

## We all have mental health and responders are not invincible

As many as 1 in 4 people experience mental health problems, such as anxiety, depression, or PTSD each year<sup>[1]</sup>. Often, these are short-term ailments from which they fully recover. In some cases, however, they can develop into more chronic, or long-lasting concerns. In this regard, emergency responders are no different to anyone else.

For example, research by the mental health charity Mind, has found that emergency service staff may be more likely than the general workforce to experience mental health problems, with as many as 88% of those surveyed reporting having experienced stress or poor mental health while working<sup>[2]</sup>.

## Emergency responders are at risk of psychological injury. It's an occupational hazard

High-risk jobs, regardless of setting, increase the likelihood of psychological injury, and emergency responding is no different. Emergency service personnel are commonly exposed to potentially traumatic incidents as a result of their role<sup>[3, 4, 5]</sup>, and are more likely than the general population to experience Post-Traumatic Stress Disorder (PTSD)<sup>[6, 7, 8, 9]</sup>.

A large-scale survey of police officers in the UK recently found that as many as 1 in 5 of those who have experienced traumatic incidents through work may be expected to subsequently experience PTSD or Complex PTSD<sup>[10]</sup>. We know from the evidence, that there are certain aspects of call-outs which are often more likely to make the incident traumatic. For example, incidents which are unpredictable, have a personal relevance to the responder, or where control of the situation is lost, are all more likely to be experienced as traumatic<sup>[11, 12]</sup>.

There is very little evidence, however, to suggest that certain types of people are pre-determined to be at greater risk for being psychologically injured at work. It is the role, and not the individual, which is a risk factor here.

## Health and safety assessments should include psychological risk

A recent national survey of police officers and staff found psychological injuries to be more common than physical injuries<sup>[13]</sup>, with majority of respondents (81%) reporting having experienced at least one physical or psychological injury, or mental health issue as a result of their work, in the previous five years, and almost half (42%) experiencing a psychological injury or a mental health issue.

Further research has found emergency service personnel to twice as likely as other workers to identify work as their main source of mental health problems, but conversely are less likely to take time off as a result<sup>[1]</sup>. Trauma reactions are expected to be

exacerbated where staff do not feel supported by their organisation<sup>[11]</sup>. This is particularly pertinent in emergency service organisations where the majority of staff may be expected to experience potentially traumatic work incidents<sup>[14]</sup>.

As we will see later, Stigma stops people getting help. Formally identifying psychological injury as being equivalent to physical injury may serve to legitimise them from the top down. This legitimacy may help to chip away at the stigma connected with psychological injury, and hopefully reducing this barrier to seeking support.

## Getting psychologically injured doesn't mean you're weak or a failure

It is a misconception that the small proportion of individuals who do become psychologically injured do so due to any personal failings or weaknesses. As we've established, psychological injuries are an occupational hazard for emergency responders.

There can be an expectation for emergency responders to remain calm and stoic in the face of emotive incidents<sup>[12]</sup>. This may give the impression that your colleagues have not been affected by the incidents they've attended and, where you have been affected, that it is you and not the incident that is the problem. As we have already seen, a high proportion of emergency service personnel experience psychological injuries, it's a part of the job.

## Psychological injury is not inevitable. Most responders, most of the time, will cope well

As we've said, emergency responders are at risk of being exposed to traumatic incidents as a result of their role. However, becoming psychologically injured is by no means inevitable.

For example, research has suggested that as many as 4 out of 5 responders may experience some posttraumatic stress symptoms in response to work incidents, but about 4 out of 5 of these will not develop symptoms severe enough to be classed as posttraumatic stress disorder<sup>[15]</sup>.

Other research suggests that around 9 in 10 emergency responders will not develop PTSD<sup>[16]</sup>. We know that there are a number of work-related factors which may increase the likelihood of becoming psychologically injured on the job, such as responding to incidents involving children, providing assistance to people who are seriously injured, losing control of the situation, or the situation being unpredictable<sup>[11, 12]</sup>.

However, there are also various factors which can reduce the likelihood of being psychologically injured, such as training or education around the signs and symptoms of acute stress<sup>[17]</sup>.

## Psychological injuries can heal

It is important to acknowledge, that although most responders, most of the time, will cope well with job-related stress and trauma, some responders, some of the time, will experience psychological injuries.

It is equally important to acknowledge that people can and do recover from these injuries. It is common for people to be affected by experiencing or witnessing traumatic events. As we've already seen from Essential 2, a large number, albeit a minority, of emergency services personnel are expected to potentially traumatic events. These can often lead to posttraumatic symptoms, but in most cases, people will recover from these in the days and weeks following the event. Sometimes injuries can take longer to heal, and in some cases, therapeutic support might be needed to aid in the healing process.

A number of evidence based treatments, such as Prolonged Exposure, Cognitive Behavioural Therapy, and Eye Movement Desensitisation and Reprocessing, have been recommended to aid in the healing process from psychological injuries<sup>[18]</sup>.

## Stigma stops people getting help

When psychological injuries don't heal of their own volition over time, it might be helpful to look for some formal support to help you cope. It is common for responders to report that stigma surrounding psychological injuries or mental health prevents them from seeking support for issues they may be experiencing<sup>[13]</sup>.

Emergency service personnel may operate under the assumption that those who fix problems for others shouldn't be seen to have problems themselves<sup>[2]</sup>. Some may have concerns about impact on career prospects of admitting to psychological injury or being ridiculed within the organisation.

This may partly stem from a lack of visibility of psychological symptoms, in contrast to easily identifiable signs of a physical injury, meaning people may feel they are less likely to be believed when reporting psychological injury. Research has found that emergency services personnel are, on average, less likely to seek support for mental health and wellbeing issues than the general population, with workplace culture and stigma understood to be key drivers of this reluctance<sup>[1]</sup>.

Beyond feelings of being stigmatised by others, self-stigma, where a person feels [something] has also been shown to reduce the likelihood of emergency service personnel seeking help from mental health professionals<sup>[19]</sup>.

## Workplace stress is as big a threat to wellbeing as trauma exposure

We know that trauma exposure is a big risk to psychological wellbeing, and that this is particularly pertinent to emergency service personnel where the role can often involve exposure to potentially traumatic incidents. We also know, though, that workplace stress can be equally impactful on the mental wellbeing of staff<sup>[20]</sup>.

Some research has found that organisational stressors, such as long working hours, tension with colleagues, not being supported by senior leaders, and not having control over your work, can increase the likelihood of experiencing common mental health issues such as anxiety and depression<sup>[21]</sup>.

Furthermore, organisational stressors like these have been shown to increase the risk for developing PTSD among emergency responders, over and above the risk from operational stressors such as attending critical incidents<sup>[20]</sup>. Additionally, not feeling a sense of belonging with colleagues can be a key stressor among emergency service personnel<sup>[22]</sup>.

## Good management and leadership protects responders

As we've seen, organisational stressors can be as impactful to the mental wellbeing of emergency service personnel as operational experiences. But there are a number of ways the services can protect their employees and volunteers from these.

A recent review highlighted the need for managers in emergency responder organisations to be aware of, and know how to appropriately respond to, mental health problems that staff may experience in relation to operational stressors<sup>[23]</sup>.

Where staff members feel that they have greater support from supervisors and managers, they are less likely to develop PTSD following traumatic work events, as well as being more likely to have an increased sense of general job satisfaction<sup>[24, 25]</sup>.

Additional evidence suggests that good organisational support can increase wellbeing, morale, and retention among emergency service personnel<sup>[26]</sup>.

## Support from colleagues, family and friends keeps responders well

We know that emergency service personnel will often seek support from a variety of formal (e.g. GP, Employee Assistance Programmes) and informal sources (e.g. spouse, friends)<sup>[27]</sup>. In some cases, responders report relying on support from their colleagues, often because they have attended the same incident and so may have a better understanding of the issues faced<sup>[28]</sup>.

In other cases, however, employees report feeling more comfortable seeking support from outside of work, from close friends or family members, for example<sup>[28]</sup>. Research has shown that support, both from colleagues and people outside of work, can help to reduce the impact that potentially traumatic work incidents may have on psychological wellbeing<sup>[12, 24]</sup>.

Interestingly, it has also been shown that perceiving support has a stronger effect on wellbeing than receiving support, which suggests that just knowing that support is there should you need it, can help some people even more than actually having to seek out that support<sup>[29]</sup>.

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