



 **LIFELINES  
SCOTLAND**

**RESEARCH BEHIND  
OUR 10 ESSENTIALS**



## #1 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.

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>.

## #2 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 subsequently experience PTSD or Complex PTSD<sup>[10]</sup>. We know from the evidence, that there are certain aspects of call-outs which are more likely to make an incident traumatic. For example, incidents which are unpredictable, uncontrollable or have personal relevance to the responder, 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 predetermined 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.

## #3 Health and safety assessments should include psychological risk

A recent national survey of police officers and staff found the majority of respondents (81%) reported 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<sup>[13]</sup>.

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 are less likely to take time off as a result<sup>[1]</sup>. Trauma reactions are exacerbated where staff do not feel supported by their organisation<sup>[11]</sup> and this is particularly pertinent in emergency service organisations where the majority of staff can be expected to experience potentially traumatic incidents at work<sup>[14]</sup>.

As we will see later, Stigma stops people getting help. Formally identifying psychological injury as a threat to health and safety in the same way as we assess the risks of physical injury would allow a more pragmatic approach. If we can be matter of fact about the possibility of psychological injury and the steps we can take to anticipate, address and mitigate this risk then we will chip away at the stigma connected with psychological injury, and hopefully reduce this barrier to seeking support.

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

It is a misconception that individuals who sustain psychological injuries do so due to 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, when you have been affected, you may assume that it is you and not the incident that is the problem. Anyone can get psychologically injured, just as anyone can be physically injured. Working or volunteering in an emergency response role means you are at risk. It's a part of the job.

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

We've highlighted that emergency responders are exposed to potentially traumatic incidents in their role. However, becoming psychologically injured is by no means inevitable.

Although some research has suggested that as many as 4 out of 5 responders may experience some post-traumatic stress symptoms in response to work incidents, the majority of these people (80%) will not develop symptoms severe enough to be classed as post-traumatic stress disorder<sup>[15]</sup> and 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 social support and education around the signs and symptoms of acute stress<sup>[17]</sup>.

## #6 Psychological injuries can heal

For those people who do sustain a psychological injury it is important to affirm that people can and do recover from these injuries.

It is not unusual for people to experience symptoms of posttraumatic stress in the aftermath of a traumatic incident and in most cases, these symptoms will settle in the days and weeks following the event. Like physical injuries, sometimes psychological 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 proven to aid in the healing process from post-traumatic stress<sup>[18]</sup>.

## #7 Stigma stops people getting help

It is common for responders to report that the stigma surrounding psychological injuries and mental health prevents them from seeking support for the psychological problems they may be experiencing<sup>[13]</sup>.

Emergency service personnel may operate under the assumption that as people who fix problems for others they shouldn't be seen to have problems themselves<sup>[2]</sup>. Others may have concerns that saying they've been psychological injured may have a negative impact on their career prospects or lead to ridicule 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>.

Stigma isn't just a fear of being judged by others, but includes self-stigma where people feel ashamed and as if they've failed. Self-stigma has been shown to reduce the likelihood of emergency service personnel seeking help from mental health professionals<sup>[19]</sup>.

## #8 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. We also know, that workplace stress has a negative impact on the mental wellbeing of staff<sup>[20]</sup>.

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>.

Studies have shown that these types of organisational stressors increase the risk for developing PTSD among emergency responders, over and above the risk from operational, potentially traumatic stressors<sup>[20]</sup>. Additionally, not feeling a sense of belonging with colleagues can be a source of significant stress for emergency service personnel<sup>[22]</sup>.

## #9 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 trauma exposure. While organisations can't protect their staff from challenging or distressing jobs there are a number of ways the services can support their employees and volunteers afterwards .

A recent review highlighted the need for managers in emergency responder organisations to understand and know how to respond appropriately to the psychological distress staff may experience in relation to operational stressors<sup>[23]</sup>.

Where staff members feel that they have good support from supervisors and managers, they are less likely to develop PTSD following traumatic work events, and are more likely to have an increased sense of general job satisfaction<sup>[24, 25]</sup>. Evidence suggests that good organisational support can increase wellbeing, morale, and retention among emergency service personnel<sup>[26]</sup>.

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

Emergency service personnel will 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, reduces the impact that potentially traumatic work incidents have on psychological wellbeing<sup>[12, 24]</sup>.

Interestingly, research tells us that the perception of having support has a stronger effect on wellbeing than receiving it. This suggests that just knowing that support is there should you need it, may mean you're less likely to need to use it<sup>[29]</sup>.

- [1] [McManus et al. \(2007\) Adult Psychiatric morbidity in England, 2007: results of a household study](#)
- [2] [Mind \(2019a\) Wellbeing and mental health support in the emergency services: Our learning and key recommendations for the sector](#)
- [3] [Fjeldheim et al. \(2014\) Trauma exposure, posttraumatic stress disorder and the effect of explanatory variables in paramedic trainees](#)
- [4] [Ward et al. \(2006\) Critical incident exposure in South African emergency services personnel: prevalence and associated mental health issues](#)
- [5] [Klimley et al. \(2018\) Posttraumatic stress disorder in police, firefighters, and emergency dispatchers](#)
- [6] [Mind \(2019b\) Mental Health in the Emergency Services - Our 2019 Survey Results - Ambulance Service](#)
- [7] [Mind \(2019c\) Mental Health in the Emergency Services - Our 2019 Survey Results - Fire Service](#)
- [8] [Mind \(2019d\) Mental Health in the Emergency Services - Our 2019 Survey Results - Police Service](#)
- [9] [Mind \(2019e\) Mental Health in the Emergency Services - Our 2019 Survey Results - Search and Rescue](#)
- [10] [Brewin et al. \(2020\) Posttraumatic stress disorder and complex posttraumatic stress disorders in UK police officers](#)
- [11] [Adams et al. \(2014\) An Interpretative Phenomenological Analysis of Stress and well-Being in Emergency Medical Dispatchers](#)
- [12] [Evans et al. \(2013\) Police officers' experiences of supportive and unsupportive social interactions following traumatic incidents](#)
- [13] [Police Care UK \(2016\) Supporting the Service: Police injury on duty](#)
- [14] [Skeffington et al. \(2016\) Trauma exposure and post-traumatic stress disorder within fire and emergency services in Western Australia](#)
- [15] [Lakey et al. \(2018\) Trauma Risk Management: Evaluation of the RNLI pilot](#)
- [16] [Berger et al. \(2011\) Rescuers at risk: a systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers](#)
- [17] [Brooks et al. \(2017\) Training and post-disaster interventions for the psychological impacts on disaster-exposed employees: a systematic review](#)
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- [19] [Karaffa & Koch \(2015\) Stigma, Pluralistic Ignorance, and Attitudes Toward Seeking Mental Health Services Among Police Officers](#)
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- [21] [Sharp et al. \(2020\) Assessing the mental health and wellbeing of the Emergency Responder community in the UK](#)
- [22] [Shakespeare-Finch & Daley \(2017\) Workplace belongingness, distress, and resilience in emergency service workers](#)
- [23] [Wild et al. \(2020\) Pre-incident Training to Build Resilience in First Responders: Recommendations on What to do and What Not to do](#)
- [24] [Oginska-Bulik \(2015\) Social support and negative and positive outcomes of experienced traumatic events in a group of male emergency service workers](#)
- [25] [Kula \(2016\) Occupational stress, supervisor support, job satisfaction, and work-related burnout: perceptions of Turkish National Police \(TNP\) members](#)
- [26] [Boag-Munroe et al. \(2016\) Police Officers' Promotion Prospects and Intention to Leave the Police](#)
- [27] [Carleton et al \(2019\) Mental health training, attitudes towards support, and screening positive for mental disorders](#)
- [28] [Haslam & Mallon \(2010\) A preliminary investigation of post-traumatic stress symptoms among firefighters](#)
- [29] [Prati & Pietrantonio \(2010\) The relation of perceived and received social support to mental health among first responders: a meta-analytic review](#)