



COVER LIKE NO OTHER

**MENTAL HEALTH & WELLBEING
GUIDE FOR EMERGENCY
SERVICE WORKERS.**

Physical, Mental & Emotional, the triple threat for police, firefighters, paramedics and volunteers.

Emergency services are like no other career. The hours rarely fall comfortably within 9-5. There's no such thing as a standard day. There's trauma and tragedy, not innocent office politics.

It's not just a job. It's a lifestyle and it seeps into everything. Emergency services certainly isn't for everyone. It takes strength, humility, and a do-good philosophy. Society sees emergency workers as strong, unbreakable, and in charge. But this can come at a cost – something which, unfortunately, many are blind to: **the dangers of poor mental health.**

It's a tough line of work on the best of days. But when the nation (and world) is going through unprecedented events, first responders feel the pressure even more. Australian firefighters, police and state emergency services spent months controlling the historic bushfires, and now, paramedics, nurses, doctors and police are handling the global health (and economic) crisis, COVID-19.

From frontline workers to those in self-isolation, the mental health dangers remain alarmingly high.

The statistics

Beyond Blue reported emergency service workers are more prone to mental distress than any other group, including the Australian Defence Force.

According to Beyond Blue research, **one in three emergency service workers experience high psychological stress** (versus one in eight of regular Australians). One in **2.5 employees and one in three volunteers have been diagnosed with a mental health disorder** (compared to one in five, nationally). Many of these people with high distress and probable PTSD won't report that they have an issue. There's poor mental health literacy in emergency services, with anxiety and depression the most common illnesses.

Among all employees in the police and emergency services sector, 21% showed high psychological distress and 9% had very high psychological distress.

That's 30% of employees in a bad mental state.

Even with strong social support, PTSD is likely and there are strong links between this condition, alcoholism and suicide. **Suicidal thoughts are twice as common in emergency service workers** and high levels of wellbeing seem to plummet, the longer they remain in active service. People over 45 years of age are most at risk.

The quality of sleep also lessens the longer a person spends in the field. After 2 years of service, quality of sleep is at 54% and 31% 10 years in. And the problem isn't isolated to active workers. 28% of former employees have thought about taking their own life. One in four leave with a medical discharge or due to mental health reasons.

Yet, most (77%) employees prefer to deal with issues themselves, or with their families and friends. The problem is, poor mental health literacy exists. Early intervention is important, but it requires an understanding of mental health and not brushing it aside as seeming 'weak.'

It's not taboo. It should be *top of mind*

Author, and ex-policeman, of *Armor Your Self*, John Marx explores, what he refers to as, the culture of 'Blue Shame.'

The attitude that there's no room for emotion and weakness in this 'superhuman' field. Officers prefer to be judged on their personal strength, rather than be subjected to evaluations of mental aptitude and emotional fitness. Emotional wounds should be held in the same regard as physical, tangible injuries.

Marx coined the phrase 'Blue Trauma Syndrome' – a spectrum of negative physical, mental, emotional and spiritual health effects, manifested by career law enforcement people.

You can't see it, touch it and most times, even describe it. But it attacks emergency service workers every day. Often masked as burnout, bad moods, and anger, it's really depression, guilt and emotional exhaustion.

There's a metaphor called the 'Bucket.' It describes how, over the course of a career, emergency workers fill their bucket with 'stuff', like death, trauma, and tragedy. Their bucket is brimming with memories, emotions, horrible images, smells, sounds, and other sensory triggers. If it's not 'emptied', it spills into breaking point.

Emergency service workers can operate without being in the best physical shape. But when it comes to poor mental health, one can't function long without needing to address it.

The most important step is understanding that expressing mental health problems isn't playing the victim. No amount of physical strength can guard you from the torment of mental and emotional chaos. Radical honesty, dropping 'roles' and stereotypes, and developing a new way of thinking will.

Parading as strong and unaffected, without letting colleagues 'in' and labelling mental issues as 'weak' is costing lives.

What is mental health literacy?

Mental health literacy is defined as understanding how to obtain and maintain positive mental health. This includes understanding mental health problems and their treatments, decreasing stigma related to these problems, and enhancing the ability to seek help.

It's crucial for emergency service workers to, first, identify mental health issues early on and second, to ask for support. This means putting aside any residual, preconceived notions of "I'm tough" or "I don't need anyone." It requires switching from "I'm on the front line, I'm fine" to "I'm on the front line, so I need to stay mentally strong."

The latter is an empowered approach. It can be as simple as a change in perspective.

Shame and guilt are two toxic emotions that can plague emergency workers. A police officer might, unconsciously, self-sabotage and choose not to seek help, because they couldn't save an innocent person.

'Survivor guilt' can follow life-threatening, traumatic events. A paramedic might arrive to the scene of a car crash, with a child passing away before they can make it to the hospital.

To the logical mind, survivor guilt doesn't make sense. It's no one's fault, certainly not the police, paramedic, nurse or volunteer. But to the tired, stressed and already-anxious worker, they take on the weight of the tragedy.

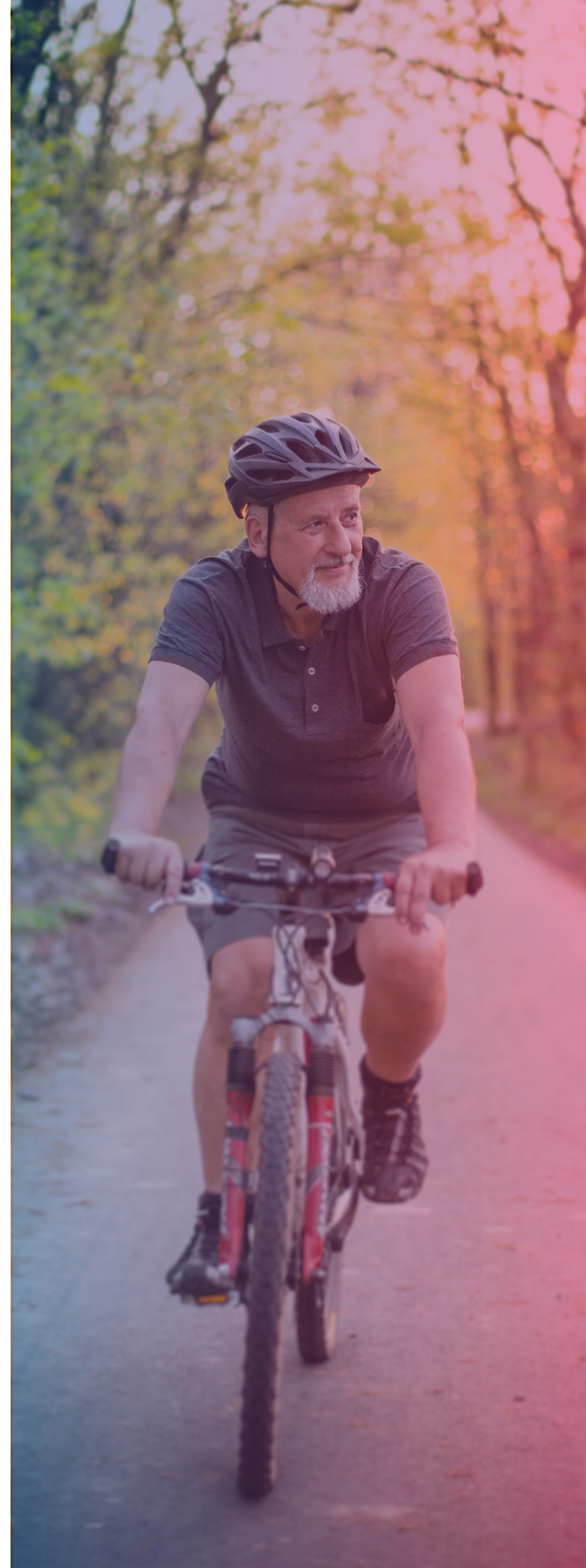
Emergency after emergency, there's no relief, and the memories compound. Over the years, these experiences can manifest into different mental illnesses.

Common mental health issues

The car crashes, fires, drownings and failed resuscitations. The missed holidays, shift work, poor sleep, irregular mealtimes and strains on relationships. It's a dangerous double-edged sword of issues where there's no relief.

Emergency responders don't just put their lives on the line, on-shift. It's a career that affects every part of their lifestyle, down to eating and sleeping. Luxuries that office workers take for granted as 'personal time.'

This puts these workers on the front line for a host of mental illnesses.



PTSD

Post-Traumatic Stress Disorder (PTSD) manifests from exposure to significant trauma which, in the case of emergency responders, is chronic. According to the **National Institute of Mental Health**, PTSD is displayed in three ways:

- 1. Re-experiencing:** Flashbacks, overwhelming fears, rapid breathing and nightmares are subsequent characteristics of this type of PTSD. This can creep into a person's everyday routine (in thoughts and feelings), regardless of what they're doing.
- 2. Hyperarousal:** Feeling on-edge, intense anger and insomnia quickly triggers these sensations. Daily life proves to be more difficult, as stress and anger override otherwise 'easy' tasks such as eating, sleeping and focusing.
- 3. Avoidance:** Guilt, depression, lack of interest in joyful moments, and avoiding places (and people) that spark memories of the event. A responder might avoid driving past a location where a fatality occurred.

For emergency responders, simply the nature of the work leans towards PTSD, as dangerous, tragic events are unavoidable.

Anxiety

Anxiety symptoms that continue beyond six months usually lead to a Generalised Anxiety Disorder (GAD) diagnosis. Social anxiety, panic disorder, Obsessive-Compulsive Disorder (OCD) and phobias also belong to the anxiety category. The Kessler Psychological Distress Scale (K10) involves 10 questions about emotional states to help determine levels of mental disturbance.

Depression

While depression isn't a mental condition isolated to emergency support workers, the numbers show this is a high-risk group. First responders can suffer from chronic feelings of hopelessness, given the nature of what they're exposed to. This can lead to guilt, insomnia, suicidal thoughts, and other issues related to the disorder.

There are varying levels of depression, plus it can be a symptom of another mental health disorder, like PTSD. Officers' battles with depression can be more serious, with substance abuse or addictive tendencies.



Substance Abuse

Alcohol or drug addiction is defined by the compulsive use of these substances, without regard for negative consequences. It's a chronic disease that causes physical changes in the brain, and thus, the mental and emotional health (as well as the personality).

Suicide

Suicidal thoughts and the desire to take one's own life can be an extension of another mental health disorder. The National Coronial Information System found that a first responder takes his or her life every six weeks. Pressures of the job that compound overtime include lower staffing levels, fatigue from shift work, community connections to victims, working alone, and less access to mental health services.

In fact, **poor workplace practices and culture were found to be as damaging to mental health as occupational trauma.** We can't remove the risk, but we can change the environment that first responders work and live in.

- Lifeline – 13 11 14
- Beyond Blue – 1300 224 636
- MensLine – 1300 78 99 78

The role of the workplace

The longer a responder is exposed to the drownings, car crashes, suicides and tragic events, the greater the chances of mental distress. It doesn't get better with time.

The length of service is a risk factor that needs to be managed.

Attention should be placed on creating positive workplaces, free of gossip and stigmas – not just from others but, more importantly, within themselves. Teams must adopt mental health champions to encourage honesty, self-love and emotional endurance, **across the career lifecycle**.

Practices should be explored to support staff who are transitioning into retirement (or other roles). The core value of first responders, and their work, is its meaningfulness. This aspect needs to be celebrated. The power of purpose goes a long way. Hope is also an underrated tool that can, and should, be leveraged.

We need to be able to ask the questions like: "how's life at home?" Resilience has to start with the individual, then be complemented by support services. Sleep quality, physical activity and social support at home are key ingredients to maintaining personal strength.

Statistics show that first responders who are separated or divorced record higher suicidal thoughts, so good relationships matter and should be highlighted and encouraged.

Workers in the LGBTI community deserve extra attention, as there are strong links between this group, PTSD and suicide.

Departments have a responsibility to foster healthier environments at home, through encouraging connection to family and community, eating together, prioritising sleep and physical wellbeing, playing sport and practicing mindfulness.

Then together, while at work, efforts can be made to minimise fatigue, implement best-practice shift systems, monitor responders' exposure to traumatic events, provide resources, and build an integrated support network.

Creating a 'buddy' system, where responders have one person they can confide in. Draw on stories of workers who maintain good health and unite employees, volunteers, unions, and families as one collective force.


Mental health literacy and training, processing trauma and stress exposure, and supporting those returning to the workforce are additional tactics that must be addressed.

Beyond Blue recommends that departments consider a workplace mental health and wellbeing strategy. On a national level, suggestions include Government funding for interventions and programs, worker's compensation reform, and support for former employees.

Reliving trauma, in self-isolation

As a society, there's never been a time quite like what we're living through now. There are some first responders who the nation is relying on more; including doctors, nurses paramedics and police.

But for the firefighters and volunteers, this might be the first substantial moment of rest since beginning fighting the devastating blazes in May 2019. It might not feel like it, but this is a great opportunity to process and let go of residual trauma.

A man and a young boy are shown from the chest up, both looking down at a slice of orange pepper they are holding to their upper lips to create a mustache. The man is on the left, wearing a blue apron over a red shirt. The boy is on the right, wearing a plaid shirt. The background is a blurred indoor setting. The entire image has a semi-transparent white box overlaid on the right side containing text.

If your mind continues to play a showreel of horrific images, you're not alone. Here are strategies that can help you cope and benefit from this self-isolation. Find the mechanisms that work for you, including:

- Exercise for 30 minutes per day and add a mindfulness element, by focusing on your breathing, the wind on your skin or the warmth of the sun blanketing you.
- Call a friend, take a new class online and join a support group forum
- Self-regulate your nervous system with mindful breathing (four seconds in, hold for two, then exhale for eight)
- Build your emotional intelligence (EI) through self-managing feelings, thoughts and behaviours. Start your day with two pages of journaling to externalise what's in your mind.
- Meditate every morning to relax your body and release unresolved trauma, housed in the body. Headspace is a popular meditation tool to help you with the process.
- Pivot your attention onto something you enjoy. Do you love to cook, read, play games, watch documentaries or spend time with your family? This isn't to distract you, but rather, to bring light to your days.

Get plenty of sleep, eat a balanced diet, avoid alcohol, and use this time to reconnect with yourself. If you can't go out, **go inwards**.

Black Dog Institute has a designated Coronavirus-specific resource with links to digital tools, webinars, resources and toolkits. One example is myCompass, a personalised self-help tool to keep track of your mental health.

And partners? Here’s some warning signs

As the partner, husband or wife, right now can be just as trying for you. The same strategies apply for you, too. It’s not easy to watch your loved one go to work every day, fighting a crisis that’s so foreign and unknown. You’re left at home, isolated and worrying – both for their safety and spreading it to your family.

You can feel helpless, unable to express your fear and guilt for wanting them home, because they’re ‘essential’ workers. This is natural, so don’t harbour it. Use the strategies outlined above, speak to other partners of first responders, and tap into the resources available to you.

Keep these warning signs in the forefront of your mind (not just for your partner, but you, too).

Emotional, psychological and physical symptoms:

- Denial
- Confusion
- Anger and mood swings
- Shame and blame
- Social withdrawal
- Inability to maintain relationships
- Avoidance
- Insomnia and fatigue
- Difficulty concentrating
- Muscle tension
- Substance use

Be patient and understanding, offer practical support, don’t pressure loved ones into talking (but be available if they want to), create opportunities to socialise (even online), and most importantly, **don’t take the trauma personally**.

The changing routines and increased worry at home can also be difficult on children. If they’re young, it might be hard for them to understand COVID-19. The Black Dog Institute resource covers how to discuss the situation with your children, practical strategies to support their mental health, and daily actions to promote wellbeing.

You have more family than you think looking out for you.

Now, health insurance that *works for you*, is essential.

Maintaining psychological fitness requires using both group-based strategies and those focused on individuals. For you, the first responder, it’s important to step into your power. Staying mentally healthy requires daily calibrating and processing of your thoughts and emotions.

There’s no job (and lifestyle) like an emergency service workers.

As such, standard health coverage won’t suffice. Police and Emergency Services Health exists for first responders, with support tailored to your every need.

As a member, you have access to psychology, counselling, acupuncture and alternative therapies to support your mental health. You can ‘empty your bucket’ as situations occur, without having to worry about the financial aspect.



And, don’t ever forget the empowered state you can move into, in the moment you choose to. Connect with others, have FUN, do what makes you happy, get some extra rest, give back to others in need, learn a new skill, and become creative coping with stress.

Listen to your body and what it’s ‘telling’ you. Do you need to release energy? Move your body, with an at-home yoga stretch session. Let repressed anger out? Go for a run. Calm your anxious mind? Pull out a notepad and externalise what’s in your head.

The body follows the mind, remember this. Master your mind and your life, as well as many others, will change forever.

Let the blue sky reveal itself.

- Lifeline – 13 11 14
- Beyond Blue – 1300 224 636
- MensLine – 1300 78 99 78

1 <https://www.beyondblue.org.au> 2 <https://www.mentalhealth.org.uk/a-to-z/m/mental-health-literacy> 3 https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml#part_145373 4 <https://americanaddictioncenters.org/firefighters-first-responders> 5 <https://www.abc.net.au/news/2019-06-27/regional-first-responders-take-mental-health-into-own-hands/11249018> 6 <https://www.headspace.com/headspace-meditation-app> 7 <https://www.mycompass.org.au> 8 <https://blackdoginstitute.org.au/research/participate-in-our-research/future-proofing/covid-19-information-for-teachers-counsellors>

A weekly mental health check-in
Brought to you by Black Dog Institute

Feelings

Set an alarm on your phone, or a reminder in your calendar, so at a set time each week you can quickly do a check-in on a scale from 0 (‘not at all’) to 10 (‘extremely’) of how stressed, anxious or down you are feeling.

It is normal for these scores to go up and down each day and throughout the week but if you notice the scores are increasing and remaining very high, then it’s time to prioritise your mental health.

Body

Take a moment to notice any tension in your body like tight shoulders, chest, or jaw. Other signs that you might be feeling stressed include dryness of the mouth, difficulty breathing, and a racing heart.

Sleep

Have there been changes in your sleep pattern? If you are constantly struggling to get to sleep, waking in the night or waking earlier than usual and finding it difficult to get back to sleep, these are signs your mind is unable to switch off and relax.

Thoughts

Are you always worrying about the worst-case scenarios? Wondering if things will ever get better or if you will be able to cope? Focusing on the ‘what if’ scenarios is not useful and it is best to try to limit this as much as possible.

Reactions/behaviour

Every day brings challenges but it’s how we deal with them which shows how we’re coping.

If you find yourself frequently snapping at those you love, finding it extremely difficult to focus, or always depending on things like alcohol or food to cope, it is time to prioritise your mental wellbeing.

Check-in buddy

Choose a check-in buddy. This may be your partner, housemate or even a friend or colleague you’re keeping in touch with via video messaging. Be honest about how you are coping.

Remember that you are in physical isolation, not social isolation. When we’re at home, we may need to be creative about adapting the strategies we normally use.

For example, if socialising helps your mood, schedule a virtual coffee. If going to the gym helps you reduce stress, try an online workout. If taking time out helps, find a quiet place, take a few deep breaths, go for a walk or listen to music.

What to do if you are not coping

If you take the steps above and notice that you are not coping, you can:

1. Make a self-care plan

Draft a plan of action and enlist a supportive person to help you stick to it. [Download Black Dog Institutes self-care planning fact sheet here.](#)

2. Do activities to help reduce your anxiety

- Try to do some physical activity or get some fresh air each day. Even an hour of exercise a week improves depression and anxiety.
- Try to do something that gives you a sense of pleasure and/or achievement each day. This could include eating a nice meal, reading a book, joking with friends, listening to music, tidying up around home or work tasks.
- Notice when you are thinking in unhelpful ways. Ask yourself, ‘is there another, more helpful way I could think about this situation?’

3. Get professional help when you need it

If you are feeling very anxious or sad for more than two weeks, it is time to get professional help.

There are a range of free and low-cost online programs that you can access from home and complete anonymously or with the support of a health professional.



Helpful online tools and resources

- myCompass – www.mycompass.org.au
- Black Dog Institute Online Clinic – onlineclinic.blackdoginstitute.org.au
- This Way Up – thiswayup.org.au
- MindSpot – mindspot.org.au

Weekly personal Mental Health Check-in Week: # Date: / /

| Area of check-in | Answer |
|--|--------|
| Feelings Have you noticed any changes in how you have been feeling this week? Give yourself a score from 0 (not at all) to 10 (extremely) of how stressed, anxious or down you are feeling. | |
| Body Have you noticed any changes in your own body? Do you have tight shoulders or jaw, tightness in your chest, dryness of mouth, difficulty breathing or heart racing? | |
| Sleep Have there been changes in your sleep pattern? Are you struggling to get to sleep, waking in the night or waking earlier than usual and finding it difficult to get back to sleep? | |
| Thoughts Have you been focusing on ‘what if’ situations? Are you always worrying about the worst-case scenarios? | |
| Reactions & Behaviour Have you been acting differently to those around you or how you treat yourself? Are you snapping at those you love, finding it extremely difficult to focus, or always depending on things like alcohol or food to cope? | |
| Check-in buddy Have you spoken to your check-in buddy about how you’re feeling this week? | |

Strategies I will try this week

- | | |
|--|---|
| <input type="checkbox"/> Make a self-care plan | <input type="checkbox"/> Get professional help when I need it |
| <input type="checkbox"/> Do physical activity or get fresh air each day | <input type="checkbox"/> Try an online program |
| <input type="checkbox"/> Do something that gives me pleasure and/or achievement each day | <input type="checkbox"/> Notice my thoughts and try to think in a helpful way |



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