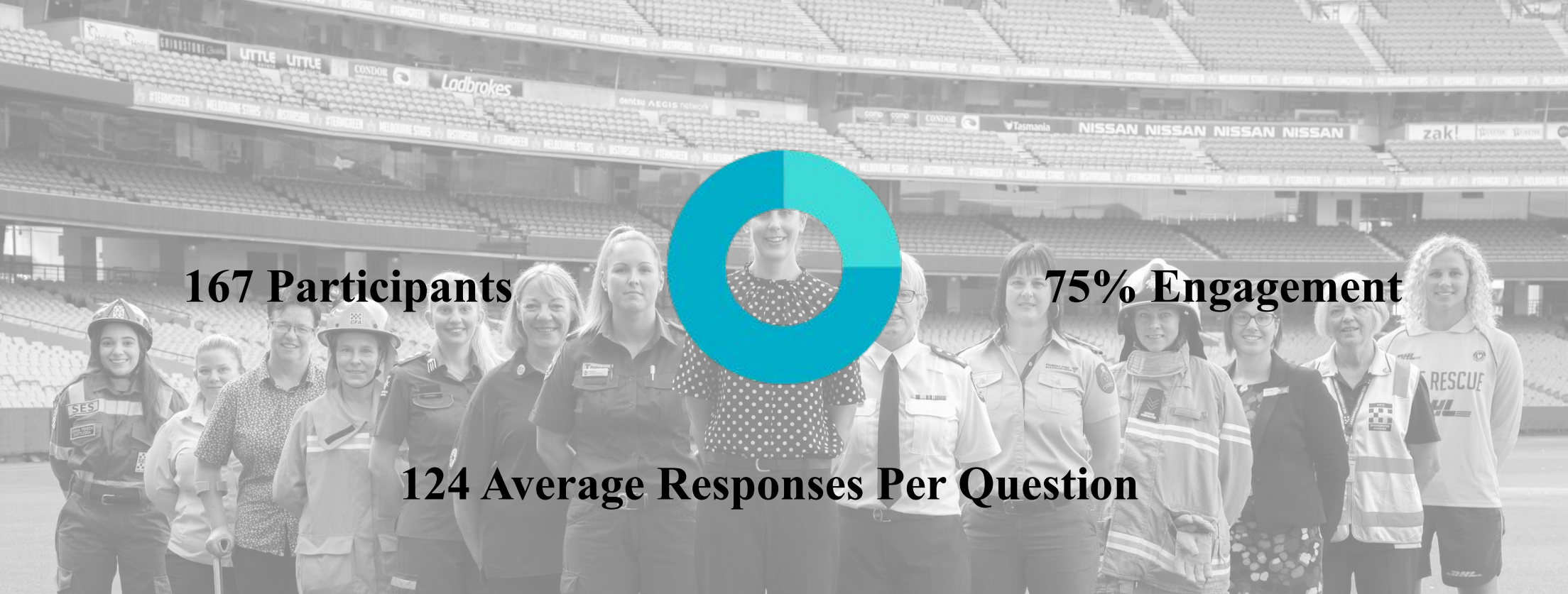
The most common response towards combating a negative work culture was to focus on the need to establish a sense of community. Although there has been some change in the emergency services community, one interviewee expressed that the command and control approach had negatively contributed to the mental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

Education

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

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





167 Participants

75% Engagement

124 Average Responses Per Question

Survey Results and Discussion:

The survey was conducted by the ESF during the March 8th, 2020 International Women’s Day Event and was subsequently distributed to the Australasian Women in Emergencies Network. The first section details the findings from the demographic and quantitative survey questions, including statistical analysis to determine any correlations in all the responses. The second section contains an analysis on the free response questions and the barriers and themes found to be most evident in respondents.

A hand holding a silver pen is positioned over a document. The document features a grid of checkboxes and some text, including the word 'new' and a list of items. A semi-transparent green rectangular overlay covers the central portion of the image, containing the title text in white. The background is a light, neutral color.

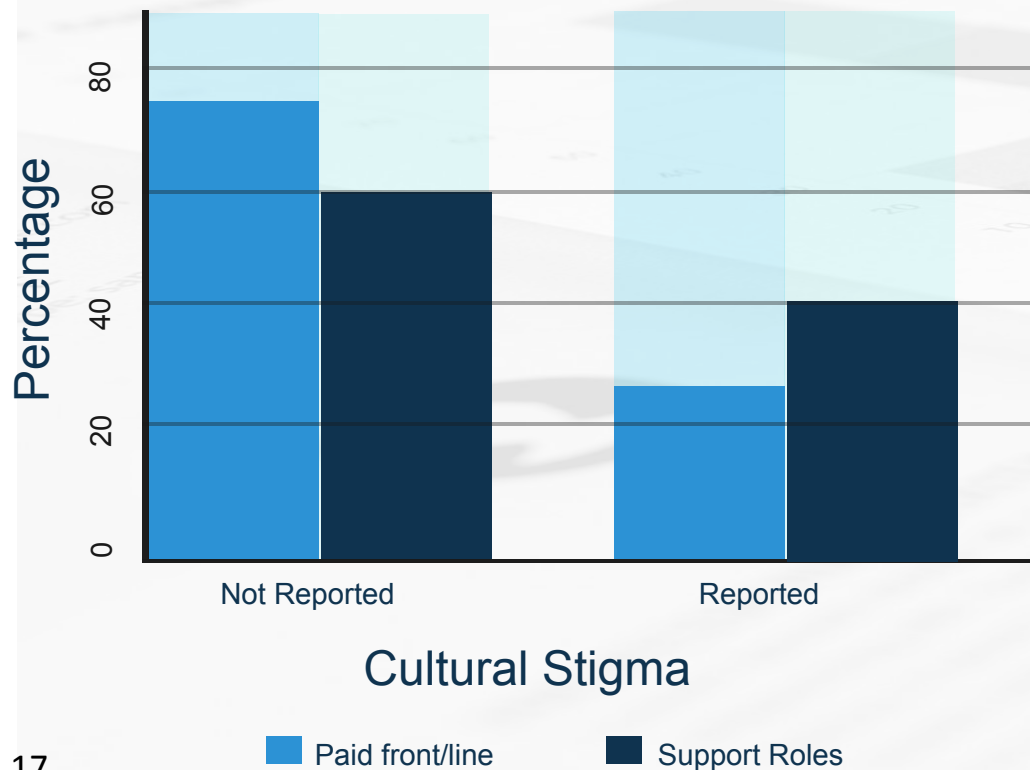
Analysis of Quantitative Results and Statistical Tests

Women in Support Roles Report Higher Levels of Attitudinal Barriers

Support Roles Report Cultural Barriers More Frequently Than Front Line

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

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



Women in Support Roles

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

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

Women in Support Roles Report Higher Levels of Attitudinal Barriers

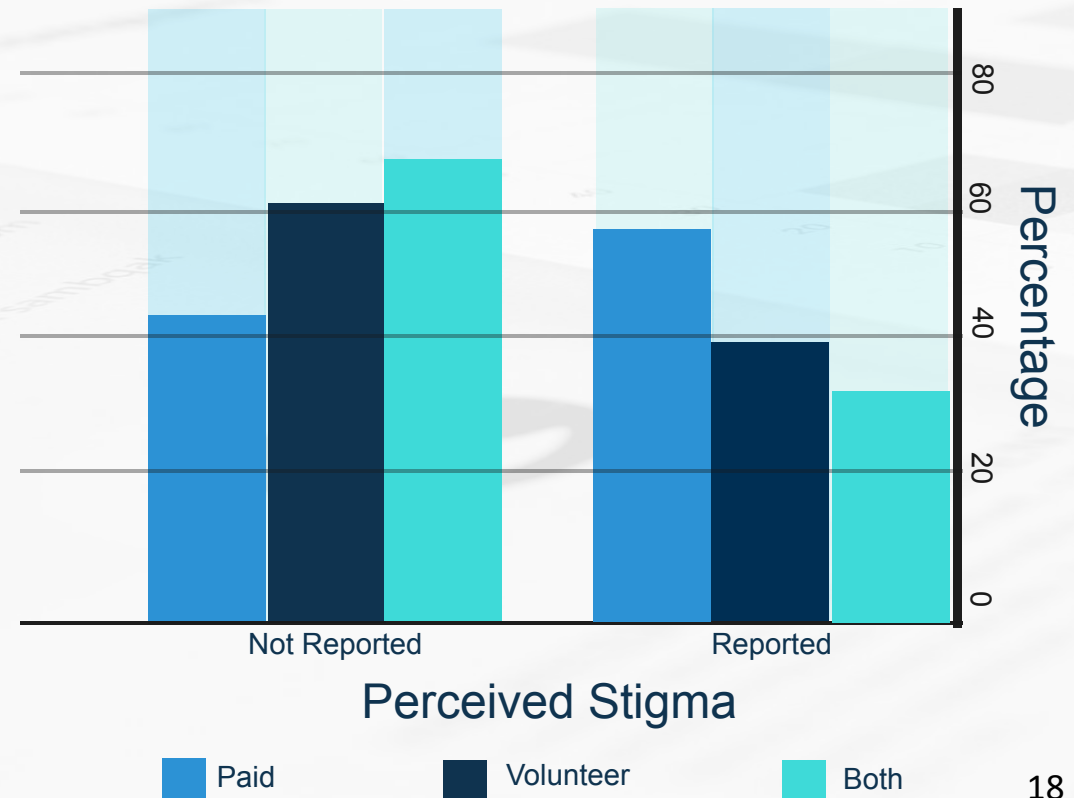
Paid Support Roles Report Perceived Barriers More Frequently Than Volunteers

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

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

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

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

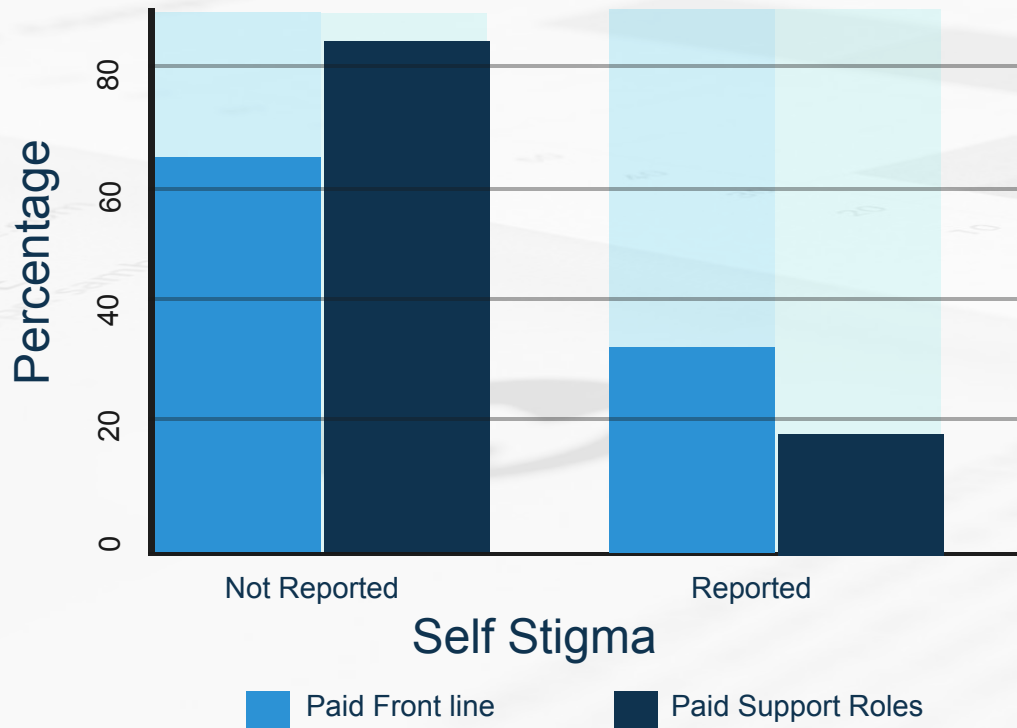


Women First Responders Report More Discomfort Around Mental Health

Front Line Report Self Stigma More Than Support Roles

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

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



Women First Responders

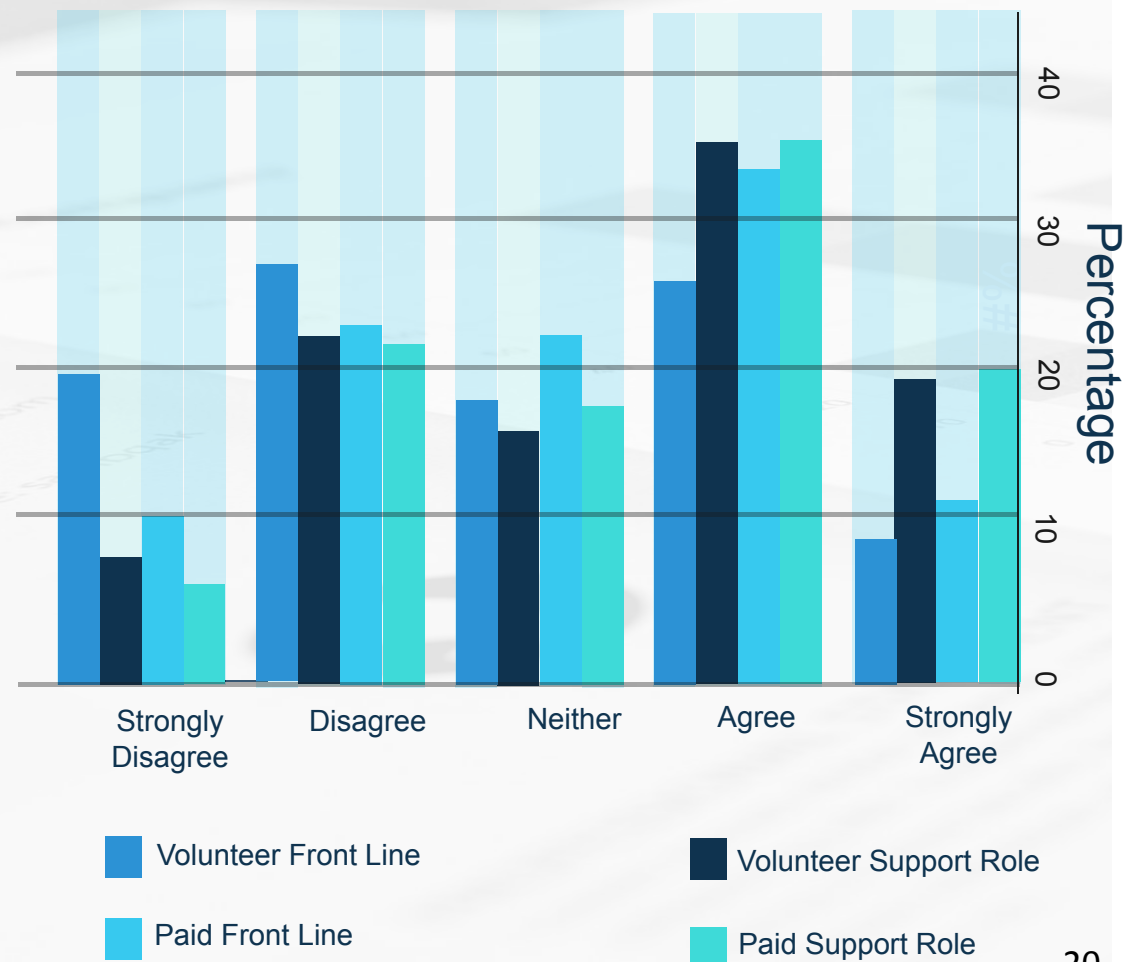
The majority of paid front line responders reported having a higher level of discomfort talking to their line managers openly about their mental health than support roles. This can be attributed to the extreme mental turmoil that comes with being a front line responder and how severe mental trauma from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

Women First Responders Report More Discomfort Around Mental Health

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

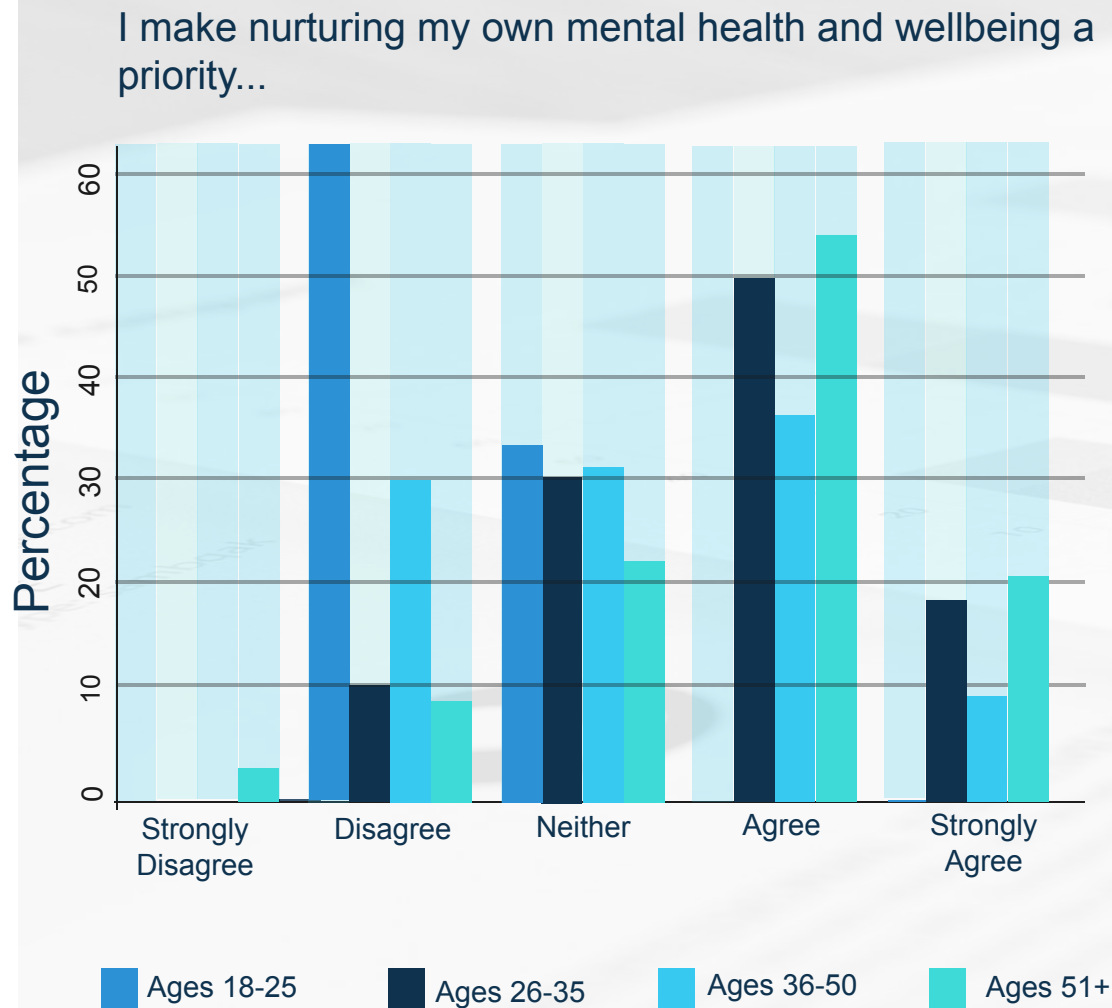
Front line responders report higher levels of self stigma than support roles. Furthermore, volunteer front line report higher self stigma than paid front line responders. This is evidenced by the fact that front line responders often place higher levels of “hero guilt” on their shoulder as the majority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

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



Older Women Prioritize Mental Health and Well-being More

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




Women's Age Groups

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

Women in Emergency Services

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



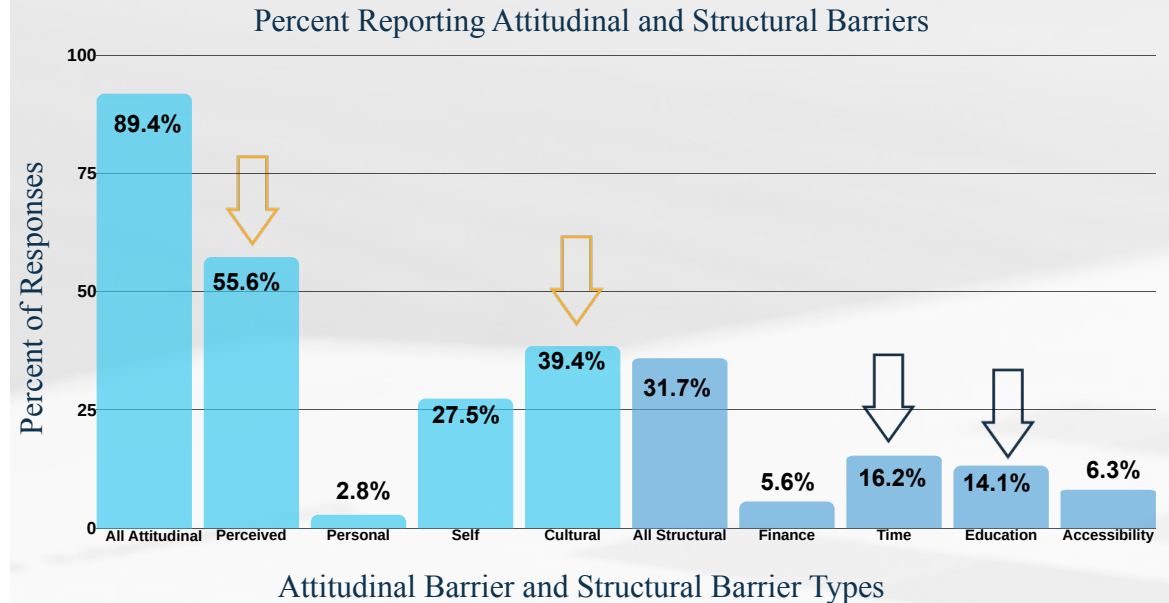
A person wearing a dark hat and a light-colored jacket with 'SURF RESCUE' and 'DHL' printed on the back is walking on a beach. The background shows the ocean and a clear sky. The text 'Analysis of Free Response Questions' is overlaid in white on a dark blue semi-transparent background.

Analysis of Free Response Questions

The Community Dictates the Women's Support-Seeking

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

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

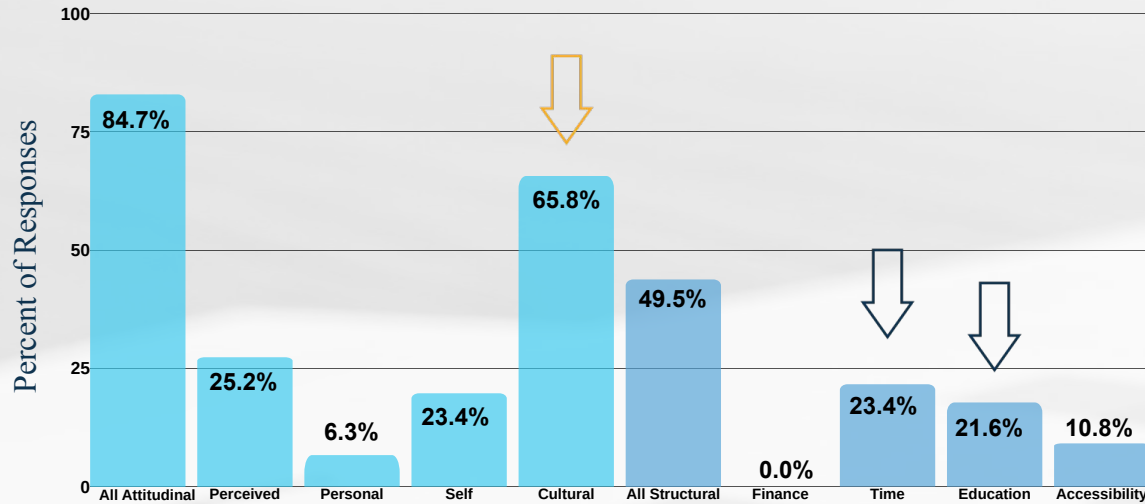


<p>01 Accessibility</p> <p>Count: 42 Percent: 29.6%</p>	<p>02 Control</p> <p>Count: 41 Percent: 28.9%</p>	<p>03 Emotional</p> <p>Count: 16 Percent: 11.3%</p>
<p>04 Gender</p> <p>Count: 33 Percent: 23.2%</p>	<p>05 Support</p> <p>Count: 11 Percent: 7.7%</p>	<p>06 Responsibility</p> <p>Count: 28 Percent: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

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

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

Frequency of Attitudinal and Structural Barriers



Attitudinal Barrier and Structural Barrier Types

Accessibility Count: 36 Percent: 32.4%	Control Count: 52 Percent: 46.8%	Emotional Count: 13 Percent: 11.7%
Responsibility Count: 31 Percent: 27.9%	Gender Count: 48 Percent: 37.8%	Support Count: 42 Percent: 37.8%
Trust Count: 6 Percent: 5.4%	Weakness Count: 12 Percent: 10.8%	Work Culture Count: 60 Percent: 54.1%

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

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

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

Acknowledgement and Interaction Ameliorate Mental Health Support

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

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

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

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

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

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

"Ignore, be closed minded, be unapproachable"

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

Ignorance of the Problem and People is Detrimental

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

Summary of Survey Findings

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





Focused Interviews and Discussion Groups

Work Culture Plays a Large Role in Inclusivity and Autonomy

The team spoke to 19 different women over 6 different Victorian emergency service agencies through remote interviews and discussion groups. In speaking with all of the women, it became transparent to the team that work culture is the largest inhibitor in women being satisfied with their mental and well-being in the workplace, being explored 37 times. The expectations of the sectors create significant amounts of guilt in their women staff and volunteers. The women have expressed that sometimes human resources and upper management “[do] not get it” or are “out of touch” and women feel the need to have to choose between themselves or the places they work for. The work culture contributes to a significant amount of the stress the interviewees reported and tends to be more prevalent among those who are in higher or managerial positions, as they feel the pressure to look after the well-being of those they lead. While many women indicated there has been a positive shift in the past decade to promote normalization of mental health and well-being, the culture shift is predominantly occurring on a local level, prompting the need for the agency to change their mindset as a whole to promote an inclusive and collaborative working environment.

One of the biggest themes addressed over the entirety of the questions was gender, appearing roughly 46 times. In areas that are more rural, it was found that the women are given more stereotypically feminine jobs and have stereotypically masculine opportunities taken away. Many participants shared similar feelings that since they were a woman, they had to work harder to “prove” themselves to be equal to their male colleagues. It was

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

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

Autonomy, or control, was the least reported theme, being mentioned 11 times in all of the discussions. Even so, most women suggested that they would like a secure and reliable way to speak about mental health or to seek help without feeling as though they will lose their autonomy in their emergency services work. Areas that these emergency services workers worry about include: loss of ability to get promotions or bonuses, organization isolation, deteriorated image, rumors and labeling, bullying and harassment, equipment and job suspensions, reduction of

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

The theme of responsibility proved more prevalent in the discussion groups than in the surveys with time, workload, or caring responsibilities being mentioned approximately 29 times across the responses from the various women. This seems to correlate with the idea that women, more so than men, have the tendency to possess more nurturing qualities and thus often find themselves responsible for young children, elderly family members, and disabled relatives on top of the demands of their work in the emergency services. Many of the respondents, both volunteer and paid, reported feeling overburdened by the workload expected of them. Respondents expressed concerns about time and burning out as more and more requirements are piled upon them. In terms of familial responsibility, the respondents reported that even though the women may have the same work as a male counterpart, they typically have the additional stress of being the primary carer for children. This makes juggling time commitments, doing work at home, and having to cook and clean a greater burden on their mental health

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

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

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

The theme of education references the need to increase training, info, sessions and knowledge regarding mental health in support roles, managers, traditional front-line, and volunteer women in emergency services. The theme of education was mentioned 27 times across the responses of all interviewees. By developing this knowledge, many women expressed it would help to increase awareness and acknowledgement of the importance of nurturing one's mental health and well-being, and help to provide access to mental health care in the workplace. While the amount of resources available has increased drastically in the past decade, there still needs to be more done for people to get help that is tailored to their needs. Respondents reported a need for more short, targeted modules that have relevant information as well as interactive tips to be sent out regularly. Additionally, there was a call for more face to face intervention such as women's forums and specific networking events to foster a more engaging experience. Almost all of the interviewees reported a need for greater education on emotional and interpersonal intelligence, specifically on symptom identification in oneself and others, how to properly interact with others, awareness and response to potential triggers, and how to handle stress. Therefore, more education is needed for managers on how to handle and proactively help with the mental health and well-being of those they are in charge of.

Conversation was indicated as a simple and effective option for people to begin normalizing mental health and crucial to facilitate action to promote positive change for women in the emergency services workplace. The theme was mentioned 19 times, and the interviewees reported there was not enough being done in the agency as a whole. In order to begin appropriate conversation as well as be intrapersonally and emotionally intelligent, there was a reported need for an increased level of mental health and well-being knowledge. Many felt these conversations would contribute to increased levels of acknowledgement and feeling understood.

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

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

The topic of support, which includes emotional unavailability felt by peers and the general sense of community, was mentioned by the interviewees 20 times. For there to be more support for mental health and well-being the women need to be interacting and bonding with their peers. Some respondents said that support is difficult for volunteers to receive. They say that volunteers have to put in much more effort than paid staff to make connections with their peers, and since they spend less time with them than their peers may not realize they need help. It was also mentioned that the limited amount of emotional support is tied to the lack of knowledge among peers on how to have beneficial conversations and how to offer good help, indicating that there is a large need for proper mental health and well-being education in order for there to be proper conversations. Besides mental health literacy, the lack of security and control felt by women in emergency services was reported to impact on how peers interact, with one saying that repercussions of speaking up about or seeing mental health help made “peers [frightened] of giving assistance for fear of them then facing similar sanctions.” Overall, though some of the women spoke that their team and peers offered support, they all stated that as on average there needs to be great improvement in support offered by peers and management.

Acknowledgement, being its own theme in itself, was also reported about 14 times with women suggesting that if there was more acceptance by managers and attention to detail concerning mental health and well-being struggles a better work culture could foster better mental health care needs. Some participants have reported that their agencies have started to acknowledge the situation of unhealthy behaviour and protocols in the workplace,

but have not taken sufficient action towards stunting such problems. One interviewee stated that “apparently safety is a priority, but how much of a priority is it really?” Nearly all participants say that their organizations need to “walk the talk” more, and start to normalize mental health and well-being, and standardize equality in their communities. Acknowledgement is important to ensure that people feel safe and supported coming forward about any concerns they may have.

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

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





Conclusion

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

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

Barriers

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

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

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

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

Themes

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

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

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

The women say that in order for there to be change, they feel there needs to be **more education** to help prevent ignorance on the subject and **build awareness**. Knowledge of mental health and well-being is essential to **promote conversation, support, and acknowledgement** by the peers and organizations. If an



SEA
RESCUE

FIRE RESCUE
MFB
MELBOURNE

10451

individual does not know how to properly identify symptoms in themselves, they may not realize what they are feeling is a mental illness. If an individual does not know how to properly offer support, they may end up stressing the other individual even more. Based on the survey and focused discussions, the team believes that **more education on emotional and interpersonal intelligence**, as well as **symptom identification**, will provide beneficial changes for the culture, especially when it comes to conversations about such sensitive topics and support.

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

It is worthy to note that the women say that things are getting better and change has already begun taking shape in their workplaces. **There are more resources, more conversations, and more support now than ever before**. Programs have begun implementation to foster this need for greater support and education. Reviews have been conducted on organizations and

the interviewees have seen a beneficial growth in understanding since then. The interviewees as well as 57% of the respondents reported that they are seeing more people begin to make their mental health and well-being a priority. However, though the organizations and work culture seem to be moving in the right direction in the women’s eyes, **there is still a reported need for more change**.



Recommendations

For the ESF

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

Recommendations for ESF

To address the mental health and well-being of women in emergency services it is essential that organizations and leaders become more aware of the current situation the women face. It would be beneficial if the ESF could share this report to start conversations and introduce interesting findings within the various emergency services organizations, in order to provide the necessary acknowledgement and resources.

Based on the team's findings and those of other published research papers (i.e., that of Beyond Blue), the team recommends that the ESF drives a sector-wide health literacy campaign. The campaign will ensure that the employees, volunteers, and leaders are consistently exposed to key mental health and well-being messages and tools. These messages will target specific findings or tools and may be displayed as posters or social media posts.

Another recommendation that the ESF and various organizations can explore is providing women (or other cohorts) that have external responsibilities (e.g. children, elderly family members, and disabled family members) additional resources during mandatory training and short notice emergencies. Programs such as this would be beneficial and promote flexibility and will help women to juggle external responsibilities and her role at work or in the volunteer space. Additionally, having this help with children may incentivize more women of family

age to volunteer within the emergency services. This would be meaningful to promote inclusivity or feelings of equality for all ages and roles, even more so for those who volunteer.

Another of the recommendations stemmed from this project's information was support groups for women across the whole of emergency services. As women within a predominantly male-based industry face similarities within their individual positions (whether career or volunteer) it would help to increase conversation and emotional support to have a space to discuss with people going through similar experiences. These groups would work to increase support outside of emergency services duties, build communication across different sectors, and help form anonymity for women sharing their difficulties.

A final recommendation to the ESF is exploring how regionalized sector wide thank you events could be generated. An example of this could include a community day highlighting the work that those in the emergency services do. It could be a positive way for those in the community to appreciate those who serve the community and motivate those in the emergency service sector. A small carnival, lawn games, or a barbecue could be ways to encourage involvement. It would also be beneficial to teach the community about the different roles in emergency services and help introduce them to ways to appropriately give thanks, i.e. ways that will not increase "hero's guilt".

For Organizations

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

Recommendations for Organizations

In order to support, address, and promote the mental health and well-being of women in emergency services, the team recommends that organizations consider the need to focus on advancing the education of peers and managers, as well as, encouraging more support and acknowledgment in the workplace for sensitive issues.

Educational Recommendations

Almost all interviewees stated that within the organizations there needed to be greater knowledge on emotional intelligence, interpersonal intelligence, symptom identification, and mental health and well-being care. Work culture is highly dependent on these factors, since knowledge impacts how individuals interact with each other, how they offer support, and how well they take care of themselves. Additionally, several studies have seen a correlation between educational intervention and the reduction of personal and self stigma (Griffiths, Carron-Arthur, Parsons, & Reid, 2014). Though organizations may have some of these teachings in place, interviewees stated that they were predominantly online, optional, or were too tedious and long.

The first educational recommendation is mental health and well-being training. They can be completed as a mini-series to accommodate availability and interests, with each session focusing on a specific tool individuals

should learn or practice. Areas that are beneficial to cover are: self care (including proper ways to manage stress and how to avoid fatigue or burn-outs), stress and symptom identification (in self and in others), and proper ways to approach individuals who need help (proper conversational topics and words to avoid).

The second of these recommendations is an agency-organized reflection-based workshop that will guide individuals towards self-development, personal advocacy, and greater emotional intelligence. This is aimed at helping individuals become more aware of their actions towards others, how they can help themselves manage stress, and possibly re-evaluate previously conceived ideas about mental health and well-being. Ultimately, this recommendation is aimed at ameliorating work culture, creating more normalized conversations on mental health and well-being, instilling a better sense of community, and helping motivate individuals towards spending more time prioritizing their mental health and well-being. The third educational recommendation is for agencies or managers to organize collaborative information sessions where individuals can hear “success” stories from others that have sought care through the organization and have not faced repercussions on their careers, where employees and volunteers can learn more about what their organizations offer in terms of resources (and external resources), so that individual ultimately feel more secure and confident in the support provided by the organizations.

Prioritizing Mental Health: Increasing Awareness of Mental Health and its Barriers

Educational Recommendations

- *Information-based*



Social Recommendations

- *Connections and conversation-based*



Social Recommendations

Women have indicated that support or proactive actions are a necessary component to ensure a work culture where members feel acknowledged and valued. The principle of this type of intervention focuses on providing and encouraging social support for those who are experiencing acute stress or have a mental illness. One study found that this type of social intervention led to statistically significant short-term improvement in the attitude towards stigma as well (Thornicroft et al., 2016). There is a discernible overlap in the role that increased social education plays in improving the quality of support that is provided, lending to reports of more suitable working environments.

One specific recommendation for each organization is to consider the use of external mental health and well-being practitioners. It was indicated that practitioners who specialize in mental health disorders as a result of exposure to accident trauma or those who work specifically with those who are involved with the emergency services would be most beneficial. While some agencies shared there are internal practitioners available, the most common concerns reported were that the meeting might go on their personal record. Another concern was the confidentiality provided from the internal practitioner. Some suggested that information was being spread, causing more detrimental effects and damaging their integrity. It is possible this is to prevent having to distribute labels to the conditions of people, thus making them a liability to the organization. Having

the same external practitioner work with those in the emergency services on a regular basis could improve trust and open the door for conversation by building and maintaining a safe sharing environment while providing unbiased methods for healing or coping.

Another recommendation for the general emergency services organizations is to create women-only discussion forums within each agency. This will help provide a safe and supported space where women in the organization can network, build confidence, voice issues, and create a better sense of community within the sector. It will help women make connections with others and relate to each other, showing that they are not alone in the struggles they face.

Throughout the research, the team has discovered that a sense of community and inclusivity is an important factor for women's mental health and well-being, playing a large role in the work culture that they are exposed to. Additionally, the team found that volunteers specifically struggle within this area. Volunteers do not spend the same amount of time within emergency services as career workers, causing a reduced feeling of a sense of community. To remedy this, companies could host events or external team meetups to help strengthen volunteer's sense of trust and ensure the volunteers that they are not simply just an "extra" person in the eyes of the organization. To expand how the organizations can diversify how they support those in emergency services of varying involvement, the organizations could explore the implementation of special interest groups.

TEAM MEMBERS

Alexis Boyle: aboyle@wpi.edu

Manon Miller: mcmiller2@wpi.edu

Elizabeth Inger: einger@wpi.edu

Krystina Waters: kmwaters@wpi.edu

GROUP ALIAS

gr-mpc-esfd20@wpi.edu

ADVISORS:

Stephen McCauley: mccauley@wpi.edu

Fabio Carrera: carrera@wpi.edu

ESF SPONSOR:

Siusan MacKenzie: smackenzie@esf.com.au

Contact Information





Left to Right: Manon Miller, Elizabeth Inger, Krystina Waters, Alexis Boyle

References

- Australian Institute of Health and Welfare. (2014). *Australia's Health 2014*. Retrieved from <https://www.aihw.gov.au/getmedia/d2946c3e-9b94-413c-898c-aa5219903b8c/16507.pdf.aspx?inline=true>
- Auxéméry, Y. (2012). Posttraumatic stress disorder (PTSD) as a consequence of the interaction between an individual genetic susceptibility, a traumatogenic event and a social context. *L'Encephale*, 38(5), 373-380. doi:10.1016/j.encep.2011.12.003 Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23062450>
- Benedek, D. M., Fullerton, C., & Ursano, R. J. (2007). First Responders: Mental Health Consequences of Natural and Human-Made Disasters for Public Health and Public Safety Workers. *Annual Review of Public Health*, 28(1), 55-68. doi:10.1146/annurev.publhealth.28.021406.144037
- Beyond Blue. (2015). *Information Paper: Stigma and discrimination associated with depression and anxiety*. Retrieved from <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>
- Beyond Blue. (2018). *Answering the call national survey*, National Mental Health and well-being Study of Police and Emergency Services. Retrieved from <https://resources.beyondblue.org.au/prism/file?token=BL/1898>
- Counson, I., Hosemans, D., Lal, T. J., Mott, B., Harvey, S. B., & Joyce, S. (2019). Mental health and mindfulness amongst Australian firefighters. *BMC Psychology*, 7(1), 34. doi:10.1186/s40359-019-0311-2
- Emergency Services Foundation (ESF). 2020. *Media Release*, Women in emergency management unite for International Women's Day. <https://esf.com.au/wp-content/uploads/2020/03/MR-ESF-IWD.pdf>
- Griffiths, K.M., Carron-Arthur, B., Parsons, A., Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World Psychiatry*, 13(2):161-75. doi: 10.1002/wps.20129.
- Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 94, 218-229. doi:10.1016/j.jpsychires.2017.08.001
- Hom, M. A., Stanley, I. H., Spencer-Thomas, S., & Joiner, T. E. (2018). Mental Health Service Use and Help-Seeking Among Women Firefighters With a Career History of Suicidality. *Psychological Services*, 15(3), 316-324. doi:10.1037/ser0000202

References Cont.

- Jahnke, S. A., Haddock, C. K., Jitnarin, N., Kaipust, C. M., Hollerbach, B. S., & Poston, W. S. C. (2019). The Prevalence and Health Impacts of Frequent Work Discrimination and Harassment among Women Firefighters in the US Fire Service. *BioMed Research International*, 2019, 6740207-13. doi:10.1155/2019/6740207
- Nemecek, D. (2018). COMING TO THE RESCUE OF FIRST RESPONDERS: Addressing behavioral health needs must be a priority. *Public Management*, 100(2), 22.
- SAMHSA. (2018). *Disaster Technical Assistance Center Supplemental Research Bulletin First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*. Substance Abuse and Mental Health Services Administration: Retrieved from <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- Sareen, J., Jagdeo, A., Cox, B. J., Clara, I., Ten Have, M., Belik, S., . . . Stein, M. B. (2007). Perceived Barriers to Mental Health Service Utilization in the United States, Ontario, and the Netherlands. *Psychiatric Services*, 58(3), 357-364. doi:10.1176/ps.2007.58.3.357
- Stanley, I. H., Boffa, J. W., Hom, M. A., Kimbrel, N. A., & Joiner, T. E. (2017). Differences in psychiatric symptoms and barriers to mental health care between volunteer and career firefighters. *Psychiatry Research*, 247, 236-242. doi:10.1016/j.psychres.2016.11.037
- Thompson, A., Hunt, C., & Issakidis, C. (2004). Why wait? Reasons for delay and prompts to seek help for mental health problems in an Australian clinical sample. *Social Psychiatry and Psychiatric Epidemiology; the International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, 39(10), 810-817. doi:10.1007/s00127-004-0816-7
- Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., . . . Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123-1132. doi:10.1016/S0140-6736(15)00298-6
- World Health Organization. (2018). Mental health: strengthening our response. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>