PHOENIX AUSTRALIA | Centre for Posttraumatic Mental Health

St John Ambulance Review of Workplace Mental Health Risks

Final report

29th February 2016

THE UNIVERSITY OF MELBOURNE

Contents

1. Executive Summary

1.1 Scope and work undertaken for the review

St John Ambulance Western Australia contracted Phoenix Australia – Centre for Posttraumatic Mental Health to undertake a review of St John's current approach to identifying and managing psychological risks for all employees within its workplace, including assessing its current approach against best practice. The scope of the review covered the psychological risks that exist for St John employees, the current supports and systems that St John has in place to manage psychological wellbeing, the accessibility and effectiveness of current supports and systems, and what improvements or alternative approaches are required for best practice.

Phoenix undertook a review of St John documentation including, the wellbeing strategy and staff policies; face-to-face consultations with Senior Management, the Wellbeing and Support (WB&S) team and a range of paid and volunteer, metropolitan and regional staff; and an online survey open to all staff.

1.2 Limitations

In considering the findings of the review it should be noted that staff involved in the face-to-face consultations were a convenience sample of staff in selected metropolitan and country locations, and that staff who elected to participate in the open survey comprised 24.4% of paid staff and just 5.16% of volunteers. Neither sample can be considered representative of all St John employees.

1.3 Findings: Psychological risks

Potential psychological risks for St John employees identified in existing research on workplace stressors in like organisations, include exposure to potentially traumatic events (PTEs), fatigue and shift work, high demand low control work, workplace bullying, perceptions of lack of support from management, and geographical isolation.

Consultations with staff suggested that the most salient sources of stress for St John employees were workplace bullying and feeling unsupported and undervalued by senior management. Additional psychological risks that were apparent for regional paramedics included professional isolation, feeling responsible for the wellbeing of volunteers and their work, living in the communities they serve, and personal safety. For managers, having to deal with bullying and performance management issues were the most stressful aspects of their role.

Results of the survey indicated that for the sample overall, decisions of senior management were rated as the highest source of stress followed by fatigue, exposure to trauma, rostering, performance management, and shift length. A number of differences between work groups were statistically significant: country paramedics rated the stress from senior management decisions higher than metropolitan paramedics or volunteers; trainee ambulance officers and communications officers rated fatigue a higher source of stress than volunteer ambulance officers, other volunteers, managers and administrative staff; and country paramedics rated exposure to trauma more highly than metropolitan paramedics.

More than half of survey respondents (58.5%) reported having experienced conflict, harassment or bullying at work. In terms of severity, there were 75 reports of intentional and repeated bullying. This does not necessarily mean that 75 individuals had experienced this, as some may have reported bullying from more than one source.

Scores on the Psychological Safety Climate (PSC) survey (Hall, Dollard, & Coward, 2010) indicate that the majority of survey respondents fell into the high-risk category for job strain (high demands and low control) and poor mental health outcomes. While this is cause for concern, we cannot conclude that this result represents the full St John workforce; those who were in the high-risk category may have been more inclined to complete the survey.

1.4 Findings: Current supports and systems

Our findings with respect to St John's current supports and systems, including their accessibility and effectiveness have been summarised under three headings: Areas of strength; areas requiring further attention and development; and areas requiring priority attention.

Areas of strength

- The Safety and Injury Support Services team's recent focus on psychological risk management, leading to the "Motivated Minds" project and recognition of psychological demands in task analyses.
- The comprehensive suite of policies and procedures developed by Employee Relations.
- The thorough recruitment process for paramedics.
- The objectives of the WB&S team to implement an organisation-wide approach to psychological first aid.
- The selection of external psychology providers against key criteria.

Areas requiring further attention and development

- Staff attitudes to seeking support indicate a more positive attitude towards external psychology compared to direct supervisors or the WB&S team, with respect to their training, responsiveness, trustworthiness, respect for confidentiality and risk to career. This indicates that more work is required to improve perceptions of the support provided by supervisors and the WB&S team.
- Psychological risks are consistently underestimated in the Safety and Injury Support Services' risk register and more attention needs to be paid to psychological risks in other documentation such as the Workers Compensation and Injury Management procedure and Risk Management Procedure.
- The rates of staff awareness of employee relations policies and procedures indicate that further work is required in dissemination and implementation.
- Almost 70 per cent of managers had attended the WB&S education session, but feedback from both managers and staff indicated that managers need more training in identifying signs of stress and providing support to staff.
- There has been a significant transition over the past year from a single chaplain to a larger WB&S team, now comprising seven staff. While this is to be commended, the role and composition of the team requires further development, particularly the inclusion of qualified and experienced mental health professionals.
- We acknowledge the work undertaken to date on developing the capacity of all St John employees to function as peer supporters. However, we believe that the current approach, in both content and process, is inadequate to equip people to fulfil the role of peer supporters in an effective and sustainable way.

Areas requiring priority attention

- There were many reports of workplace bullying in both the consultations and the survey, and a number of people commented that there is "a culture of bullying" at St John. Although this review does not permit firm conclusions about the veracity of these claims, we do believe that addressing the issue of bullying demands priority attention.
- This review identified particular psychological risks faced by community and country paramedics, which are potentially compounded by the perception that senior management does not recognise the particular stressors faced by regional paramedics. We believe that a review of the role clarity, recruitment (including realistic job preview), training and support for regional paramedics is warranted.
- Scores on the Psychosocial Safety Climate (PSC) survey indicated that St John employees do not perceive that senior management give high priority to policies, practices and procedures for the protection of staff psychological health and safety. We do not assume that this perception is accurate, but do believe that the finding

highlights the need for improved communication between St John management and staff to demonstrate that staff opinions are valued and their wellbeing prioritised.

- The current approach to mental health literacy and psychological first aid are not consistent with best practice. Resources that are available in the public domain to guide the content of education and training in these areas have been suggested.
- Based on the role of the WB&S team in delivering organisation-wide education and training in mental health literacy and psychological first aid, providing immediate support and triage for employees seeking support for mental health and wellbeing concerns, and being responsible for the quality of care provided by external psychologists, we believe that the team should include qualified and experienced mental health practitioners.
- While we support the approach of encouraging staff to take responsibility for their own wellbeing and to support their colleagues, there will always be some people who are unwilling or unable to self-identify mental health concerns. For this reason we suggest regular routine screening of staff mental health and wellbeing. Screening should be combined with provision of information on self-care and advice if further assistance is warranted.

1.5 Recommendations

The following recommendations have been offered. They are elaborated in more detail in Section 4 of the report.

Systems and documentation

Recommendation 1. Review Safety and Injury Support Services (SISS) documentation (e.g., risk register, OHS responsibilities) to reflect thorough consideration of psychological as well as physical risks.

Recommendation 2. Develop an evaluation and continuous improvement framework for managing psychological risks.

Training, education and support

Recommendation 3. Engage with mental health professionals (either internal or external) with relevant experience to provide regular and repeated workplace training for managers in how to identify signs and symptoms of stress and how to support their staff.

Recommendation 4. Provide initial and ongoing workplace training and mentoring for managers to ensure development and maintenance of core skill competencies for managing and supervising staff, including how to address staff issues such as bullying in

a timely and appropriate manner. To ensure that skills are maintained, refresher training should be offered at least every two years.

Organisational culture and employee engagement

Recommendation 5. Undertake a review of organisational culture and employee engagement, including:

5.1 Engage relevant experts to provide specific education and training to staff throughout the organisation on identifying and addressing workplace culture issues including appropriate behaviour in resolving workplace conflict, with a particular focus on bullying.

5.2 Arrange regular staff consultations and communications to raise matters of interest and concern to staff and encourage their input and feedback.

5.3 Arrange specific communication and consultation strategies for regional staff to ensure region-specific issues are understood and responded to.

Wellbeing and Support

Recommendation 6. Employ qualified and experienced mental health practitioner/s on the WB&S team.

Recommendation 7. Modify the content of mental health literacy and psychological first aid to be consistent with best practice approaches to these programs. Implement these programs across the organisation to ensure that staff are supported and their wellbeing monitored in an ongoing way, but particularly after a potentially traumatic event.

Recommendation 8. Formalise the existing avenues of support into a wellbeing and support model that provides St John staff with clear guidance on the different levels of support that are available to them, based on preference and need. Ideally, a dedicated peer support team would be a part of the wellbeing and support model.

Community and country paramedics

Recommendation 9. Provide initial and ongoing workplace training for paramedics who work with volunteers to ensure development and maintenance of core skill competencies for managing and supervising volunteers. To ensure that skills are maintained, refresher training should be offered at least every two years.

Recommendation 10. Undertake a review of community and country paramedic processes to ensure recruitment, role clarity, training and support processes adequately address the challenges of working as a country or community paramedic.

Alternative approaches

Recommendation 11. Implement regular mental health screening of staff wellbeing combined with tailored self-care information.

11.1 On an annual basis, staff undertake an anonymous online mental health screen that provides feedback on wellbeing, guidance on self-care, and recommendation for appropriate level of support and professional care, where required.

11.2 On a two-yearly basis, staff have a face-to-face or telephone mental health screen with a mental health practitioner. On the basis of the results, the mental health practitioner would provide feedback to the employee and make recommendations for ongoing self-care and/or mental health treatment if required.

2. Background

2.1 About Phoenix Australia

Phoenix Australia – Centre for Posttraumatic Mental Health (formerly the Australian Centre for Posttraumatic Mental Health) is an independent, not-for-profit organisation, affiliated with the Department of Psychiatry, University of Melbourne. Phoenix Australia is an international leader in building the capability of individuals, organisations and the community to understand, prevent and recover from the adverse mental health effects of trauma. Our work spans across research and evaluation, policy and service development, and education and training, with each stream informing and being informed by, the others.

Phoenix Australia has an established track record working with high risk industries such as Defence, rail, police and other emergency service organisations. We support organisations to employ best practice approaches to:

- Recognising psychological hazards in the workplace
- Minimising the risk of staff exposure
- Managing potential impacts on staff.

Our advice is based on the international peer review literature where it exists, and in the absence of a research evidence base, expert consensus opinion. Phoenix Australia work of particular relevance to this project includes:

- Development of the NH&MRC-approved *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder* (2007, 2013).
- *International Consensus Guidelines for Peer Support in High-Risk Organisations.*
- Implementation and evaluation of Psychological First Aid (PFA) in high-risk organisations.
- The Australian Defence Force *Mental Health Screening Continuum Framework.*
- *Trauma Management Framework* for the Australian Rail Industry.
- Three-level framework to promote recovery for communities affected by disaster.
- Leadership of an international roundtable in post-disaster mental health with the engagement of HRH Prince of Wales.
- Trauma Management Framework for a national media organisation.
- *PTSD Consensus Guidelines for Emergency Service Workers* (member of the expert advisory panel).
- Development and implementation of Psychological First Aid training for a broad range of workforces, including emergency services.

- Development and implementation of training for Commonwealth Department of Customs and Border Protection in management of exposure to objectionable material.

The Director of Phoenix Australia, Professor David Forbes, also sits on numerous Commonwealth policy and research advisory committees relating to the mental health and wellbeing of current and ex-serving members of Defence and is the Vice Chair of the international PTSD Guidelines Committee organised through the peak international body for traumatic stress, the International Society for Traumatic Stress Studies.

2.2 About the authors

This project has been undertaken by the following staff of Phoenix Australia.
Dr Andrea Phelps MPsych (Clinical), PhD, Deputy Director
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2.2 Project brief

St John Ambulance Western Australia contracted Phoenix Australia to undertake a review of St John's current approach to identifying and managing mental health risks for all employees within its workplace, including assessing its current approach against best practice. The scope of work was detailed as follows.

The review should consider:

(a) the psychological risks that exist for St John employees, including both metropolitan and country paramedics

(b) The current supports and systems St John has to manage psychological wellbeing including:
   i. Recruitment practices and selection processes
   ii. Employee training & awareness
   iii. Supervisor and manager training
   iv. Services offered by the Wellbeing and Support Services Department
   v. External supports available

(c) The accessibility and effectiveness of the supports and systems currently in place in managing psychological health in the workplace for both metropolitan and country paramedics, including the uptake of services offered

(d) What improvements, if any, may be made to the current systems and supports to improve effectiveness, and whether such improvements are practicable

(e) What alternative approaches are available or required for St John to be best practice, and are these alternatives suitable for St John given the nature of its work and geography.

We understand that St John will use the review to assess whether its current approach is effective and accessible and to determine if there are any further reasonably practicable measures it could be taking to better manage mental health risks in its workplace.

2.3 Project methodology

There were several steps involved in this project, involving both qualitative and quantitative methods. Each step is described below.

Step 1. Review of St John documentation

In advance of consultation meetings with St John staff and management, Phoenix Australia reviewed available documentation on St John operations, the Wellbeing and Support Department (including its history, programs and services and long term planning) and St John Management. This included the wellbeing strategy and other policies relevant to employee wellbeing such as critical incidents, bullying, fatigue, and stress. We requested and reviewed documentation relating to:

1. Recruitment practices and selection processes
2. Employee training and awareness regarding wellbeing
3. Supervisor and manager training
4. Services offered by the Wellbeing and Support Services Department
5. External supports available.

Step 2. Literature review

A brief narrative review of the available literature on psychological risks in the workplace, such as bullying, fatigue and operational stress, in comparable organisations, nationally

and internationally, was undertaken to guide the questions asked in the consultations and survey, and to inform any recommendations related to these risks.

Step 3. Face-to-face consultations with Management, Wellbeing and Support Services Department and a range of staff

Consultations with St John Management, Wellbeing and Support Services Department and staff were undertaken between 18 and 22 May 2015 to better understand:

- St John operations, the Wellbeing and Support Department (including its history, programs and services and long term planning) and St John Management
- Perspectives on current approach to managing psychological risks including accessibility, effectiveness and barriers to service uptake
- Consultation with volunteers and career paramedics, as well as other technical and administrative staff (both metropolitan and country) involved gathering information about:
- Role responsibilities and perceptions of psychological risks
- Knowledge of current supports and systems for managing psychological wellbeing
- Perspective on accessibility, effectiveness of supports and barriers to service uptake.

A copy of the questions guiding the consultations is available in Appendix 1: Consultation Interviews.

The following consultations were arranged by St John:

(i) Senior managers

- Tony Ahearn (CEO)
- Debbie Jackson (Community Services Director), Iwona Niemasik (HR Director) and Beth Robinson (Principal, Allion Legal)
- Debbie Howard (Safety and Injury Support Services Manager)
- David Scanlan (Employee Relations Manager)

(ii) The Wellbeing and Support Services Department

- Cindy Monteith (Chaplain, Team Leader) and Michael Cunningham (Deputy Team Leader)
- Darrin Brandis, (external provider of psychology services - People Sense), with Michael Cunningham also present

(iii) Middle managers

- Clinical Governance
- Metropolitan Area Manager

- Regional Manager X 2

(iv) Volunteer and career paramedics from the Metropolitan and Country Ambulance Services

Group meetings

- Metropolitan paramedics (group of 4)
- Metropolitan paramedics (group of 3)
- Event Health Services (volunteers) (group of 2)
- Country paramedics (group of 4)
- Country volunteers (group of 2)

Individual meetings

- Country paramedics x 6
- Country Station Managers x 2
- Country volunteers x 8
- Community paramedics x 2

(v) Technical and other support divisions within St John

Group meetings

- Patient Transfer Services (group of 3)
- State Operations Centre (SOC) (group of 3)

Individual meetings

- SOC x1
- Administration x1

Step 4: Post-consultations teleconference with St John Management

Phoenix Australia presented a summary of the outcomes of consultations with St John employees to senior management and Allion Legal, and discussed the implications for the content of an online survey open to all staff.

Step 5: Development of an online survey for all St John volunteer and career paramedics

An online survey was developed to allow staff from across the organisation the opportunity to contribute their perspective to the review. The survey content was informed by the findings of the background literature as well as information gathered in

the course of the consultations. The survey was voluntary and open to all staff. A full copy of the online survey is available in Appendix 2: Staff survey.

Five main topic areas were explored in the survey:

1. Perceptions of job stressors
2. Awareness of current policy and perceptions of effectiveness
3. Measurement of the 'Psychosocial Safety Climate' - a standardised organisational measure of staff perceptions of psychological safety in the workplace
4. Attitudes towards and experiences of seeking support for emotional wellbeing at St John
5. Manager perceptions of current training and support systems for providing performance management and psychological wellbeing support to their staff.

Step 6: Delivery of online survey of all paramedics

There was extensive consultation with St John management in the development of the survey to explain how each question on the survey would contribute to the review and to ensure that the wording of questions was appropriate to St John. The survey was hosted by a secure online survey data collection service (Survey Monkey). To protect the privacy of staff email addresses, an invitation to participate in the survey was sent by St John. Phoenix Australia provided St John with the text for the email invitation. Email recipients were invited to indicate their willingness to participate by clicking on a link in the email. This response was received by Phoenix Australia and a link to the survey was then sent. This step ensured that each St John employee received a unique survey that could be completed only once and allowed Phoenix Australia to directly follow up employees who had expressed their interest in participating but had not yet done so. The online survey was open for four weeks between 28 August and 28 September 2015.

Emails were sent to all staff (n=7024, comprising 1713 paid staff and 5311 volunteers) inviting them to participate in the online survey. Phoenix Australia received expressions of interest from 846 people, or 12%. A uniquely identified survey was sent to these individuals and survey responses were received from 692, or 9.85% of all staff. The gender breakdown of survey respondents was 331 men and 359 women. With respect to age, the highest proportion of survey respondents was aged 45 to 54 (n=192), followed by 35 to 44 (n=170), 25 to 34 (n=150) and 55 to 64 (n=107). A minority were aged over 65 (n=46) and under 25 (n=27).

There was a much higher response rate from paid staff (24.4%) compared to volunteers (5.16%). A breakdown of the paid employees by role showed that the survey was completed by 36.8% of communications officers, 36.2% of managers, 33.3% of community paramedics, 32.9% of metro paramedics, 30.1% of country paramedics and 22.8% of trainee ambulance officers. There were much lower response rates for patient transfer officers (6.67%), technical support (7.69%) and administration (7.54%).

Step 7: Presentation of survey results to St John Management

Phoenix Australia presented and discussed the key findings from the survey in a teleconference with St John Management and Allion Legal on 16th October 2015.

Step 8: Presentation of findings of the review to St John Executive and Allion Legal

Phoenix Australia presented and discussed the overall findings of the review and preliminary recommendations in a videoconference with St John Management and Allion Legal on 18th November 2015. A PowerPoint presentation that detailed the work undertaken for the review, the findings and the preliminary recommendations was provided.

Step 9: Feedback on preliminary findings

Allion Legal provided St John's written feedback on the preliminary findings on 21st January 2016. The intent of the feedback was to provide Phoenix Australia with any additional information that should be considered and suggested amendments to the recommendations to improve clarity and ease of implementation.

Step 10: Final report

Following St John's feedback on the preliminary findings, the final report was submitted on 29th February 2016.

2.4 Confidentiality

Throughout this review, every effort has been made to protect the confidentiality of individual employees. With respect to qualitative information (i.e., information obtained through consultation), the focus has been to report on consistent themes, rather than single incidents or isolated issues. With respect to the survey, aggregate data was only reported for employee groups comprising eight or more respondents.

2.5 Limitations of the review

The staff consultations were not intended to canvas the views of a representative sample of St John employees. Rather, they were an opportunity to test with St John employees the relevance of psychological wellbeing issues that have been reported in the literature and anecdotally in similar organisations, to inform the development of the subsequent organisation-wide survey. The staff group involved in the face-to-face consultations should be considered a convenience sample comprising people who were

willing and available to participate at short notice in selected metropolitan and country locations.

With respect to the survey, as detailed above, there was a marked difference in response rate between paid employees and volunteers (24.4% compared to 5.16%), and within paid employees, communications officers, paramedics and trainee ambulance officers were better represented than other staff groups. Of course the higher the response rate for particular staff groups, the more confident we can be that the results are representative of all staff within that group. At the same time, the potential for bias in those who chose to participate in an open survey needs to be acknowledged.

3. Findings

3.1 Psychological risks that exist for St John Ambulance employees

Information for this section of the report comes from the literature review, consultations and survey.

3.1.1 Potential risks identified in previous research

Although the research literature examining psychological risks among ambulance services is not extensive, a number of psychological risks associated with ambulance work have been identified. They include:

Exposure to potentially traumatic events

- Regular exposure to traumatic events involving human pain and suffering (Halpern, Maunder, Schwartz, & Gurevich, 2012; van der Ploeg & Kleber, 2003)
- Risk of psychological distress among ambulance officers increases with the number of critical incidents experienced (van der Ploeg & Kleber, 2001).

Incidents that are identified by ambulance personnel as "critical" commonly involve patient death, combined with poignancy (Halpern, Gurevich, Schwartz, & Brazeau, 2009). Halpern et al (2009) further described that "critical" events appear to evoke vulnerable feelings of inability to help and intense compassion, which led to further emotional, cognitive, and behavioural responses.

Fatigue and shift work

- Paramedic shift workers are at increased levels of fatigue, which is associated with poorer overall mental and physical health (Courtney, Francis, & Paxton, 2013; Courtney, Francis, & Paxton, 2010).

High demand, low control work

- Working in high demand, low control environments, has been found to contribute to occupational stress and burnout (Regehr & Millar, 2007).

Workplace bullying

- Workplace bullying is a known risk to health and safety (Safe Work Australia, 2013).
- There are no published studies reporting rates of bullying in paramedics.
- The Australian Workplace barometer showed that 6.8% of Australian workers reported they had been bullied at work in the prior six months (Dollard et al., 2012).

Support from management

- A number of studies have shown that social supports at work play a critical role in predicting mental health outcomes among ambulance personnel (Halpern et al., 2009; van der Ploeg & Kleber, 2003) .
- Poor mental health outcomes are associated with perceptions of low priority for worker psychological health and safety on the part of senior management (Hall et al., 2010)

Geographical isolation

- St John Ambulance WA provides an essential community service to a vast geographical area with very low population density. Government reports and peer review literature highlight particular psychological challenges and risks that can be associated with geographical isolation (Comcare, 2013; McCullough, Williams, & Lenthal, 2012). With respect to mental health outcomes, social support (that can include professional and personal supports) is a known predictor of psychological recovery after exposure to trauma (Brewin, Andrews, & Valentine, 2000; Hart & Cotton, 2002).

3.1.2 Findings from staff consultations

In presenting the findings from staff consultations with respect to psychological risks associated with their work roles, we will begin with a general overview and then present the findings for particular staff groups.

General overview

Volunteers generally reported fewer stressors than career paramedics.

Shift work and exposure to traumatic events were mentioned as sources of stress by only a few individuals. Many commented that the work itself was not the main source of their stress.

On the other hand, complaints of bullying were pervasive. Putting aside the issue of whether incidents of perceived bullying fulfil legal definitions of the term, bullying was reported between paramedics, between paramedics and State Operations Centre (SOC), between paramedics and volunteers, between staff and middle management (including 'upward bullying' whereby management reported being bullied by staff as well as reports of staff being bullied by management), and between 'corporate St John' and staff. Comment was made that there is a culture of bullying at St John. A number of staff complained that reports of bullying were not addressed in a timely or adequate way.

There were also a number of more general reports from staff of a lack of support from senior management. Staff reported feeling disconnected and untrusting of senior management, felt that their role and role-specific stressors were not understood by

senior management, and felt unvalued. There was a perception that decisions are made centrally without adequate consultation and feedback from staff. Although these concerns were expressed by both metropolitan and regional staff, the feedback from regional staff was almost universal that their particular stressors were not understood and their feedback was ignored.

Similarly, there was a perception of lack of support from middle management. Staff comments included that middle managers are not equipped to deal with difficult staff issues such as conflict, bullying or work performance, and tended to avoid or ignore those issues rather than deal with them proactively. The view was also expressed by a number of staff that middle managers' concerns of negative appraisals from senior management serve as a barrier to them conveying staff concerns 'up the line'.

Role-specific risks

Country paramedics

The following risks related to geographical isolation were noted by the country paramedics:

- Longer response times to attend incidents: can result in longer shifts/travel time which compounds the effects of shift work and fatigue
- Increased demands on individual paramedics arising from having sole responsibility for providing care to patients, supporting and managing any psychological distress of families, bystanders (and sometimes to volunteers)
- Risk of confronting drug and alcohol fuelled violence without back-up
- More likely to know patients as they live in the same area.

Country paramedics also identified that working with volunteers was a source of stress. In addition to feeling unable to rely on the volunteers because of the limits of their knowledge and training, they expressed concern about the level of responsibility assumed by volunteers and the limits on their scope of practice. This concern was compounded by the volunteers themselves not seeming to recognise this as a concern. A number of country paramedics reported that feeling responsible for the wellbeing of volunteers contributed to their level of stress and led them to work overtime to ensure that shifts were covered and that volunteers were adequately supported.

The third specific area of work stress identified by country paramedics was feeling that they are held to the same standards with respect to response times and clinical outcomes as metropolitan paramedics but with significantly fewer resources. They reported feeling that the clinical governance staff did not take their circumstances into consideration. For example, in the city, two to four paramedics would attend a resuscitation, while a single paramedic would attend a resuscitation in the country.

Community paramedics

The two key sources of stress identified by community paramedics were professional isolation and feeling responsible for volunteers. With regard to the latter, community paramedics described feeling compelled to be available 24/7 as volunteers are "on their own without you". The concern was both for the wellbeing of the volunteers as well as the wellbeing of the community, of which they are a part. Although counselled by managers not to take on this responsibility, they reported feeling professionally and ethically compelled to do so. It would seem that some community paramedics leave their phones switched on during days off to ensure they are accessible 24/7.

Metropolitan paramedics

The two key sources of stress identified by metropolitan paramedics were fatigue arising from shift work, and bullying. Instances of bullying from management, between paramedics, and between paramedics and the SOC were cited.

Volunteers working with paramedics

Unlike the paramedics, a number of the volunteers commented that the job itself, attending incidents, could be stressful. There were many comments about the good support provided by paramedics but also mention of bullying from paramedics. There was a view that bullying from paramedics was aimed at getting rid of volunteers that they do not like.

Volunteers working with volunteers

This group of staff considered that they have a demanding role, with some commenting that they do not believe they have sufficient training for the role. All of the volunteers working with volunteers reported good support from the community paramedics.
A number noted that one of the most stressful aspects of the role was having a personal connection with people involved in an incident.

State Operations Centre (SOC)

Staff from the State Operations Centre noted their key sources of stress as being bullying, dealing with distressed members of the public, and the volume of calls with no recovery time in between.

Managers

Managers noted that having to deal with bullying, performance management issues, and staff complaints are the most stressful aspects of their role.

3.1.3 Findings from survey

With respect to psychological risks associated with work, the survey gathered information about specific sources of job stress as well as staff perceptions of the psychosocial safety climate of the organisation.

Respondents were asked to rate the following potential sources of job stress on a five point Likert scale (1=not at all, 2=to a small extent, 3=to a moderate extent, 4=to a large extent, 5=to a very large extent): Rostering; shift length; fatigue; performance management; exposure to trauma; and decisions of senior management. These sources of job stress were presented in random order through Survey Monkey to avoid an order-effect in responses.

Based on average ratings of the overall sample, the sources of stress were ranked in the following order from highest to lowest: Decisions of senior management (average rating = 3.22); fatigue (3.06); exposure to trauma (2.75); rostering (2.71); performance management (2.64); and shift length (2.62).

Given the potential for differences between staff groups, the average rating on each source of stress was broken down by staff group. This data is presented in Table 1 on page 21.

As shown in Table 1, decisions of senior management received an average rating of over 4 from country paramedics and communications officers, over 3.5 from managers, community paramedics, patient transfer officers and metro paramedics, over 3 from trainee ambulance officers and administration staff, and just 2.6 from volunteers. The difference in rating between country paramedics (4.16) and metro paramedics (3.69) was statistically significant, ($t=2.19$, $p=0.03$).

The occupational groups with the highest ratings on fatigue as a source of stress were trainee ambulance officers and communications officers (average ratings over 4), followed by metro paramedics, country paramedics, and community paramedics (average ratings over 3.5). In terms of statistical significance, the ratings of trainee ambulance officers and communications officers were significantly higher than the ratings of volunteer ambulance officers, other volunteers, managers and administrative staff, ($p<0.05$ on all comparisons).

Exposure to trauma was rated significantly more highly as a source of stress by country paramedics (3.58) than metro paramedics (2.97) ($t=2.64$, $p=0.009$). Other occupational groups with an average rating over 3 on exposure to trauma were community paramedics, trainee ambulance officers and communications officers.

Patient transfer officers (4.1), trainee ambulance officers (3.86), metro paramedics (3.63) and country paramedics (3.03) gave the highest ratings for rostering as a source of stress. The same groups, with the addition of communications officers, recorded average ratings over 3 on shift length as a source of stress. Communications officers, managers, country paramedics, patient transfer officers and trainee ambulance officers recorded average ratings over 3 on performance management as a source of stress.

The frequent mention of bullying during the consultations prompted a specific question to be included in the survey aimed at gathering more nuanced information about the source and severity of conflict, harassment and bullying issues experienced. Of the total sample, 405 or 58.5% of respondents reported the experience of conflict, harassment or bullying at work. There was no time frame applied to the question and so this does not necessarily reflect current or recent experiences. Table 2 on page 22 shows the breakdown of these reports by severity and source. Please note that the category "With an off-road staff member from my own work area" was added part way through the survey following feedback from staff, and so is based on n=226 rather than n=405.

As shown in Table 2, the majority were one-off incidents, but there were 75 reports of perceived intentional and repeated bullying. It should be noted that this does not necessarily involve 75 individuals as some individuals could be reporting bullying from more than one source.

It is not possible to comment on how the rate of bullying reported by respondents in this survey compares to like organisations, as there is no reliable, publicly available data. The Australian Workplace barometer project (2009-11) found that 6.8% of Australian workers had been bullied at work in the previous six months, while the Australian Public Service Commission found that 17% of staff had experienced harassment or bullying at work. Different rates arise not only from the time frame (e.g., past six months versus lifetime), but also from the absence of a common definition of bullying, limitations of self-report which can result in under or over reporting, and lack of consistency in the data gathered across Australian jurisdictions (Standing Committee on Education and Employment, 2012).

There is no disagreement, however, on the importance of the issue, with Safe Work Australia unequivocal in their message that workplace bullying is a psychological hazard; a risk to health and safety that must be mitigated (Safe Work Australia, 2013).

Table 1: Average ratings (standard deviation) on sources of stress for each staff group

	Total sample	Paramedic Metro (N=184)	Paramedic Country (N=31)	Community Paramedic (N=8)	Volunteer (N=273)	Ambulance officer (trainee) (N=28)	Patient Transfer Officer (N=11)	Comm-unication oficers (N=28)	Manager (N=47)	Admin staff (N=38)
Rostering	2.71 (1.47)	3.63 (1.30)	3.03 (1.47)	2.50 (1.41)	2.19 (1.27)	3.86 (1.15)	4.00 (1.18)	2.93 (1.49)	2.13 (1.44)	1.60 (1.13)
Shift length	2.62 (1.37)	3.47 (1.23)	3.19 (1.35)	2.25 (1.16)	2.15 (1.86)	3.50 (1.11)	3.09 (1.04)	3.21 (1.40)	2.28 (1.33)	1.40 (0.80)
Fatigue	3.06 (1.31)	3.91 (1.00)	3.74 (1.29)	3.63 (1.19)	2.44 (1.09)	4.00 (1.05)	3.09 (1.22)	4.18 (0.94)	2.85 (1.27)	1.95 (0.98)
Performance management	2.64 (1.29)	2.82 (1.32)	3.29 (1.40)	2.50 (1.41)	2.20 (1.10)	3.04 (1.17)	3.18 (1.25)	3.39 (1.26)	3.30 (1.37)	2.68 (1.38)
Exposure to trauma	2.75 (1.20)	2.97 (1.20)	3.58 (1.12)	3.25 (0.46)	2.67 (1.10)	3.14 (1.24)	2.36 (1.21)	3.29 (1.24)	2.21 (1.32)	1.97 (1.08)
Decisions of senior management	3.22 (1.29)	3.69 (1.11)	4.16 (1.07)	3.75 (1.04)	2.60 (1.21)	3.43 (1.03)	3.73 (1.01)	4.11 (1.10)	3.85 (1.10)	3.42 (1.20)

Table 2: Severity and source of reported conflict, harassment or bullying experiences (n=405)

	No difficulty with conflict, harassment or bullying	Conflict or harassment on one or two occasions	Ongoing conflict or harassment over particular issue/s	Ongoing conflict or harassment that borders on bullying	Intentional and repeated bullying
With a paramedic from my own work area	201	126	33	21	20
With a volunteer from my own work area	243	93	30	17	18
With an off-road staff member from my own work area (N = 226)	152	39	17	11	7
With a worker from another work area	269	83	25	14	10
With my direct supervisor	216	100	38	31	16
With someone who I supervise	326	50	15	6	4
Total	1407	491	158	100	75

Psychological safety climate (PSC) survey

The Psychosocial Safety Climate (PSC) survey (Hall et al., 2010) measures individuals' perceptions of the workplace policies, practices and procedures for the protection of worker psychological health and safety. The measure has four components:

1. perception of senior management support and commitment (e.g., quick and decisive action by managers to address problems that affect psychological health)
2. perception of management priority (e.g., relative priority given to safety versus productivity)
3. perception of organisational communication (e.g., processes for two-way communication with employers to resolve and prevent work stress)
4. perceptions of organisational participation and involvement (e.g., consultation on psychological health and safety issues with staff through all levels of the organisation).

Scores on the PSC have been found to be related to risk of job strain (high demands and low control) and poor mental health outcomes. The following cut-offs have been established for the PSC: scores of 41 or above represent low risk; scores between 37

and 40 represent moderate risk; and scores below 37 represent high risk (Bailey, Dollard, & Richards, 2015).

PSC scores of St John survey respondents ranged from 12 to 60, with an average score of 33.44 (SD=11.43). Overall, this places responses in the high-risk category. The standard deviation reflects high variability in the scores and so they were further broken down to determine the proportion of respondents who fell into each category. The majority (58%) of respondents fell into the high-risk category, 13% into the moderate risk category and 29% into the low risk category. While this is cause for concern, we cannot conclude that this result represents the full St John workforce; those who were in the high-risk category may have been more inclined to complete the survey.

Unfortunately there is no directly comparative data to determine how these findings compare to similar organisations. The Australian Workplace Barometer project (Dollard et al., 2012) surveyed a representative sample of almost 6000 Australian workers and collected information about the broad industry that individuals worked in (e.g., health and community services), but not about particular work organisations (e.g., ambulance service). Nevertheless, this survey found that workers across Australia in health and community services rated as moderate risk on the PSC, while workers in this sector in the Northern Territory rated as high risk.

3.1.4 Summary of psychological risks that exist for St John Ambulance employees

St John employees are inevitably exposed to a range of psychological risks in the course of their routine work. These risks include shift work, potentially traumatic events, working in a high demand, low control environment, and for some, working in a geographically isolated area. However, the most commonly reported and highest rated sources of stress for employees were not issues inherent in the role but problems that can be more readily addressed: bullying and perceived lack of understanding and support from management. These issues have been addressed in the recommendations.

3.2 Effectiveness and accessibility of current supports and systems for managing psychological wellbeing

Information for this section of the report comes from the review of St John documentation, consultations with staff, and survey responses. We have included brief comments and opinion throughout this section.

3.2.1 Safety and Injury Support Services

Consultation with Safety and Injury Support Services Manager

The Safety and Injury Support Services Manager advised that there had been a significant and continuing increase in focus on psychological risk management over the past seven years within St John. She described the "motivated minds" program that has been in place over the past six months. This program was developed together with the insurer with the objective of fast tracking the claims process for psychological injuries. Within the program, workers have an assessment with a psychiatrist within 72 hours for the purpose of diagnosis and opinion on liability, rather than being seen only by a general practitioner in the first instance. The Safety and Injury Support Services team adopt a return-to-work focus, encouraging meaningful activity and transitional duties rather than having the individual remain disconnected from work. This seems to be a positive initiative, although it is too early to determine its effectiveness in terms of better outcomes for individual workers.

Review of documentation

Task analysis

St John provided a set of task analyses for each job role within the organisation. It was pleasing to see that the task analyses consistently recognise the psychological as well as the physical demands of each role. Similarly, it was pleasing to see that St John's job descriptions for prospective employees routinely specify psychological demands. This demonstrates a recognition of the psychological risks on the part of the organisation, and provides prospective employees with a realistic preview of what the job entails, allowing them to self-select out if they consider themselves unsuitable.

Risk register

The risk register appears to be an incomplete document and we had some concern that the gaps revealed a less than ideal process underpinning the population of the register. For example, in a number of places the 'future controls to be implemented' column was blank, but a 'residual risk rating' had been entered and indicated a reduction in the risk rating regardless. We are concerned that this suggests the absence of due process in risk estimation.

Throughout the register, we noted that psychological risks were under-identified in some instances and underestimated in others. Under-identified psychological risks include:

- Potential psychological hazards such as death of a patient after CPR, needle stick injuries, and physical assault are not named as such.
- Risks of bullying and harassment are mentioned in the job description for some roles but not for others.
- For country paramedics, 'psychological wellbeing' is listed as an activity alongside CPR, IV cannulation, wheelchair and manual handling. There is inadequate consideration of which aspects of the role may constitute a psychological risk.

The 'psychological/behavioural' risks listed for metropolitan paramedics are an example of the underestimation of psychological risks. For example, exposure to bullying/harassment is rated "very low 3" which indicates it is assessed as "extremely unlikely to occur" (has not occurred and is expected to occur less than once in 3 years) and consequences are assessed as "significant – less than 1 week off work". Furthermore, the risk rating is reduced to "very low 1", indicating that it is extremely unlikely to occur and consequences will be minor, following the implementation of "continuing to discuss with crews and implement conflict resolution policy".

The process and data used to determine the risk estimations is not clear from the risk register, and as noted, we formed the view that inadequate consideration had been given to identifying and mitigating psychological risks.

Procedures and forms

The **Workers Compensation and Injury Management Procedure** makes no explicit mention of psychological or stress injuries. While this may be assumed, we believe that it is worth making the inclusion explicit, particularly as physical and vocational services are specified under the definition of rehabilitation.

Similarly, the **Risk Management Procedure** includes no examples of psychological risks in its guide to when to complete a risk assessment form. Further, the document fails to include any psychological indicators for consideration in the "Consequence assessment". Psychological indicators for minor through to disastrous consequences could be, for example, mild emotional distress through to suicidal/homicidal behaviour.

The **Stress Happens Program** describes a stepped care wellbeing and support model. The model is appropriate, but critical to the success of the model is that the people designated to fulfil wellbeing and support roles at each level of the model are appropriately qualified and trained to fulfil those respective roles. For example, the designated role of peer supporter is to monitor mental state, support the use of coping strategies, and encourage re-engagement in normal routine. These activities require specific training and ongoing supervision to be done adequately. The designated role of

the support and wellbeing team is to stabilise, introduce simple stress or anxiety management strategies, and conduct a thorough assessment. With adequate training from a mental health professional, a non-mental health practitioner could assist with immediate emotional stabilisation and simple stress or anxiety management strategies. However, a thorough assessment can only be provided by an appropriately qualified mental health professional.

Manuals

The **Occupational Safety and Health Management Systems Manual** lacks a clear statement that the manual applies to psychological as well as physical safety. Of particular note, there is no mention of psychological hazards under "hazard identification".

The **Employee Induction Manual** lacks the following sections pertaining to psychological wellbeing, which are included in the Volunteer Induction Manual:

- Alcohol and Drugs
- Psychological Hazards
- Shift Work and Social/Family Commitments
- Occupational Violence and Aggression

Supporting documentation

The OHS responsibilities for directors, managers, employees and volunteers that are detailed in supporting documentation are all focussed on physical rather than psychological safety.

3.2.2 Recruitment practices and selection processes

Review of documentation

The recruitment documentation provided by St John demonstrates a thorough recruitment process for paid employees, involving psychometric assessment, behavioural interviews and role plays. We note the 2015 Chandler Macleod report on introducing new psychometric assessment to support the current recruitment process for student ambulance officers. This brings a more substantive emphasis on psychometric assessment, intended to identify those candidates with psychological traits that make them unsuited to the unique stressors and experiences of the ambulance officer role. This assessment is also used in the recruitment of communications officers and transport officers, and may be used for administration staff, depending on role. There is insufficient evidence to date to predict resilience on the basis of psychological traits alone, but we note that St John uses this information alongside other elements of the recruitment process.

It was pleasing to see that student ambulance officers receive comprehensive information about the role and are provided with a realistic overview of the challenges as well as rewards. The provision of this information assists potential paramedics in making an informed assessment of their suitability for the role. Information is also provided about the personal attributes required, including self-confidence, the ability to work effectively in a team environment, to remain calm in challenging situations while making critical decisions, and to have strong emotional resilience and cognitive ability. The recruitment process for paramedics involves a two-hour session at an assessment centre in which candidates undertake group activities, role plays, discussion, presentations, and undergo a panel assessment of aptitude, communication skills, problem solving skills, and team work.

In contrast to the recruitment process for paramedics, there was a dearth of information on selection criteria or recruitment processes for volunteers. Similarly, there were no apparent selection criteria for relocation of paramedics to country regions.

Consultations with staff

It was interesting to note that the only recruitment and selection-related comments made during staff consultations were in relation to these two issues. A number of paramedics noted that the selection process for volunteers was inadequate and that they were too young and inexperienced. A number of both paramedics and volunteers voiced their disagreement with the "list system" for country paramedic roles, whereby paramedics who wanted to move to country regions put their name on a list and when they reach the top of the list are allocated the next available country posting. Those opposed to this system argued that there was no assessment of an individual's suitability for the role of a country paramedic, including their willingness and capacity to work effectively with volunteers.

3.2.3 Employee training and awareness

Review of documentation

St John has a comprehensive suite of employee relations policies and procedures that are being progressively rolled out. The information provided indicates that at induction, new employees are given a CD containing current policies and are required to sign that they have received, read and understood them. The staff survey provided opportunity to gauge the uptake of these policies from the staff perspective.

The Volunteer Ambulance Officer Development Program would benefit from more attention to self-care. The only reference to self-care appears in the section headed "Post Care" and this is limited to positive self-talk. A range of self-care strategies would be appropriate to include, along with information on where to go for professional support if required.

Staff survey

Seventy percent of survey respondents indicated that they had participated in training regarding health and wellbeing, and 54% had participated in training regarding workplace behaviour policies. Not surprisingly, the survey indicated the highest level of staff awareness for these policies.

Figure 1 shows the percentage of staff who are aware of each policy, have used each policy, consider each policy to be clear and easy to follow, and believe that the policy would be helpful if required. Results were variable. As noted, there was greatest awareness of the policy for the health and wellbeing policy (82.7%) followed by equal opportunity and workplace behaviour (73.7%). Between 50% and 60% of those who were aware of these policies considered them to be clear and potentially useful if required. The level of awareness was lower for other policies, ranging from 62% for the conflict resolution policy down to 42.8% for the return to operational duties policy. Similarly, the percentage who considered these policies to be clear and potentially useful ranged from 44% and 45% respectively for the conflict resolution policy down to 26% and 30.6% respectively for the return to operational duties policy. These results indicate that more work is required in policy dissemination and understanding.

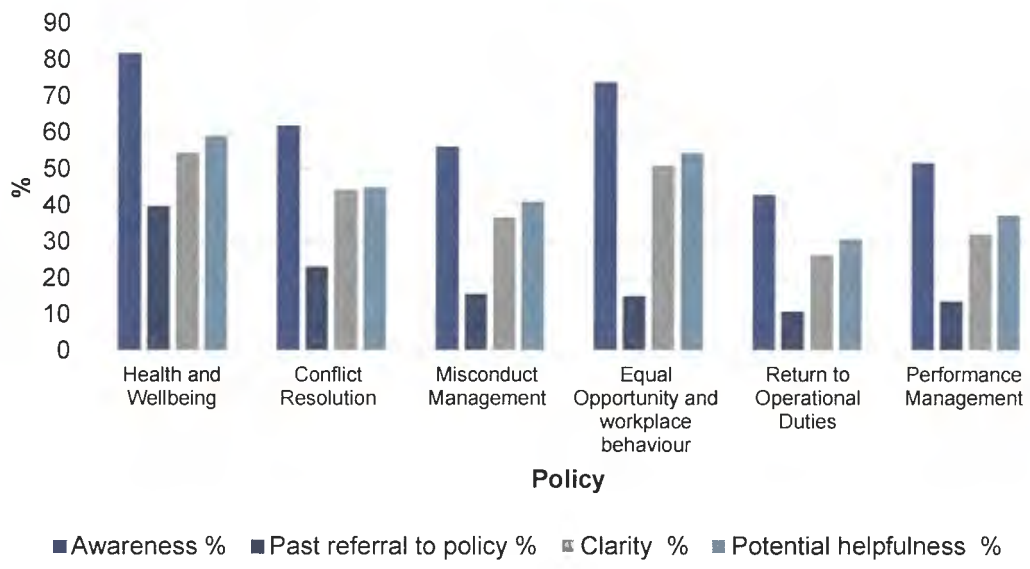


Figure 1: Policy awareness, use, clarity and helpfulness

Staff consultations

With respect to their current training, staff felt that more training should be provided in the following domains:

- Training in mental health first aid for all staff

- Training in how to provide routine support to each other for all staff
- Leadership or people management skills for staff who work with volunteers
- More training and support for volunteers, noting that initial training is good, but then reliant on the intranet.

In addition, there were concerns that:

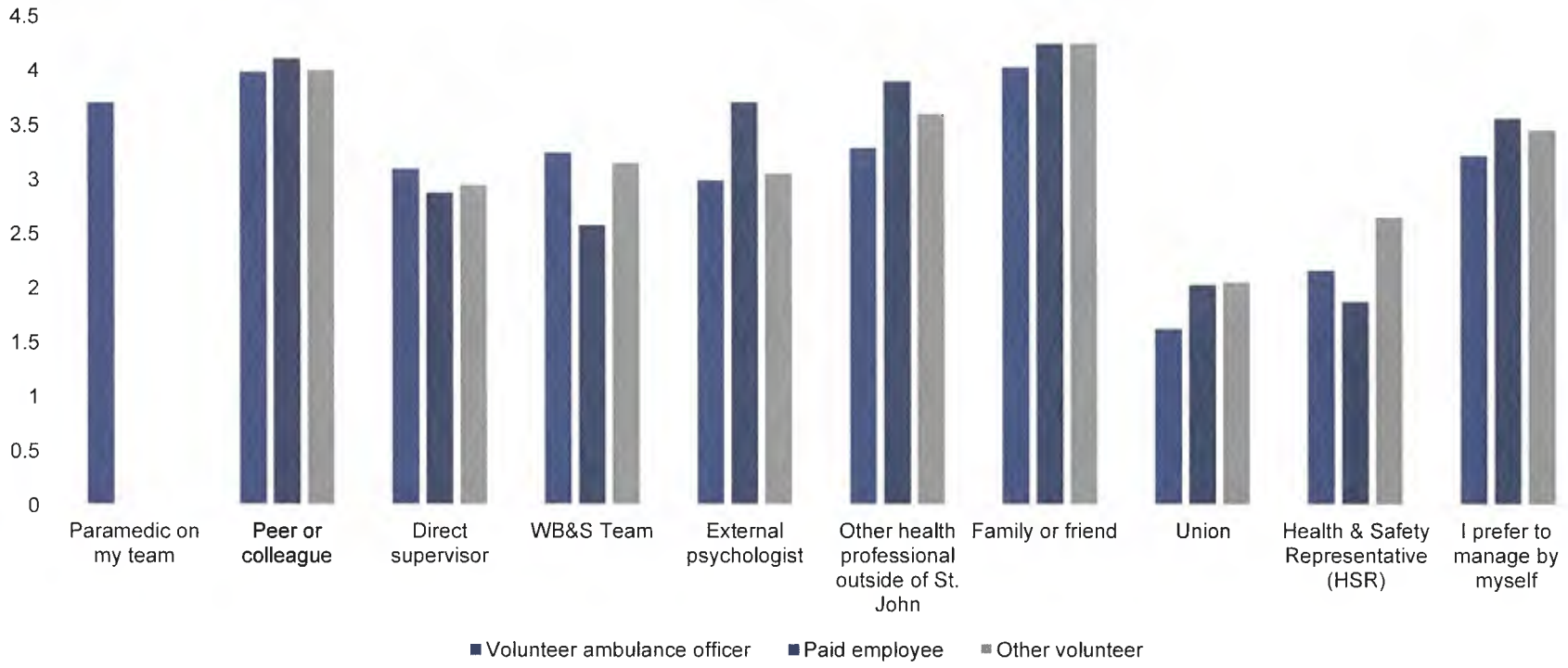
- The move to online training risks people falling through the cracks
- CEP training is not geared towards regional paramedics.

3.2.4 Staff preferences in support seeking

Staff attitudes towards seeking support are likely to influence the acceptability and uptake of support options. Staff were asked to rate on a five point scale from 1=very unlikely, 2=unlikely, 3=neither unlikely nor likely, 4=likely to 5=very likely, how likely they would be to seek support from a peer or colleague, direct supervisor, WB&S team, external psychologist, other health professional outside of St John, family or friend, the Union, a Health and Safety Representative, or prefer to manage themselves. The additional option of "a paramedic on my team" was included for voluntary ambulance officers.

As shown in Figure 2, the preferred sources of support for all staff are family and friends (average rating of 4.23 for paid staff, 4.03 for volunteer ambulance officers and 4.25 for other volunteers) or peers (average rating of 4.11 for paid staff, 3.99 for volunteer ambulance officers and 4.0 for other volunteers). For paid staff the next preferred options are to consult another health professional outside of St John (average rating of 3.90), an external psychologist (3.71), or to manage by themselves (3.56). For volunteer ambulance officers the next preferred option is a paramedic on their team (3.71) followed by a health professional outside of St John (3.29), the WB&S team (3.25), and managing by themselves (3.22). For other volunteers, the next preferred option is a health professional outside of St John (3.60), or managing by themselves (3.45).

Figure 2: Staff preferences on seeking support



Staff were also asked to indicate how concerned they were about a number of potential attitudinal barriers to seeking help, on a four point scale from 1=not a concern for me, 2=somewhat a concern, 3=moderately a concern to 4=definitely a concern. As shown in Figure 3, average ratings were generally below two, indicating that staff did not feel these concerns strongly. This suggests a relatively low level of stigma associated with mental health concerns, which is pleasing to see. Nevertheless, any rating above one indicates that further work is needed within the workplace to de-stigmatise help-seeking for wellbeing concerns.

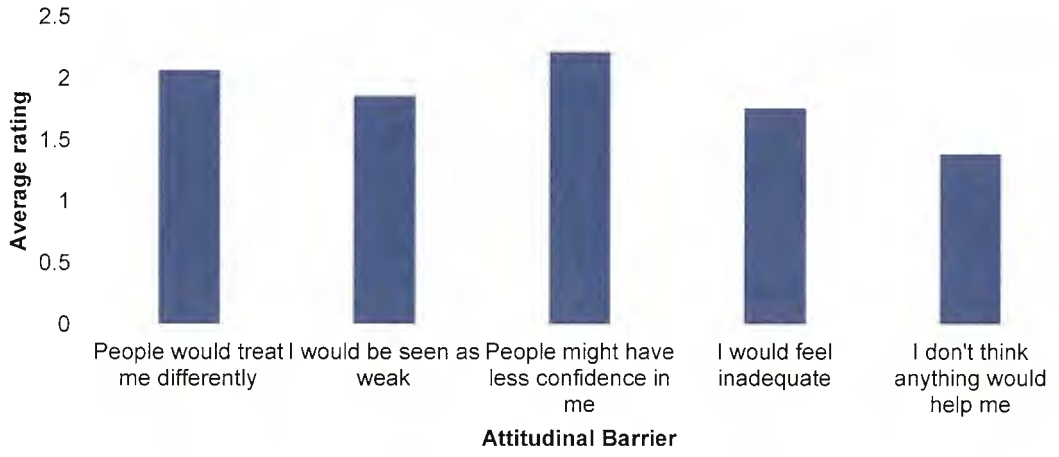


Figure 3: Attitudinal barriers to seeking support

Finally, staff were asked about potential barriers to seeking help from key sources of workplace support: direct supervisors, WB&S team, and an external psychologist. Respondents were asked to rate each potential barrier on a four point scale from 1=not at all a concern, 2=somewhat a concern, 3= moderately a concern to 4=definitely a concern. As shown in Figure 4, the most important barriers to staff seeking support from their supervisors (with average ratings over 2) were that "they are not appropriately trained", "worried about putting job at risk" and "don't believe that confidentiality will be respected". The most important barrier to staff seeking support from the WB&S team was "they don't understand my role", but ratings on all items except responsiveness, were around two. For external psychologists, the only concern seemed to be that they did not understand the role. Ratings on each of the other items were low. This indicates that employees have fewer concerns about seeking support from external psychologists than direct supervisors or the WB&S team. This points to the need to improve perceptions of supervisors and the WB&S team as a source of support.

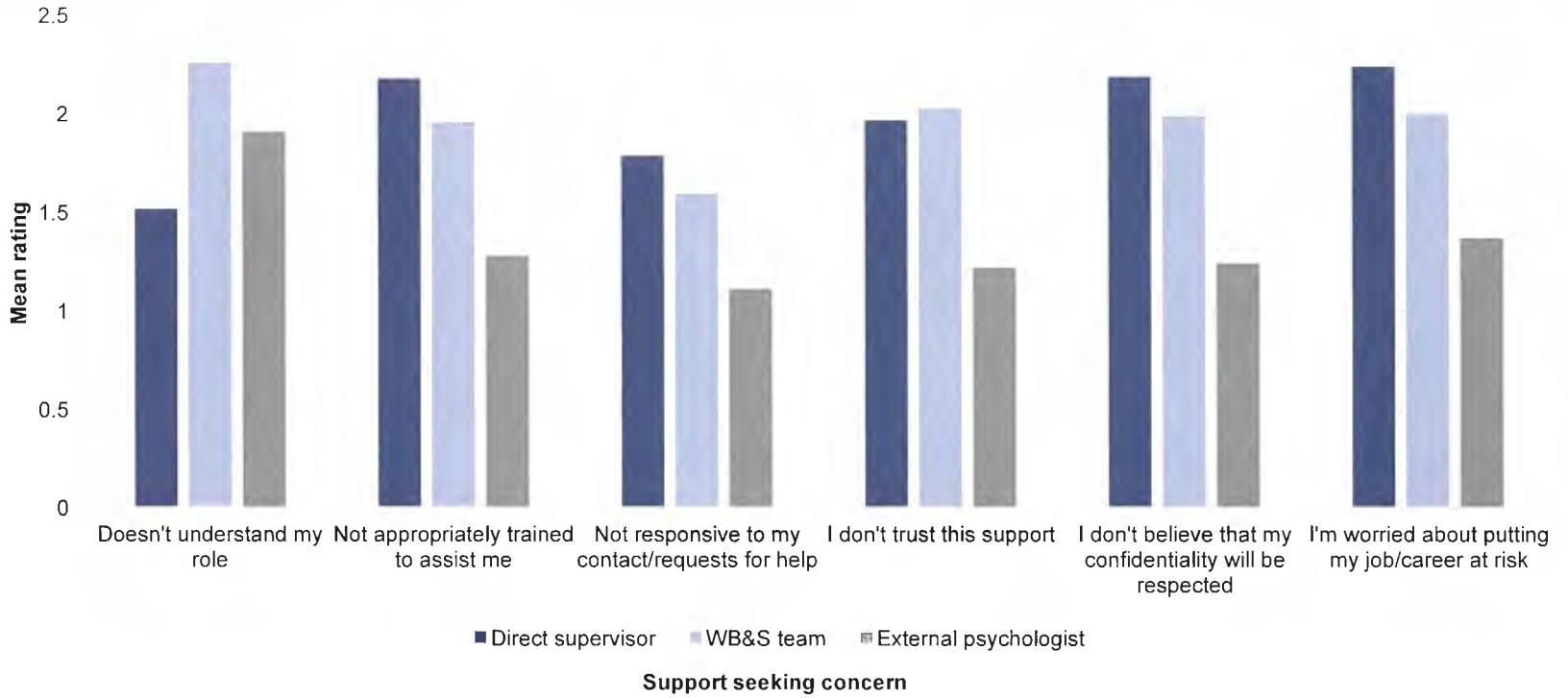


Figure 4: Staff concerns about seeking support from key sources of workplace support

3.2.5 Supervisor and manager training

From documentation

There was no reference in the manager job description to providing wellbeing support to staff and there does not appear to be specific training in this skill set. The absence of such training was reflected in the consultations with both managers and staff.

From consultations

Consultations with managers

Managers reported that they learn on the job rather than having specific training for the role. A few commented that if you were fortunate enough to have worked with a good manager as a role model that was very helpful, but unfortunate for those who had not.

Managers perceived the following gaps in their current training:

- How to identify signs and symptoms of stress
- How to support paramedics
- How to have difficult conversations about conflict in the workplace, performance issues and workplace bullying.

Consultations with staff

Staff reported that middle managers were not well equipped to deal with difficult staff issues such as conflict between workers, bullying and poor work performance. It was felt that these issues were avoided for as long as possible rather than being dealt with promptly, and when they were dealt with, they were not managed particularly well.

Paramedics noted that they were generally unwilling to seek support from managers because they were also answerable to them for work performance issues. This conflict was not identified as an issue by staff in other roles.

Survey

Three hundred and thirty-three survey respondents indicated that their role involved supervising others. Most of these individuals (84.7%) indicated that they considered providing assistance and information to their team about wellbeing and support services to be part of their role. A minority (12.3%) were unsure if this was part of their role and only 3.0% did not consider it part of their role.

Almost 70% of supervisors had attended the Wellbeing and Support education session provided by the WB&S team. Of this group 61.2% rated their understanding of the information provided by the WB&S team as good or very good, compared to 27% of those who had not attended. Almost 60% of those who had attended the session rated their ability to use emotional stabilisation techniques and refer a team member in need of assistance as good or very good, compared to 42.6% of those who had not attended a session.

Of the survey respondents, 277 or 40% had spoken with their direct supervisor about problems with work stress or wellbeing. These respondents were asked to rate on a five point scale from 1=not at all, 2=somewhat, 3=moderately, 4=to a large extent, to 5=completely, to what extent their supervisor was able to assist. The most common rating was 2 (25.6%) followed by 1 (23.5%). Approximately 20% each rated 3 and 4 and the remaining 10.8% rated 5. Overall, the average rating was 2.7.

3.2.6 Wellbeing and Support Services

From documentation

Information provided in the Scope of Work outlines the history, structure and function of the Wellbeing and Support department. We note in particular that the service is described as providing chaplaincy alongside a more comprehensive set of services including education sessions ("evidence-based awareness and coping strategies around stress, trauma, distress and grief") and "rigorous mental health assessment" and face-to-face support.

Documentation was provided regarding job applications and position descriptions for administration, chaplains, coordinators and team leaders within the Wellbeing and Support Service. The position descriptions for coordinators and team leaders require the incumbent to undertake research, plan and deliver responses to critical incidents, trauma and stress, and contribute to evidence-based wellbeing practices and overall wellbeing. The qualifications specify that a tertiary qualification in social sciences, humanities, welfare, counselling, psychology or related field is *desirable*. This statement of required qualifications does not correspond with the requirements of the role, which we believe require the expertise of a qualified mental health professional.

We note that four of the current incumbents meet the desirable qualifications specified, holding the following qualifications: BA, MA; BA (Occupational Therapy); BA (Religious Studies and Communication); BSc (Psychology, B Commerce). The remaining three hold no tertiary qualification. None of the group appear to be qualified mental health practitioners.

We note that the position description for the chaplain role specifies the same tertiary qualifications and in addition, "understanding of the principles behind pastoral care". There appears to be no requirement for a background in theology. We have some concern that employees may seek spiritual or religious guidance from a chaplain, assuming this background. We would suggest that this be clearly communicated to staff to avoid any misperception and false expectations.

The document titled *Wellbeing and Support Services: The Plan* outlines the vision of the Wellbeing and Support service to "cultivate a culture throughout the organisation of shared responsibility for mental health and psychological first aid". An evidence-based

approach is emphasised. In the following section we outline the components of the plan and provide commentary on each.

Ongoing organisational education in psychological first aid (PFA)

- Unit 101 Neurological and physiological effects of stress, distress and trauma
- Unit 2.0 The power of your story, trauma bonding, anxiety disorders, gratitude, creating positive habits (content neuroplasticity and neurotransmitter dopamine).

While the objective of establishing an organisation-wide, evidence-informed approach to psychological first aid is endorsed, we are concerned that: a) the content of the education sessions is not standard psychological first aid content, and b) education alone is not sufficient to equip staff to adopt self-care practices or provide psychological first aid to their colleagues within the workplace.

With respect to content, there are a number of guides to psychological first aid, including from:

- The World Health Organization (http://www.who.int/mental_health/publications/guide_field_workers/en/)
- The US National Child Traumatic Stress Network (http://www.nctsn.org/content/psychological-first-aid)
- The Australian Red Cross (http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf).

These have been primarily written for a post-disaster context, but a framework for the implementation of PFA in high-risk organisations has been developed (Forbes et al., 2011). Internationally, PFA is accepted as current best practice as an early intervention for all following exposure to potentially traumatic events (Forbes et al., 2010).

With respect to implementation of PFA, staff need appropriate training in how to provide PFA while also paying attention to their own self-care.

Practical communication and services

- 24/7 availability of the team
- Website – "one stop shop" for wellbeing and support-related matters and resources
- Information/contact cards/brochures
- Distress and stabilisation cards
- Conversation cards
- Presentations
- Dedicated space – "The room".

The communication tools including fridge magnet, stabilisation card, road sign information card, and "Supporting 1 brain at a time" booklet, appear to be drawn from

various sources with no evidence of an overarching strategic approach nor necessarily a strong evidence base. The communication tools do not provide the type and depth of information that one would expect to see in psychoeducational materials for mental health literacy or psychological first aid.

External expertise

- Engagement of clinical psychologists with expertise in trauma, stress, distress and grief. The essential selection criteria for external psychologists include current general registration and advanced understanding of evidence-based therapy. Desired selection criteria include clinical psychology training, emergency services experiences, advanced understanding of EBT for trauma, families and children, be willing to provide advice to WB&S to inform annual education.

Information provided to staff indicates that the external psychologists are clinical psychologists. On the basis of the list provided, we were able to determine that the external psychologists are in fact a mixture of clinical psychologists and registered psychologists, with five not registered as psychologists (with the Australian Health Practitioner Regulation Agency - AHPRA) at all. These people may well be social workers or counsellors who do not require AHPRA registration, but should not be described as clinical psychologists.

External validation

- Evidence based practice in psychological first aid
- Evidence that objectives are being met.

The evidence cited for the information provided in education sessions is a series of articles, books and TED talks. There does not appear to be any systematic approach to determining why the particular topics were chosen or how the supporting literature was selected. Critically, the existing literature on psychological first aid is not referenced.

With respect to evidence that objectives are being met, the information provided was restricted to anecdotal feedback and testimonials. A more systematic and rigorous evaluation is needed.

From consultation with WB&S team

The WB&S Team Leader explained that there were previously three avenues of support available to St John employees: a chaplain; a peer support program; and the employee assistance program (EAP). There were concerns that the members of the peer support program were inadequately prepared for the role and confidentiality of staff was not always respected. There were also concerns that the EAP used inexperienced psychologists who were not familiar with the emergency services context, was accessed by only 2% of the workforce, and the wait period to access a psychologist could be up to 18 days. The Team Leader noted that the philosophy of the WB&S team is to equip

everyone with psychological first aid so they can take care of themselves and each other, and that the aim of education sessions is for everyone to have a common language; the language of wellbeing "has to be accessible and practical for people to use".

We understand that over the past nine months there have been a number of key changes, including: a significant expansion in the team which now comprises seven members; greater clarity in the role of the team, being to "increase awareness, normalise and refer" and to provide mediation on conflict issues within the workplace; encouraging individual responsibility for taking care of oneself, and seeking support rather than waiting to be approached; replacing the peer support program with training everyone in psychological first aid "so they can take care of themselves and each other"; and individually selecting external providers with appropriate training and experience, and ensuring access within 72 hours.

The Team Leader reported a notable increase in activity over the past year. We were advised that there had been an increase in emails to the team from 23 between January and June 2014 up to 276 between January and June 2015, and an increase in phone calls over the same periods from nil between January and June 2014 up to 77 between January and June 2015. While this suggests a dramatic increase, it needs to be considered in context of a change in approach from outreach to encouraging individuals to seek support rather than wait to be approached. Nevertheless, the increase in employee initiated help-seeking is very pleasing to see. Further, the WB&S team reported an increase in spending on external providers from an average of $2000 per month up to an average of $30,000 per month, indicating far greater use of this service.

With respect to who is seen by the WB&S team, a fairly equal spread across volunteers and paramedics was reported. There was also an increase in requests for service from family members. Common presenting issues were noted to be organisational issues, in particular, performance management and bullying.

The WB&S team was not able to advise on presenting problems seen by the external providers, with privacy concerns cited as the reason for not collecting this information.

This raises a concern about the potential for privacy concerns in relation to mental health being a barrier to best practice. At an organisational level, in order to monitor the quality of the service being provided by external psychologists, we would expect that information was routinely collected about presenting problems, treatment plans and treatment outcomes. This could be in a de-identified form. At an individual level, we would recommend that a protocol be developed for the sharing of information between the WB&S team, the external psychologist, the staff member's supervisor, and where relevant, the Safety and Injury Support Services team. The protocol should address what

information should be shared with whom and in what circumstances (generally, this would require the individual's consent but may also occur where there is a risk to the individual or to others). The assessment of risk for this purpose should be undertaken by a qualified mental health professional either directly or through secondary consultation.

From consultations with staff

There was variable feedback on the Wellbeing and Support Team, with a tendency to polarised views. There were positive comments about the responsiveness of the team, the support provided and the training program. On the other hand, there were many more negative comments on the same issues, including complaints of no follow-up after staff had initiated contact seeking support. Additional negative comments included that the team was too young, inexperienced and lacking in appropriate qualifications, there was a lack of clarity on the role of the WB&S team and what to expect from the service (e.g., "all they do is refer you to someone else"), and concern that after a single education session on stress, employees were told, "you're all peer supporters now".

A number of staff also expressed concern that the onus is on employees to initiate support rather than the WB&S team doing outreach. These staff argued that employees should not have to ask for help, rather it should be offered. There was particular concern that people who were unwilling to ask for help would fall through the cracks. In contrast, there were also complaints that the WB&S team can be intrusive, for example, calling staff when they are asleep between shifts, or making unsolicited calls. This highlights that a single approach is unlikely to meet the needs of all employees and argues the need for flexibility in whether first contact is initiated by the WB&S team or by the individual. In the former case, due diligence should be undertaken to ensure that staff are not called while sleeping between shifts.

Materials such as the fridge magnets were criticised as not being helpful or well understood. A number of employees commented that they did not understand the meaning of, nor see any value in slogans such as "the best way out is always through", and "your comfort zone; where the magic happens". The development of materials designed to encourage members to engage with wellbeing supports would benefit from a participatory design methodology to ensure that the materials meet the needs of the target audience and therefore serve their purpose.

From survey

Of the survey respondents, 182 or 26.3% had been in contact with the WB&S team for assistance in the past 12 months. These respondents were asked to rate on a five point scale from 1=not at all, 2=somewhat, 3=moderately, 4=to a large extent, to 5=completely, to what extent the WB&S team was able to assist. The most common rating was 2 (33.5%), followed by 1 (20.9%). Approximately equal numbers rated 3 (16.5%) and 4 (15.4%), followed by 5 (13.7%). Overall, the average rating was 2.7. The

reason for this relatively low rating warrants further investigation. Information on employees' satisfaction with the assistance provided by the WB&S team should be routinely collected and reviewed by the team to assist in continual improvement.

3.2.7 Peer support

From consultations

In the absence of a formal peer support team at St John, there was no systematic enquiry about peer support. However the issue came up in response to a general enquiry about where staff turn to for support. Informal peer support was mentioned and highly valued by the following staff groups: metropolitan and country paramedics, volunteers, SOC, Patient Transfer Service and managers. A number of comments were made lamenting the loss of a formal peer support team. A small number of volunteers, who also worked as volunteers in the fire service, contrasted their experience of training and support as peer supporters in that context which they saw as being much more comprehensive and useful.

From survey

The value placed on peer support was reinforced in the survey. Respondents were asked to rate on a 5 point scale from 1=very unlikely, 2=unlikely, 3=neither unlikely nor likely, 4=likely to 5=very likely, how likely they would be to seek support from a range of sources including peers. Overall, a higher proportion (80.2%) said that they were likely or very likely to seek support from peers, than any other source of support.

3.2.8 External support

From documentation

The selection criteria for external psychologists is appropriate but as detailed in section 3.2.6 above, the people being recruited are not always registered as psychologists despite being referred to as clinical psychologists. The AHPRA registrations of the individuals listed indicate that some are registered psychologists with clinical psychology as an approved area of practice, some are registered psychologists without clinical psychology as an approved area of practice and five are not registered with AHPRA as psychologists at all.

From consultations

Consultation with Director of People Sense

People Sense employs nine of the 26 listed external psychology providers. The comments made by the Director of People Sense pertain to that practice only.

The Director of People Sense described a thorough process for the selection of psychologists within the practice and emphasised that the practice is committed to evidence-based treatment. He reported that the most common presenting problems from

St John employees are post-trauma reactions, depression, relationships and substance misuse. He did not recall having any referrals for bullying-related problems. In the Director's experience, St John staff who were referred to the practice had been identified and referred early in the development of mental health concerns. While this is pleasing, it does not mean of course that there is early identification and referral for all St John staff with mental health concerns.

People Sense's involvement with the WB&S team is currently limited to accepting referrals for individual employees. The Director commented that the practice would be willing and able to provide broader advice to the WB&S team if required.

From consultations with staff

In the consultations with staff, feedback on the external psychologists was universally positive. The use of fly-in-fly-out psychologists rather than local psychologists in Broome, was queried, but there were no concerns about accessibility or quality.

From survey

Of the survey respondents, 170 or 24.6% had been in contact with an external psychologist for assistance in the past 12 months. These respondents were asked to rate on a five point scale from 1=not at all, 2=somewhat, 3=moderately, 4=to a large extent, to 5=completely, to what extent the external psychologist was able to assist. The most common rating was 4 (39.4%), followed by 5 and 3 (both 19.4%). Overall, the average rating was 3.5, which is a very pleasing result.

3.2.9 Summary of effectiveness and accessibility of current supports and systems for managing psychological wellbeing

In summarising the findings regarding St John's current supports and systems, we have broken down our comments into areas of strength, areas requiring further attention and development, and areas requiring priority attention.

Areas of strength

- It was pleasing to hear that the Safety and Injury Support Services team have recently increased their focus on psychological risk management. Two key strengths are the "Motivated Minds" project that fast tracks the processing of psychological injury claims and establishes a return to work focus from the outset, and the recognition of psychological demands in task analyses.
- Employee Relations has developed a comprehensive suite of policies and procedures.
- There is a very thorough recruitment process for paramedics and realistic job preview.

- The stated objectives of the WB&S team to implement an organisation-wide approach to psychological first aid, equipping staff to look after themselves and support their colleagues is worthy.
- The recruitment of external psychology providers against key selection criteria is preferable to using an Employee Assistance Provider which allows no control over the selection of the individual psychologists providing the service.

Areas requiring further attention and development

- Staff attitudes to seeking support indicate a more positive attitude towards external psychology compared to direct supervisors or the WB&S team, with respect to their training, responsiveness, trustworthiness, respect for confidentiality and risk to career. This indicates that more work is required to improve perceptions of the support provided by supervisors and the WB&S team.
- Psychological risks are consistently underestimated in the Safety and Injury Support Services' risk register and more attention needs to be paid to psychological risks in other documentation, as detailed above.
- The rates of staff awareness of employee relations policies and procedures indicate that further work is required in dissemination and implementation.
- Almost 70% of managers had attended the WB&S education session, but feedback from both managers and staff indicated that managers need more training in identifying signs of stress and providing support to staff.
- There has been a significant transition over the past year from a single chaplain to a larger WB&S team, now comprising seven staff. While this is to be commended, the role and composition of the team requires further development, particularly the inclusion of qualified and experienced mental health professionals.
- We acknowledge the work undertaken to date on developing the capacity of all St John employees to function as peer supporters. However, we believe that the current approach, in both content and process, is inadequate to equip people to fulfil the role of peer supporters in an effective and sustainable way.

Areas requiring priority attention

- There were many reports of workplace bullying in both the consultations and the survey, and a number of people commented that there is "a culture of bullying" at St John. Although this review does not permit firm conclusions about the veracity of these claims, we do believe that addressing the issue of bullying demands priority attention.
- This review identified particular psychological risks faced by community and country paramedics. These include working in their own communities where they are more

likely to know patients, working as the sole paramedic without immediate back-up, and feeling professionally and ethically responsible for the standard of care that the ambulance service offers even when staffed by volunteers. The stress is likely compounded by the perception that senior management does not recognise the particular stressors faced by regional paramedics. We recognise that many of the stressors identified by regional paramedics are inherent to the role, but would suggest that a review of the role clarity, recruitment (including realistic job preview), training and support for these employees is warranted.

- Scores on the Psychosocial Safety Climate survey indicated that St John employees do not perceive that senior management give high priority to policies, practices and procedures for the protection of staff psychological health and safety. We do not assume that this perception is accurate, but do believe that the finding highlights the need for improved communication between St John management and staff to demonstrate that staff opinions are valued and their wellbeing prioritised.
- The current approach to mental health literacy and psychological first aid are not consistent with best practice. There are a number of resources available in the public domain to guide the content of education and training in these areas.
  Resources related to mental health literacy include material from Mental Health First Aid Australia (https://mhfa.com.au/resources/mental-health-first-aid-guidelines#mhfaprevent), and the Mentally Healthy Workplace Alliance (https://www.headsup.org.au/general/about-us/mentally-healthy-workplace-alliance).
  Resources related to psychological first aid include material from the World Health Organization (http://www.who.int/mental_health/publications/guide_field_workers/en/), the US National Child Traumatic Stress Network (http://www.nctsn.org/content/psychological-first-aid),and The Australian Red Cross (http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf).
- Based on the role of the WB&S team in delivering organisation-wide education and training in mental health literacy and psychological first aid, providing immediate support and triage for employees seeking support for mental health and wellbeing concerns, and being responsible for the quality of care provided by external psychologists, we believe that the team should include qualified and experienced mental health practitioners.
- We acknowledge the ongoing effort being made by St John to improve the supports and systems for employees' psychological wellbeing, and support the general approach of encouraging staff to take responsibility for their own wellbeing and to support their colleagues. It needs to be recognised however, that some people will be unwilling to come forward with any mental health concerns they may have, or indeed may not even recognise such problems within themselves. For this reason we would suggest that there be routine screening of staff mental health and wellbeing,

combined with provision of information on self-care and advice if further assistance is warranted.

4. Recommendations

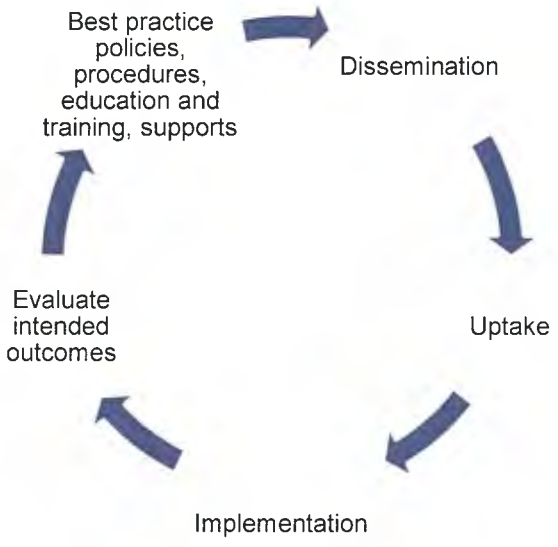
As requested, recommendations have been aligned with St John's organisational structure to assist in discussion and implementation.

4.1 Recommended improvements to the current systems and supports

4.1.1 Systems and documentation

Recommendation 1. Review Safety and Injury Support Services (SISS) documentation (e.g., risk register, OHS responsibilities) to reflect thorough consideration of psychological, as well as physical, risks.

Recommendation 2. Develop an evaluation and continuous improvement framework for managing psychological risks as illustrated in the diagram below.



Notes:

Best practice policies, procedures, education and training, supports. With reference to peer review literature, consensus guidelines and industry standards, ensure that policies and procedures, education and training materials, and the range of staff supports reflect current best practice.

Dissemination. Develop a dissemination strategy that details the information to be communicated, in what form to which audience, by whom and by when.

Uptake. Measure the uptake of information. Who has it reached? What is their level of awareness and understanding?

Implementation. Who needs training in what skills in order to fulfil their role as outlined in policies and procedures, education and training, and providing support? Who should provide the training and how should it be evaluated?
Evaluate intended outcomes. Determine performance indicators for success in managing psychological risks. Gather data to evaluate performance against those indicators. Has there been improvement in those indicators? Are further amendments to policies, procedures, education and training or supports required?

4.1.2 Training, education and support

Recommendation 3. Engage with mental health professionals (either internal or external) with relevant experience to provide regular and repeated workplace training for managers in how to identify signs and symptoms of stress and how to support their staff.

Recommendation 4. Provide initial and ongoing workplace training and mentoring for managers to ensure development and maintenance of core skill competencies for managing and supervising staff, including how to address staff issues such as bullying in a timely and appropriate manner. To ensure that skills are maintained, refresher training should be offered at least every two years.

4.1.3 Organisational culture and employee engagement

Recommendation 5. Undertake a review of organisational culture and employee engagement, including:

5.1 Engage relevant experts to provide specific education and training to staff throughout the organisation on identifying and addressing workplace culture issues including appropriate behaviour, resolving workplace conflict, with a particular focus on bullying.

5.2 Arrange regular staff consultations and communications to raise matters of interest and concern to staff and encourage their input and feedback.

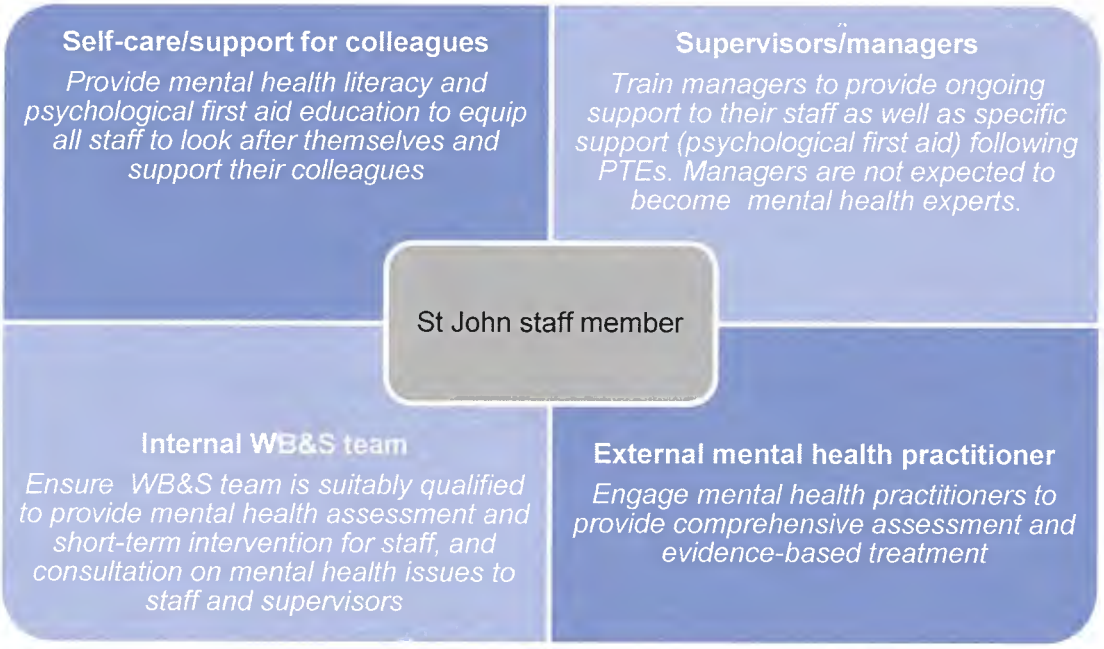
5.3 Arrange specific communication and consultation strategies for regional staff to ensure region specific issues are understood and responded to.

4.1.4 Wellbeing and Support

Recommendation 6. Employ qualified and experienced mental health practitioner/s on the WB&S team. Based on the role of the WB&S team in delivering organisation-wide education and training in mental health literacy and psychological first aid, providing immediate support and triage for employees seeking support for mental health and wellbeing concerns, and being responsible for the quality of care provided by external psychologists, it is critical that the composition of the WB&S team includes appropriately qualified mental health professionals.

Recommendation 7. Modify the content of mental health literacy and psychological first aid to be consistent with best practice approaches to these programs. Implement these programs across the organisation to ensure that staff are supported and their wellbeing monitored in an ongoing way, but particularly after a potentially traumatic event.

Recommendation 8. Formalise the existing avenues of support into a wellbeing and support model that provides St John staff with clear guidance on the different levels of support that are available to them, based on preference and need.



Notes:
The wellbeing and support model reflects the shared responsibility for staff support and the options for support that are available depending on the individual's preference and level of need. Ideally, a dedicated peer support team would be a part of the wellbeing and support model. A peer support team, if established, should be under the guidance of a mental health practitioner, with clear goals, role definition, selection criteria, training and accreditation, ongoing supervision and self-care arrangements. The existence of this team would provide St John employees with an alternative source of support that may be more acceptable to some because their peer status ensures an understanding of the job as well as an equal power relationship. As St John employees are posted over a large geographical area, contact with the peer support team may require flexible tele-health arrangements such as the use of telephone and skype.

4.1.5 Community and country paramedics

Recommendation 9. Provide initial and ongoing workplace training for paramedics who work with volunteers to ensure development and maintenance of core skill competencies for managing and supervising volunteers. To ensure that skills are maintained, refresher training should be offered at least every two years.

Recommendation 10. Undertake a review of community and country paramedic processes to ensure recruitment, role clarity, training and support processes adequately address the challenges of working as a country or community paramedic.

4.2 Alternative approaches

Recommendation 11. Implement regular mental health screening of staff wellbeing combined with tailored self-care information

11.1 On an annual basis, staff undertake an anonymous online mental health screen that provides feedback on wellbeing, guidance on self-care, and recommendation for appropriate level of support and professional care where required.

11.2 On a two-yearly basis, staff have a face-to-face or telephone mental health screen with a mental health practitioner. On the basis of the results, the mental health practitioner would provide feedback to the employee and make recommendations for ongoing self-care and/or mental health treatment if required.

Notes:
Staff should receive an email reminder when their mental health screen is due. The reminder should contain information about the mental health screen and a clear rationale for the screen. The email should make clear that the screen is highly recommended for the individual's wellbeing but is not compulsory.

The results of the two-yearly mental health screen would remain confidential between the mental health practitioner and the employee unless the mental health practitioner determines that there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information. In this circumstance, the mental health practitioner is required to disclose only that information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information.

De-identified data could be made available to St John to allow surveillance of the overall mental health and wellbeing of the workforce.

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6. Appendices

Appendix 1: Consultation interview questions

Group session with managers

1. What is each manager's role within the organisation in broad terms
2. What is their role in relation to employee wellbeing specifically– check to see if any have responsibility for policies that relate to wellbeing and if so, talk through those policies.
3. What problems/stresses do you notice amongst staff in the workplace?
4. What policies and procedures are in place in your workplace for managing adverse reactions in staff?
5. Are there any barriers to implementing these policies?
6. What role do you have in supporting staff members?
7. Do you feel equipped to fulfil this role? (Training and experience)
8. Where do you get support from?
9. What happens if someone reports work-related stress to you? What are the pathways for them to access care?
10. What happens if someone reports bullying to you? What are the policies for dealing with bullying?
11. And fatigue? Policies and practice
12. Perception of wellbeing support services

Focus group with staff

Hand out information sheet. Gather info on role and years in current role.

A few general questions about your work……

1. What do you like about your job?
2. What do you find the hardest/most distressing aspect?
3. Do you feel that your training and induction prepared you well to meet the job demands?

A few questions about particular aspects of your work….

4. Critical incidents/Trauma exposure impact
5. Shift work challenges e.g. fatigue

6. Team environment: benefits and challenges e.g., bullying?
7. Other occupational or work related stress

Trauma awareness

8. What sort of impacts would you consider normal and what are the signs that the work is really affecting someone in a negative way?
9. Do you have strategies or supports that you find helpful in coping with the work?
10. Are you familiar with any St John policies that relate to mental health and wellbeing?
11. What supports are available to you through the workplace?
12. What role does your manager/supervisor play in helping you cope with psychological risks?
13. How likely is it that you would let your manager know you were having difficulty?
14. How do you expect the organisation to respond if you requested help? (Or how have they responded in the past)

Individual interviews – additional questions

1. Have you used support from within the organisation? (Identify sources of help – i.e., HR, manager, wellbeing team)
2. Describe this experience. Where there any challenges or barriers? How helpful was this support?
3. Have you contacted an EAP service or other professional support to help with work-related stress?
4. If so, was it helpful?
5. Useful/less useful aspects?
6. Were there any barriers to accessing care?

Appendix 2: Employee survey

St John Ambulance WA

Purpose of the Survey

St John Ambulance WA has commissioned Phoenix Australia - Centre for Posttraumatic Mental Health, University of Melbourne, to undertake a review of St John's current approach to identifying and managing mental health risks for all employees. This staff survey is an important part of the review.

The survey should take 15-20 minutes. You will notice a bar at the top of each page. This shows how far through the survey you are.

Your survey responses will go straight to Phoenix Australia. We will collate and analyse all of the responses and provide overall feedback to St John. No individual responses will be identified so you can be confident that the information you provide is confidential.

Please note that questions marked with an asterisk (*) need to be answered before you can move on.

St John Ambulance WA

A bit about you...

* 1. What is your age?

- ◯ 18 to 24
- ◯ 25 to 34
- ◯ 35 to 44
- ◯ 45 to 54
- ◯ 55 to 64
- ◯ 65 to 74
- ◯ 75 or older

2. What is your gender?

- ◯ Female
- ◯ Male

* 3. What is your job role?

- ◯ Paramedic (Metro)
- ◯ Paramedic (Country)
- ◯ Community Paramedic
- ◯ Ambulance Officer (Volunteer)
- ◯ Ambulance Officer (Trainee)
- ◯ Patient Transport Officer
- ◯ Communications Officer
- ◯ Volunteer (Trainer)
- ◯ Volunteer (Other)
- ◯ Manager
- ◯ Technical support
- ◯ Administration
- ◯ Other (please specify)

St John Ambulance WA

A bit about you....

4. What region do you work in?

* 5. How long have you worked in your current role?

- ◯ Less than 6 months
- ◯ 6 months - 1 year
- ◯ More than 1 year but less than 2
- ◯ 2 or more years but less than 5
- ◯ 5 or more years but less than 10
- ◯ 10 or more years but less than 20
- ◯ 20 or more years

Sources of job stress

* 6. To what extent do the following operational matters impact on you in your current role?

	Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent
Rostering	○	○	○	○	○
Shift length	○	○	○	○	○
Fatigue	○	○	○	○	○
Performance management	○	○	○	○	○
Exposure to trauma	○	○	○	○	○
Decisions of senior management (CEO, Directors, General Managers and senior managers)	○	○	○	○	○

* 7. Have you experienced conflict, harassment or bullying at work?

* 8. What type of difficulty have you experienced and with whom?

	No difficulty with conflict, harassment or bullying	Conflict or harassment on one or two occasions	Ongoing conflict or harassment over particular issue/s	Ongoing conflict or harassment that borders on bullying	Intentional and repeated bullying
With a paramedic from my own work area	○	○	○	○	○
With a volunteer from my own work area	○	○	○	○	○
With an off-road staff member from my own work area	○	○	○	○	○
With a worker from another work area	○	○	○	○	○
With my direct supervisor	○	○	○	○	○
With someone who I supervise	○	○	○	○	○

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures

St John has a number of fairly new policies and procedures related to employee wellbeing. We are interested in whether you are aware of these policies and procedures and your views on them.

* 9. I am aware of the Health and Wellbeing Policy

- ◯ Yes
- ◯ No

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures.

10. In the course of my employment I have had to refer to the Health and Wellbeing Policy to understand the Health and Wellbeing benefit and eligible activities.

- ◯ Yes
- ◯ No

11. The Health and Wellbeing Policy is clear and easy to follow

- ◯ Yes
- ◯ No

12. I think the Health and Wellbeing Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

* 13. I am aware of the Conflict Resolution Policy

- ◯ Yes
- ◯ No

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures...

14. In the course of my employment I have had to refer to the Conflict Resolution Policy to deal with a workplace conflict issue.

- ◯ Yes
- ◯ No

15. The Conflict Resolution Policy is clear and easy to follow

- ◯ Yes
- ◯ No

16. I think the Conflict Resolution Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

* 17. I am aware of the Misconduct Management Policy

- ◯ Yes
- ◯ No

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures....

18. In the course of my employment I have had to refer to the Misconduct Management Policy to deal with a misconduct issue.

- ◯ Yes
- ◯ No

19. The Misconduct Management Policy is clear and easy to follow

- ◯ Yes
- ◯ No

20. I think the Misconduct Management Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

* 21. I am aware of the Equal Opportunity and Workplace Behaviour Policy

- ◯ Yes
- ◯ No

Your awareness of St John's staff wellbeing policies and procedures.....

22. In the course of my employment I have had to refer to the Equal Opportunity and Workplace Behavior Policy to deal with a discrimination or workplace behaviour issue.

- ◯ Yes
- ◯ No

23. The Equal Opportunity and Workplace Behaviour Policy is clear and easy to follow

- ◯ Yes
- ◯ No

24. I think the Equal Opportunity and Workplace Behavior Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

* 25. I am aware of the Return to Operational Duties Policy

- ◯ Yes
- ◯ No

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures.....

26. In the course of my employment I have had to refer to the Return to Operational Duties Policy to deal with the issue of return to operational duties after a period of extended leave.

- ◯ Yes
- ◯ No

27. The Return to Operational Duties Policy is clear and easy to follow

- ◯ Yes
- ◯ No

28. I think the Return to Operational Duties Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

* 29. I am aware of the Performance Management Policy

- ◯ Yes
- ◯ No

St John Ambulance WA

Your awareness of St John's staff wellbeing policies and procedures.....

30. In the course of my employment I have had to refer to the Performance Management Policy to deal with a performance issue.

- ◯ Yes
- ◯ No

31. The Performance Management Policy is clear and easy to follow

- ◯ Yes
- ◯ No

32. I think the Performance Management Policy would be helpful if I needed it

- ◯ Yes
- ◯ No

Your views on psychological health and safety of the workplace

The following statements concern the psychological health and safety in your workplace. Please answer with the best option provided.

* 33. In my workplace senior management (i.e. CEO, Directors, General Managers and senior managers) acts quickly to correct problems/issues that affect employees' psychological health

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
○	○	○	○	○

* 34. Senior management (i.e. CEO, Directors, General Managers and senior managers) acts decisively when a concern of an employees' psychological status is raised

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 35. Senior management (i.e. CEO, Directors, General Managers and senior managers) shows support for stress prevention through involvement and commitment

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 36. Psychological wellbeing of staff is a priority for St. John.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

Your views on psychological health and safety of the workplace (Continued)

* 37. Senior management (i.e. CEO, Directors, General Managers and senior managers) clearly considers the psychological health of employees to be of great importance

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 38. Senior management (i.e. CEO, Directors, General Managers and senior managers) considers employee psychological health to be as important as productivity

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 39. There is good communication here about psychological safety issues which affect me

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 40. Information about workplace psychological wellbeing is always brought to my attention by my direct supervisor.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

Your views on psychological health and safety of the workplace (Continued)

* 41. My contributions to resolving occupational health and safety concerns in the organisation are listened to

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 42. Participation and consultation in psychological health and safety occurs with employees, unions and health and safety representatives in my workplace

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 43. Employees are encouraged to become involved in psychological health and safety matters

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 44. At St John, the prevention of stress involves all levels of the organisation

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

* 45. Before you answer the next question about seeking support at work, please remind me whether you are a ....

- ◯ Paid employee of St John
- ◯ Volunteer ambulance officer
- ◯ Other volunteer

Seeking support for your emotional wellbeing

The following questions ask about your attitudes to seeking support and your experiences of seeking support at St John.

* 46. If you had concerns about work stress or your wellbeing, how likely would you be to seek support from:

	Very unlikely	Unlikely	Neither unlikely nor likely	Likely	Very likely
Peer or colleague	○	○	○	○	○
Direct supervisor	○	○	○	○	○
Wellbeing and support (WB&S) team	○	○	○	○	○
External psychologist	○	○	○	○	○
Other health professional outside of St John (i.e., GP)	○	○	○	○	○
Family or friend	○	○	○	○	○
Union	○	○	○	○	○
Health & Safety Representative (HSR)	○	○	○	○	○
I prefer to manage by myself	○	○	○	○	○

Volunteer Ambulance Officer: Seeking support for your emotional wellbeing

The following questions ask about your attitudes to seeking support and your experiences of seeking support at St John.

* 47. If you had concerns about work stress or your wellbeing, how likely would you be to seek support from:

	Very unlikely	Unlikely	Neither unlikely nor likely	Likely	Very likely
Peer or colleague	○	○	○	○	○
Paramedic on my team	○	○	○	○	○
Direct supervisor	○	○	○	○	○
Wellbeing and support (WB&S) team	○	○	○	○	○
External psychologist	○	○	○	○	○
Other health professional outside of St John (i.e., GP)	○	○	○	○	○
Family or friend	○	○	○	○	○
Union	○	○	○	○	○
Health & Safety Representative (HSR)	○	○	○	○	○
I prefer to manage by myself	○	○	○	○	○

* 48. In the past 12 months, have you sought assistance from a peer, Health and Safety Representative (HSR) or the union for problems with work stress or your wellbeing?

- ◯ Yes
- ◯ No

* 49. When you sought assistance from a peer, HSR or the union:

	Not at all	Somewhat	Moderately	To a large extent	Completely
Did they assist you?	○	○	○	○	○

* 50. When you sought assistance from a peer, union or HSR, were you referred to any of the following?

	Referred
WB&S	☐
External psychologist	☐
Other health professional outside of St. John	☐

Seeking support for your emotional wellbeing....

* 51. Here is a list of concerns that a person MIGHT have about seeking assistance for problems with mental health and wellbeing.

Please indicate how much each of these concerns might affect your decision to seek assistance.

	This isn't a concern for me	Somewhat a concern	Moderately a concern	Definitely a concern	Unsure
People would treat me differently	◯	◯	◯	◯	◯
I would be seen as weak	◯	◯	◯	◯	◯
People might have less confidence in me	◯	◯	◯	◯	◯
I would feel inadequate if I needed support for mental health and wellbeing concerns	◯	◯	◯	◯	◯
I don't think anything would help me	◯	◯	◯	◯	◯

* 52. In the past 12 months, have you talked with your direct supervisor about problems with work stress or your wellbeing?

◯ Yes

◯ No

Seeking support for your emotional wellbeing...

* 53. Was your direct supervisor able to assist?

Not at all	Somewhat	Moderately	To a large extent	Completely
○	○	○	○	○

* 54. Here is a list of concerns that a person MIGHT have about seeking assistance from their DIRECT SUPERVISOR for problems with mental health and wellbeing.

Please let us know how much the concerns listed below would STOP you from seeking assistance from your DIRECT SUPERVISOR.

	Not at all a concern	Somewhat a concern	Moderately a concern	Definitely a concern	Unsure
My direct supervisor doesn't understand my role	○	○	○	○	○
My direct supervisor is not appropriately trained to assist me	○	○	○	○	○
My direct supervisor is not responsive to my contact/requests for help	○	○	○	○	○
I don't trust my direct supervisor	○	○	○	○	○
I don't believe that my confidentiality will be respected	○	○	○	○	○
I'm worried about putting my job/career at risk	○	○	○	○	○

* 55. I don't think it is up to me to ask for assistance from my direct supervisor.

- ○ Agree
- ○ Disagree

* 56. In the past 12 months, have you been in contact with the Wellbeing Support Team (WB&S) for assistance?

- ◯ Yes
- ◯ No

Seeking support for your emotional wellbeing....

* 57. Was the Wellbeing and Support Team (WB&S) able to assist?

Not at all	Somewhat	Moderately	To a large extent	Completely
○	○	○	○	○

* 58. Here is a list of concerns that a person MIGHT have about seeking assistance from the WELLBEING AND SUPPORT (WB&S) TEAM for problems with mental health and wellbeing.

Please let us know how much the concerns listed below would STOP you from seeking assistance from the WELLBEING AND SUPPORT (WB&S) TEAM.

	Not at all a concern	Somewhat a concern	Moderately a concern	Definitely a concern	Unsure
The WB&S team doesn't understand my role	○	○	○	○	○
The WB&S team is not appropriately trained to assist me	○	○	○	○	○
The WB&S team is not responsive to my contact/requests for help	○	○	○	○	○
I don't trust the WB&S team	○	○	○	○	○
I don't believe that my confidentiality will be respected	○	○	○	○	○
I'm worried about putting my job/career at risk	○	○	○	○	○

* 59. I don't think it is up to me to ask for assistance from the Wellbeing and Support (WB&S) Team

○ Agree

○ Disagree

* 60. In the past 12 months, have you been in contact with an external psychologist for assistance?

- ◯ Yes
- ◯ No

Seeking support for your emotional wellbeing.....

* 61. Was the external psychologist able to assist?

Not at all	Somewhat	Moderately	To a large extent	Completely
○	○	○	○	○

* 62. Here is a list of concerns that a person MIGHT have about seeking assistance from an EXTERNAL PSYCHOLOGIST for problems with mental health and wellbeing.

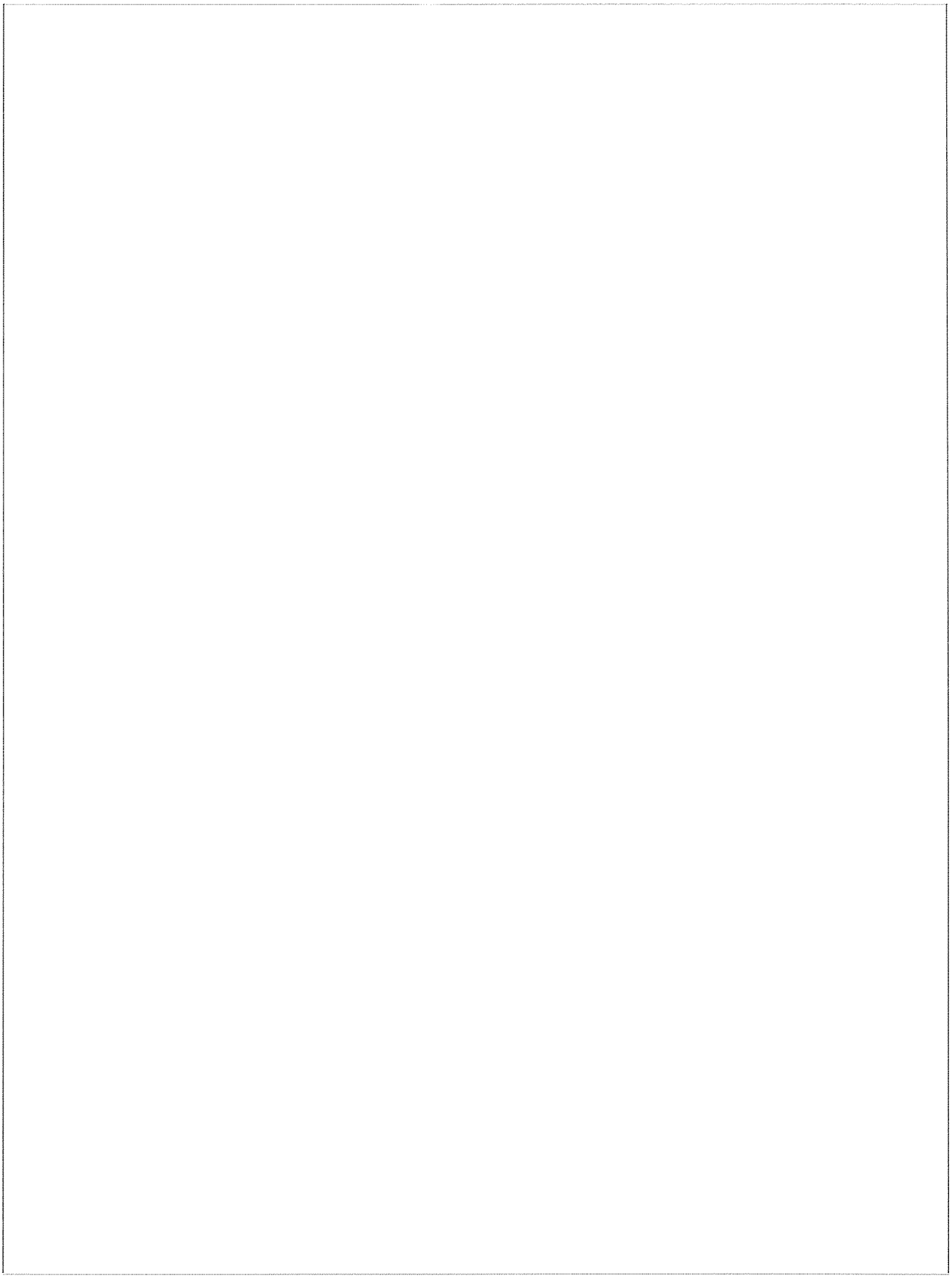
Please let us know how much the concerns listed below would STOP you from seeking assistance from an EXTERNAL PSYCHOLOGIST.

	Not at all a concern	Somewhat a concern	Moderately a concern	Definitely a concern	Unsure
An external psychologist doesn't understand my role	○	○	○	○	○
An external psychologist is not appropriately trained to assist me	○	○	○	○	○
An external psychologist is not responsive to my contact/requests for help	○	○	○	○	○
I don't trust an external psychologist	○	○	○	○	○
I don't believe that my confidentiality will be respected	○	○	○	○	○
I'm worried about putting my job/career at risk	○	○	○	○	○

* 63. I don't think it is up to me to ask for assistance from an external psychologist

○ Agree

○ Disagree



* 64. Does your role involve supervising others?

- ◯ Yes
- ◯ No

Supervisor training and support

The following questions ask if you as a supervisor feel well prepared to fulfill particular aspects of your role

* 65. Have you attended the Wellbeing & Support education session delivered by Wellbeing & Support services?

- ◯ Yes
- ◯ No

* 66. How would you rate your understanding of the information provided to you by St John regarding the Wellbeing and Support services?

Very poor	Poor	Neither poor nor good	Good	Very good
◯	◯	◯	◯	◯

* 67. How would you rate your ability to use emotional stabilisation techniques and refer a team member or colleague in need of assistance?

Very poor	Poor	Neither poor nor good	Good	Very good
◯	◯	◯	◯	◯

* 68. Do you think it is part of your supervisory duties to provide assistance and information to your team about wellbeing and support services?

No, not at all part of my role	Yes, definitely part of my role	I'm unsure if it is a part of my role
◯	◯	◯

About your personal experience

* 69. I have raised an issue regarding my health and wellbeing with senior management (i.e. CEO, Directors, General Managers and senior managers).

- ◯ Yes
- ◯ No

* 70. I have participated in training regarding health and wellbeing.

- ◯ Yes
- ◯ No

* 71. I have participated in training regarding workplace behaviour policies.

- ◯ Yes
- ◯ No

* 72. I have raised concerns with my supervisor or senior management (i.e. CEO, Directors, General Managers and senior managers) regarding an occupational safety issue.

- ◯ Yes
- ◯ No

End of Survey

Thank you for completing this survey.