Investigating Volunteer Uptake and Awareness of the Mental Health and Well-Being Resources Provided by the Australian Red Cross Victoria Emergency Services

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Abstract

The Australian Red Cross Victoria Emergency Services strives to improve the mental health and wellbeing resources provided to their volunteers. We conducted surveys, interviews, focus groups, a trivia night with volunteers and employees, and an interview with the Massachusetts Red Cross to identify possible improvements to these resources. Our research revealed a lack of awareness and accessibility of the resources, and a desire for more personalized resources. Based on our findings, we proposed recommendations and deliverables to help resolve these issues.

Executive Summary

It is estimated that 30% of emergency services workers worldwide experience mental health challenges (First Responders: Behavioral Health Concerns, Emergency Response, and Trauma, 2018). The nature of their work exposes them to traumatic and high-stress situations, so it is important for emergency service organizations to protect and support their staff and volunteers' wellbeing and mental health. The Australian Red Cross (ARC) provides assistance to afflicted communities during times of crisis. The Victorian Emergency Services (Vic ES) branch of the ARC, comprised of approximately 850 volunteers, provides humanitarian aid during floods, bushfires, and food relief and emotional support during COVID-19 to the state of Victoria. Vic ES volunteers often face physically and psychologically demanding situations. To support them, the ARC provides mental wellbeing frameworks and resources. These include training that prepares volunteers for traumatic situations, free access to counselors and wellbeing checks, among similar resources (Australian Red Cross, 2022).

Volunteer-led organizations typically have difficulty ensuring retention and satisfaction, an issue only exacerbated by COVID-19. According to a 2019 survey, Australian Emergency Services volunteers reported a 74.3% satisfaction rate with their role and experience, compared to a similar 2021 survey which found only 58.8% reported they were satisfied (Dixon et al., 2021). While retention is not the main focus of this project, factors that improve the mental health of volunteers will likely improve volunteer retention as well. Volunteer connection is crucial in improving volunteer retention (Lynch, 2000). A greater sense of connection can lead volunteers to feel more comfortable to reach out for mental health support. The main factors that negatively impact volunteer retention are feeling disconnection from the organization, feeling undervalued or underappreciated, and lacking access to the same resources as paid staff (Lynch, 2000 & De Clerck et al., 2021).

Strategies to improve volunteer retention often focus on connection, which in turn can improve volunteer mental health. Keeping volunteers engaged within an organization is a challenging prospect, but ensuring volunteers feel appreciated should be the underlying goal. The following from Lynch, 2000, details some potential stategies. Thanking volunteers for their service, publicly and privately, shows volunteers their work is valued, especially when coming from leaders or staff in the organization. Fostering personal relationships between the volunteers and staff is also important to ensure volunteers feel included in an organization. Additionally, providing volunteers with access to adequate resources such as locker space, computers, and parking adds to their feeling of belonging and respect. It is also important to place high value on volunteer input when making decisions as volunteers often have firsthand experience that staff may not possess. All of these strategies for retention apply to improving mental health resources. Incorporating volunteer feedback and suggestions in workplace policies and developments will lead to greater volunteer satisfaction and connection.

The ARC is interested in understanding the overall mental health of its volunteers and would like to ensure volunteers stay healthy and remain supported by the organization and their peers, especially after the social isolation from the COVID-19 pandemic. The uptake and awareness of the mental health resources and their effectiveness is analyzed in this report to address the concerns raised by the organization, summarized in Table 1.

Table 1: Project Motivation

The ARC is interested in understanding the wellbeing of their volunteers		
ARC wants to ensure volunteers are aware of resources available	ARC wants to ensure volunteers retain their training	ARC wants to identify weakness in their wellbeing resources
Volunteer wellbeing leads to longer and better service		

The goal of this project is to investigate the mental health resources currently provided by the ARC Vic ES, to meet the identified needs of the volunteers and to determine if the resources are being used effectively. In order to achieve this, the team created a list of objectives found in Figure 1. These objectives involved interviewing and surveying members of the ARC Victoria. The surveys asked questions pertaining to the mental health and wellbeing of members as well as their connection and satisfaction with their experience at Vic ES. Questions pertaining to mental health sought to understand volunteers' attitudes towards the current support system within Vic ES. The survey was conducted as a series of statements to which participants chose from a selection of strongly disagree to strongly agree. This allowed the data to be easily digitized by assigning a numeric value to each response and for trends in the data to be easily analyzed and conveyed. The results of this survey were used to identify and remediate weaknesses within the wellbeing framework of the organization. The interviews served as a method to directly collect feedback from Vic ES volunteers and staff. The interview questions were intended to provoke responses detailing personal experiences. The interviews were also intended to collect feedback and suggestions for improvements to the current ARC mental health programs. In addition, the team hosted a trivia event for volunteers, with questions from the mental health training section of the Learning Gateway training. The purpose of the trivia was to analyze the uptake of mental health training. This event also helped the team gain understanding on volunteer dynamics and culture, and spread awareness of the available mental health and wellbeing resources.
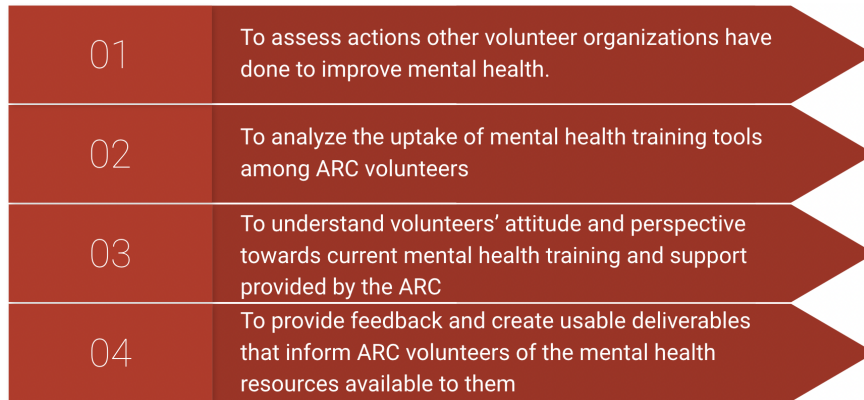
01	To assess actions other volunteer organizations have done to improve mental health.
02	To analyze the uptake of mental health training tools among ARC volunteers
03	To understand volunteers' attitude and perspective towards current mental health training and support provided by the ARC
04	To provide feedback and create usable deliverables that inform ARC volunteers of the mental health resources available to them

Figure 1: Project Objectives

The primary goal of this project was to develop recommendations and a mental health module for the ARC Victoria emergency services to improve the mental health and wellbeing of their volunteers. The team developed 6 recommendations, shown in Figure 2. First and foremost, improving awareness of the mental health resources provided should be the top priority. To help achieve this goal, the team created a mental health module, accessible via Sway, which serves as a directory where all of the resources are listed, along with a brief description and links or contact information for each. The team has a few recommendations to make volunteers aware of the module, and to make it accessible. Firstly, the page should be made easily available through Reds. If possible, it could be located on the homepage. This way, each time a volunteer logs onto Reds, they will be reminded of the resources that exist and that mental health is taken seriously by the Red Cross. Additionally, the WPI team recommends the ARC provides every volunteer a business card or similar small, wallet-sized card that would include a brief blurb about the importance of mental health along with a QR code that links to the mental health module. This card would be provided to new volunteers during onboarding, and provided to current volunteers at regional team meetings. The idea behind the card is that volunteers will always have it with them, which makes it easier to access the materials in a time of need. When a volunteer is going through difficult times and in need of help, any confusion or frustration in trying to locate resources must be avoided.
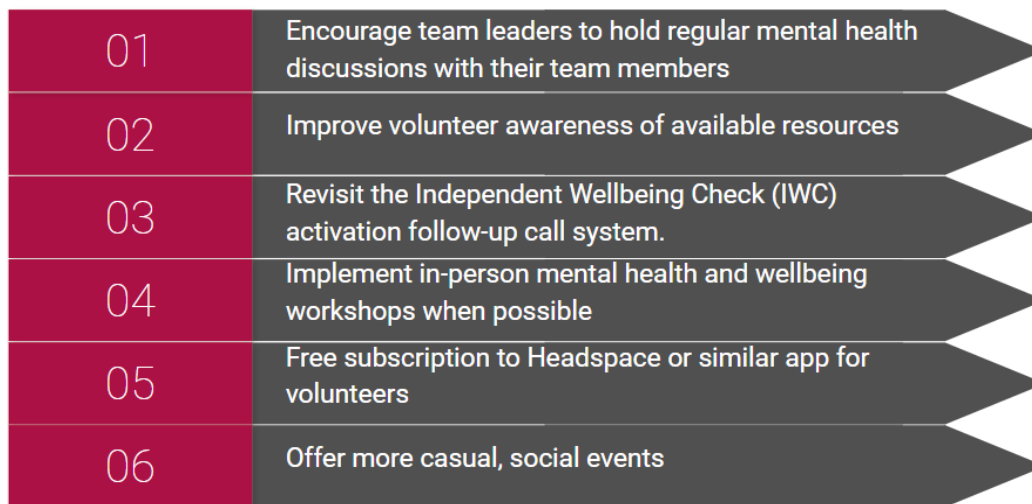
01	Encourage team leaders to hold regular mental health discussions with their team members
02	Improve volunteer awareness of available resources
03	Revisit the Independent Wellbeing Check (IWC) activation follow-up call system.
04	Implement in-person mental health and wellbeing workshops when possible
05	Free subscription to Headspace or similar app for volunteers
06	Offer more casual, social events

Figure 2: Recommendations for the ARC

Besides awareness of resources, another important finding was that the independent wellbeing checks (IWCs) performed after activations should be revisited. While most of the volunteers stated that the IWC's are a very helpful and beneficial resource following an activation, they also expressed concerns and recommendations about the process in which they are carried out. The main complaint was that each IWC call that they received was from a different person that was unaware of their situation, so they often found themselves having to re-explain their situation to the new caller. This in turn made the call less effective for the volunteer. Some volunteers also expressed a desire to receive these calls from known members of the Red Cross, rather than individuals they have no connection with. Lastly, many interviewed volunteers expressed a desire to receive check-in calls outside of just their activation follow ups, as mental health concerns can arise at any time throughout their volunteer experience. Based on the concerns raised by the volunteers during the interviews and focus groups, the team has specific and actionable recommendations for the ARC. The first recommendation is to ensure that each volunteer is assigned to the same caller during every post activation follow up call. Building a relationship with the caller would be beneficial because volunteers would be more comfortable sharing their thoughts and experiences. The second recommendation for the ARC is to have members of the Red Cross that are familiar with the type of work the volunteer was involved in conduct follow up calls, if resources allow. Lastly, the team recommends that the ARC provide IWCs for their volunteers at all times, not just following an activation. Non-activation IWCs would be conducted less regularly than during activation.

In person mental health training and workshops should also be reinstated as soon as possible by the ARC. In an interview with Jessica Bowe from the Massachusetts Red Cross, she spoke on the importance of in person mental health and wellbeing workshops within her organization. She stated that in person training and workshops were found to be much more impactful in the MRC, as people are far more engaged when they are in person.

When interviewing volunteers and during the focus groups, several participants mentioned that they enjoy in person training more, and are more likely to attend them. Volunteers also cited the ability to interact with other volunteers face-to-face as a benefit of in person training, as it would allow them to create connections with other volunteers, thus improving their experience. Based on these findings, the team recommends that the ARC hold more in person mental health and wellbeing training and workshops as they transition out of the COVID-19 pandemic. From both an educational and social perspective, in person training and workshops will work to improve the mental health and wellbeing of the volunteers, as well as provide essential face-to-face interaction.

The WPI team recommends that the ARC encourage all teams to hold regular mental health discussions. A recurring theme from interviews and focus groups is the benefit of integrating mental health into regular discussions within a team. Several interviewees mentioned that they would feel more comfortable speaking with a team leader or peer when talking about mental health than with an anonymous caller. One volunteer mentioned that their team has started to include mental health check-ins as a part of their regular meetings, and said that this practice has been very beneficial. In general, people are more likely to open up and talk about their mental health with those they are closely connected to. Oftentimes in the ARC, volunteers are most connected with the other members of their team because those are the people that they interact with the most. Additionally, greater willingness of teams to discuss mental health and wellbeing will help break down the stigma about mental health that often exists among volunteers, and other people are more likely to open up if they see their peers opening up as well. Normalizing mental health discussions will provide an environment for teams to support each other and provide mental health and wellbeing assistance to each other improving the overall mental health and wellbeing of the volunteer population.

The team recommends offering a free subscription to Headspace or similar mental health management app based on recommendations from the Massachusetts Red Cross (MRC) and feedback from interviews and focus groups. Headspace is an app that offers guided meditation and lessons on how to better manage emotions and distressing thoughts. In order to put this practice in action, the ARC should first contact a Headspace representative to obtain a quote for the subscription from the company. A more advised decision should then be made on the purchase based on the quote. As the ARC is a non-profit, they will likely get an organizational discount. Currently, a Headspace subscription costs around 100 AUD annually. Following the purchase, the ARC should next encourage volunteers to use the app. This could be done through reminders in emails and during meetings, or potentially a group meditation session using the app could be hosted during a leaders lounge or similar meeting to expose volunteers and staff to the services offered by the app. Quick access to the app could be provided through the before mentioned mental health module.

Finally, offering more casual social events would be beneficial to encourage conversations around mental health between peers and leaders. While not specifically a mental health resource, the addition of more social gatherings would help to improve the connection between volunteers and their peers as well as between volunteers and staff. Interviewees mentioned that they enjoyed a casual lunch or get-together after a business meeting as a means to connect with their peers and supervisors. Implementing this recommendation would likely make volunteers more willing to reach out to peers or staff members if they needed support with their mental health. It may also be more apparent if someone seems stressed or anxious in a casual social setting, versus a professional setting. In addition to improving mental health, these events would likely improve volunteer retention because volunteers would feel more connected to the ARC as a whole. Implementing this recommendation would require careful attention to communication to assure awareness of events. Especially in regional areas, having social events with staff from the Melbourne office would help to build rapport and trust between volunteers and staff. Social events would still be helpful even if only as a secondary component of business meetings, or even if only hosted a couple times a year.

It is our hope that the ARC Victoria will implement our recommendations into their volunteer mental health and wellbeing training, as well as share the recommendations that we have given them with the rest of the ARC across the country. We believe these recommendations and tools will better equip emergency services personnel to manage the mental health and wellbeing challenges that they may encounter, thus improving the overall mental health and wellbeing of the ARC personnel in Australia.

Authorship

Araceli was the primary writer of the first part of the Executive Summary, Background section 2.1.3 Mental Health Resources Offered by the Australian Red Cross and, and 2.2.1 Most Common Mental Health Issues in Emergency Services Personnel. She was also the writer of section 3.3 Understanding Volunteers' attitude and perspective towards current mental health training, tools, and resources provided by the ARC and 3.4 Creating materials to inform ARC Vic ES volunteers of the mental health resources available to them. in the methods, as well as the trivia results section in 4.2. Araceli also revisited and edited all throughout the entire paper and created figures and tables along with some formatting.

Henry was the primary writer of Background section 2.3.2 Strategies for Volunteer Retention, Methodology section 3.2 Analyzing the uptake of mental health resources among ARC Vic ES volunteers. Results section 4.1 Lessons from other volunteer organizations to improve retention and mental health and the focus groups portion of Results section 4.3, and contributed to section 5.0 Recommendations and Conclusion. Henry additionally conducted background research for the project during the ID2050 term, and helped in the creation of the trivia, survey and interview questions. Henry also made edits and revisions throughout the entire paper.

Natalie was the primary writer of the Executive Summary, 1.0 Introduction, background sections 2.1 Australian Red Cross Victoria, 2.2.2 Barriers to Seeking Mental Health Support, 2.3 Volunteer Retention, and 2.3.1 Factors Affecting Volunteer Retention. She also was the primary writer for the Results and Analysis Survey sections in 4.2 and 4.3 and Offer more casual social events in section 5.0 Recommendations and Conclusion. Natalie also edited and revised the paper along with her team and formatted the references.

Benjamin was the primary writer of the abstract, background sections 2.1.1 Recent Australian Red Cross Activity and 2.1.2 Emergency Services in the Red Cross, methodology section 3.1 Assessing actions other volunteer organizations have implemented to improve retention and mental health and, results and analysis section 4.3 Interviews, recommendations sections Revisit the Independent Wellbeing Check (IWC) activation follow-up call system, Implement in-person mental health and wellbeing workshops when possible, and Encourage teams to hold regular mental health discussions. Benjamin was also responsible for edits and revisions throughout the report.

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1.0 Introduction

Emergency service workers face disproportionate mental health challenges due to the nature of their work. An estimated 30% of emergency responders worldwide develop a mental health issue, including depression and post traumatic stress disorder (PTSD) (*First Responders: Behavioral Health Concerns, Emergency Response, and Trauma*, 2018). It is estimated that only 20% of the general population will develop these and other mental disorders (*First Responders*, 2018). This data pertains to paid emergency services staff, but the trend likely holds true for those in similar volunteer emergency service roles such as volunteer firefighters or Red Cross emergency services volunteers. In emergency service (ES) workers, these mental health disorders are especially present due to the trauma and high stress situations these individuals often face (*First Responders*, 2018). It is important that leaders of any organization in the emergency services sector take the steps necessary to protect their staff and volunteer's health and wellbeing.

The Australian Red Cross (ARC) is a volunteer led organization that focuses on assisting the community during times of crisis. The ARC and their volunteers play a humanitarian role in emergency management through the provision of services, expertise, and resources, both in Australia and abroad (*Emergency Management Victoria*, 2021). ARC Victorian Emergency Services (Vic ES) is a branch of the ARC made up of approximately 850 volunteer workers who focus on providing the services of the ARC primarily to the state of Victoria. Recently, the Vic ES has provided aid during floods, food relief and emotional support during COVID-19, and provided aid during the 2019-2020 Black Summer Bushfires. These volunteers can be put in physically and mentally demanding situations, especially in times of disaster. ARC personnel can be subject to high levels of stress and can suffer damage to their psychological well-being due to the highly intense nature of their role.

To address this need, Vic ES provides services and frameworks that support the mental well-being of its members. The ARC Workforce Capability Framework is a program that seeks to create a uniform, nation-wide approach to how the training is provided by the ARC. It outlines a detailed and consistent training program and minimum training requirements for members. Another program, the ARC Well-being Framework, is designed to mediate and support the mental well-being of Red Cross workers. It outlines the suggested response to the various types of traumatic situations that workers may experience before, during or after disaster response. Despite these programs, Vic ES team leadership still feels mental health and well-being needs to be better understood within the department and that the capacity and capability of the resources should be grown. The ARC is aware of the importance of a healthy workforce and remains committed to better understanding the impacts of its activities on staff and volunteer mental health and aims to implement strategies to ensure all those involved stay healthy and are supported through difficult times. The uptake and awareness of the mental health resources and

its effectiveness has yet to be analyzed and will provide insight into how the mental health resources are utilized.

The goal of this project was to determine if the mental health resources currently provided to the ARC Vic ES volunteers were being used effectively and if the resources met the identified needs of the staff and volunteers. This included researching if the resources were being used by the volunteers, identifying what gaps might exist in the provided resources, and investigating how ARC Vic ES compares to national trends in terms of mental health resources and support. The current training approach along with current challenges facing the Vic ES volunteers is well-documented. This information was reviewed and used as a starting point to understand current mental health tools and resources in the ARC Victoria. The original research for this project was completed by performing surveys and interviews with current volunteers and paid staff in the Vic ES to gain insight into their experience and their uptake of mental health resources, as well as how they felt the resources could be improved.

2.0 Background

The following sections provide insight into many different aspects of the Australian Red Cross (ARC) Victoria. First, the ARC itself is explored. The recent activity, emergency services, and volunteer aspect of the organization are discussed. The ARC is a primarily volunteer-led organization that provides disaster support in a multitude of different scenarios from disaster events like the Australian Bushfires, to psychological disasters, like the effects COVID-19 isolation has had on the population of Victoria, Australia.

In ARC's 2021 After Action Review Report, volunteer feedback revealed that ARC members found it valuable to have an internal support network composed of fellow volunteers who were empathetic to their position and problems. In addition, the COVID-19 phone line program started during the pandemic was revealed to have taken a mental toll on those providing support on the phone lines. Steps have been taken to address this issue, but it still highlights recent mental health challenges for volunteers, in addition to the aforementioned mental toll of working in disaster recovery and emergency services during normal times. This chapter will also discuss common barriers in seeking appropriate mental care, including stigma, fear of retaliation from either peers or employers and other topics.

Discussions with ARC staff revealed that there were concerns about volunteer mental health and wellbeing. In recent years, the volunteers have faced lots of challenges that put their mental wellbeing at risk. The 2019-2020 Bushfires resulted in near constant activation for Vic ES, and many volunteers faced personal challenges from the Bushfires as well. Following the Bushfires, COVID-19 took hold of Australia and resulted in a country-wide lockdown. This isolated everyone in the country from everyone except those they lived with. During this time, the ARC Vic ES also started coordinating and executing a food relief program and an emotional support phone line program between the bushfires and the COVID-19 relief programs, the ARC Vic ES has been activated for upwards of 18 months straight (*Australian Red Cross*, 2021). This prompted a discussion on how volunteers' mental health and wellbeing was being supported in the Vic ES.

2.1. Australian Red Cross Victoria

The Australian Red Cross (ARC) was founded in 1914 during the First World War. Until around the 1960s, the ARC mainly focused on wartime activities, including assisting troops and their families adjust to life after they returned from active duty. Other services like blood transfusions and disaster relief still existed, but the wartime efforts were more prominent. As time went on, more programs related to disaster events like floods, bushfires, and earthquakes were implemented in Australia. They also offered assistance to surrounding countries like Indonesia, Thailand, Sri Lanka, and the Maldives when they faced disaster events like tsunamis and earthquakes. Currently, the ARC has been focused on supporting Australians through

disaster events like bushfires, floods, and through COVID-19 relief programs (*Australian Red Cross*, 2022).

2.1.1 Recent Australian Red Cross Activity

Recently, the ARC has been in the midst of several disasters. The volunteer organization has notably been involved with the Australian bushfires that started in September of 2019 and ended in May of 2020. Red Cross volunteers were on the front lines evacuating citizens and providing psychological aid to those affected (*Australian Bushfires: "Just so Terrifying."*, 2020). The ARC Victoria had around 1000 volunteers working in emergency services at that time.

The following information is from the ARC's Victoria 2020-21 After Action Review Report (*Australian Red Cross*, 2021). In the 2021 financial year, the Vic ES branch of the ARC responded to a multitude of different emergencies. Namely, two COVID-19 response programs, Community Activation and Social Isolation Initiative (CASI), and a food program. The Vic ES also responded to a severe weather event in Victoria in June of 2021, as well as 43 non-major emergencies throughout the year. Between bush fires and the COVID-19 pandemic, Vic ES had been active for 18 consecutive months as of July 30, 2021. The volunteers provided humanitarian aid, including psychological first aid, to 21,784 affected Victorians. In June of 2021, a severe storm with intense winds resulted in flooding and left hundreds of thousands of citizens without power (Celestial, 2021). The Vic ES responded along with other emergency services departments. The other major emergency event in 2021 was the response to the COVID-19 pandemic. The CASI program focused on providing emotional and social support to individuals in need during the pandemic. Vic ES fielded over 17,000 phone calls in just over a year of running the program. The food program provided humanitarian aid and meal packs to metropolitan areas for those who could not leave their homes due to mandatory isolation.

2.1.2 Emergency Services in the Red Cross

The Australian Red Cross Victoria is heavily involved in emergency services, and works closely with other emergency services personnel during times of need. The main focus of their emergency services personnel is to provide relief for their community in times of crisis. Volunteers that work in the Vic ES are known for helping people before, during, and after disasters occur. Before a disaster, volunteers can be found helping communities prepare for an upcoming disaster through creating response plans or preparing buildings and homes to withstand the disaster. During a disaster, volunteers could be greeting people at an evacuation site or helping people in their community escape to safety. Following a disaster, ARC volunteers help people reconnect with family and friends that were separated during the disaster, or check on those physically and mentally harmed to ensure their recovery process is going well (*Volunteer in Emergency Services,* 2022). Volunteers are the backbone of the ARC emergency

services, and without their efforts, the ARC would not be able to serve the community nearly as effectively as they do when disaster strikes.

2.1.3 Mental Health Resources Offered by the Australian Red Cross

As a volunteer-led organization, the Red Cross values and supports their volunteers as needed by providing multiple mental health and wellbeing tools, training and resources. Emergency Services volunteers undergo unusual and stressful situations in order to help people suffering from disasters and that may lead to burn-out and distress. In response, programs like the Employee Assistance Program (EAP) or IWC's (Independent wellbeing checks) are implemented by the red cross.

The EAP is a resource offered to the ARC workforce in order to help with particular problems that may affect their wellbeing; whether it is in the workplace, in the field, or personally. This is offered as an external, professional, and confidential counseling assistance at no cost (*Australian Red Cross,* 2022). The Red Cross will select an external agency to ensure confidentiality in the administrative process, and this could be accessed through self-referral or manager suggestion. This program includes three annual sessions that could also be allocated to family members, arrangements could also be performed in case more sessions are needed. Employees or volunteers may contact their EAP directly to make appointments, which could be face-to-face, over zoom, or via telephone.

Figure 3: Assistance Provided by the EAP

IWC's are conducted during and soon after volunteer activations, when they are sent to do field work. This work means volunteers must directly provide psychological first aid (PFA) to those affected by a disaster. As working in these types of situations can be stressful and traumatic, IWC's are directed towards only activated volunteers. During an IWC, the volunteers will receive a call to check in on their current mental health. If a volunteer reports that they are doing fine, the caller will take no further action. If a volunteer is experiencing an issue however the caller serves as a confidential and anonymous resource that volunteers can talk to. Callers can also point volunteers to other resources that may be helpful to them if they need further assistance.

In addition to support after and during disasters the red cross also has an online training module with multiple resources for volunteers to support themselves whenever they need. This training module is called Learning Gateway and not only provides wellbeing and mental health training, but a wider range of training to learn new skills and explore different themes. Having an open mind and keeping learning is known to improve wellbeing. The Australian Red Cross also uses events as a method to check on the mental health of their volunteers, and although they are not exactly wellbeing resources, informal events like the Leaders Lounge or Master Classes where volunteers have the opportunity to connect with each other as well as with staff to discuss multiple topics including mental health and wellbeing. Finally, the Australian Red Cross organizes regional team meetings with the purpose of recognizing and connecting volunteers with their peers and staff; this consists of an informational session where members of the region share what they have been working on, continued by opportunities to socialize and connect in a more informal lunch.

2.2. Mental Health in Emergency Services Personnel

Emergency services volunteers provide the first response in situations that require combating the forces of nature and administering aid and assistance to those afflicted. A volunteer's role is critical, but it can lead them into life-threatening situations. This stressful environment can lead to post traumatic stress disorder (PTSD), depression, or anxiety. A study conducted by Phoenix Australia found that 10% of emergency service workers experience post-traumatic disorder, compared with only 4% of the general Australian population (*Phoenix Australia*, 2021). So, it is important to ensure the wellbeing of volunteers to optimize service and personal experience.

In the ARC Vic ES, volunteer feedback revealed that the existence of an internal support network was greatly appreciated. The ability to talk to others empathetic to the situation was very important. It was acknowledged, through other feedback, that volunteers needed more support when participating in the CASI and food program. Some volunteers felt that they were not equipped to handle the psychological distress of callers for a full day shift on the CASI phone lines. Moving forward, the ARC plans to recruit volunteers with the right skill set for these

programs and focus more on volunteer health, safety, and wellbeing. They also plan to add stronger volunteer supervision as well as clarify volunteers' roles and responsibilities.

2.2.1 Most common mental health issues in Emergency Services

There are a few common trends in emergency service people's mental health issues. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 30% of first responders develop some sort of mental health condition including, but not limited to, post-traumatic stress disorder (PTSD) and depression (*First Responders: Behavioral health concerns, emergency response, and trauma*, 2018).

Although it is well-demonstrated that those who work in emergency services would be at an increased risk for PTSD as they often face traumatic situations in their line of work or volunteerism, considerable work still needs to be done in helping those with this condition. In one study, only 55% of respondents reported that they received education or training on PTSD, and a mere 13% sought treatment for their PTSD symptoms (Fitzpatrick, 2020). There is a culture of stigma around seeking support for PTSD in the emergency services community and this can unfortunately have dire consequences. First responders in the United states were ten times more likely to attempt or contemplate taking their own life compared to the general population (Fitzpatrick, 2020). PTSD often manifests itself after multiple, frequent, exposures to traumatic events (Varker et al., 2017). There is also evidence that volunteer emergency service workers who have less training than full time first responders are at a higher risk for PTSD (Kleim & Westphal, 2011).

In addition to PTSD, many emergency service workers also suffer from depression. It was found that low morale and isolation increased the risk of withdrawal behaviors, such as depression (Varker et al., 2017). Multiple studies cited an increased risk for depression in different groups of emergency services workers, including firefighters, emergency room nurses, and police officers (Kleim & Westphal, 2011). While the volunteers at the ARC Victoria don't take part in these specific activities, they still work in high-stress, high-risk situations and experience traumatic events. For example, volunteers were often on the front lines in bushfire evacuation centers assisting the victims with practical and emotional support in a high-risk environment as the bushfires would often change direction, sometimes towards the evacuation centers. Relevant to the emergency services volunteers in the ARC Victoria is perceived safety during disaster response and rescues. Individuals who worked with dead bodies or operated in physical danger reported higher levels of depression which was likely due to decreased perceived safety, a factor that can also affect long term health and morale (Kleim & Westphal, 2011).

2.2.2 Barriers to Seeking Mental Health Support

Even though training is provided by the Australian Red Cross, not every volunteer may use it or seek help due to the stigma associated with mental health, which is often an overlooked

topic. The Emergency Services Foundation partnered with Phoenix Australia to conduct research on the stigma against seeking help in mental health in emergency services, which was found to be a concern for some of the participants. This stigma included shame of asking for help, and fear of being perceived as weak, or having their job affected by reaching out for mental health support (Lawrence-Wood, 2021). Three main barriers to mental health support, besides stigma, were also identified by Jones and colleagues, (2020). They are: knowledge, barriers to help-seeking, and facilitators to help-seeking. The main theme of knowledge was that first responders wanted to know more about the mental health issues that faced them and their organization. Five main themes within the knowledge umbrella were further identified (Jones et al., 2020) :

1) There was a lack of knowledge about the possibility that the work emergency personnel perform can lead to mental health issues and that there is no shame if one does develop mental health problems.

2) There was a lack of knowledge about the signs and symptoms of mental health problems.

3) There was a lack of knowledge about when to seek help for one's self.

4) There was a lack of knowledge about what resources were available for mental health support.

5) There was a lack of knowledge about the benefits of seeking help.

In addition to the knowledge barriers, other barriers to help-seeking were identified. Individuals were afraid to be seen as weak or to be the victim of a confidentiality breach. Some also may have had negative experiences with a therapist in the past or didn't want to burden their family with their mental distress (Jones et al., 2020). Finally, respondents provided insight on ease of access to seeking help, the facilitators to help-seeking (Jones et al., 2020). Realizing they weren't alone, feeling general buy-in to mental health support from the whole organization, having positive experiences with a therapist, someone else noticing the mental health problem because it got too bad, and knowing what to do after a traumatic experience were cited as the main ways organizations could help support emergency services help-seeking behavior (Jones et al., 2020). In addition to these recommendations, having mental health support integrated in normal training, not only in wellbeing training, was also cited as an improvement that could be made (Lawrence-Wood, 2021). Staff also wanted to see multiple delivery methods, including virtual and in-person, as well as a personalized support depending on demographics and target (Lawrence-Wood, 2021). By addressing some of these emergency services workers' needs regarding mental health and wellbeing, their overall experience will be improved which most likely will affect their desire to remain in service.

Table 2: Mental Health Factors and Barriers to Emergency Services Workers

Factors Contributing to Mental Health			Factors Influencing Help-Seeking Behavior		
Organizational sources of support	Informal support	COVID-19	Nature of intervention delivery	Stigma as a barrier to help-seeking	Mental Health literacy
- Time out/downtime - Supervisor - Official peer support network	- Colleagues and Family - Regular Partner - Reassurance and validation	- Forced Isolation - Less Human Contact - Fear of getting sick/ losing someone	- Mandatory vs. non mandatory - Shared experiences with intervention provider	- Macho culture - Stigma and Shame - Career concerns - Confidentiality concerns	- Emotional awareness - Education and Stigma

2.3. Volunteer Retention

Volunteering is a big part of many Australians' lives, with 2016 census data showing that about 19% of Australians volunteer their time, nearly one fifth of the population. A Household Income and Labor Dynamics in Australia (HILDA) (Kragt & Holtrop, 2019) study shows that employed, non-married, divorced or widowed individuals in Australia volunteer less, while those who are female, have children, are married, are higher educated, healthier, older, retired and are unemployed volunteer more. Additionally, people in white-collar occupations, those who report higher self-rated health, as well as those who had access to networks and mentoring programs were more likely to volunteer. Conversely, those in self employment, or those who are in need, disadvantaged or marginalized were less likely to volunteer. The volunteering rate peaks at 40% for the demographic of people within the age group of 36-45, and is lowest at 20% for the age group of 26-35 year olds. People who are 65 and older are slightly more likely to volunteer than those that are 26-35. Data were also collected on the potential barriers that prevent people from volunteering, with 68% of students citing time constraints and inconvenience, but also lack of interest and awareness. A small portion cited the emotional or financial costs, as well as time costs and potential costs to buy a uniform or pay for training. Overall, the findings involving the volunteer culture in Australia were consistent with Western nations, such as the United States.

Though volunteering is a big part of many peoples lives in Australia, there are still issues with volunteer retention for many organizations. Volunteer retention in emergency services is linked to a few key factors. The primary reason for loss of volunteers is lack of time. Since volunteering is by nature unpaid work, it is often the first responsibility put aside when more pressing issues arise. A 2008 study about volunteering indicated that the time required to

volunteer was cited as the number one drawback (Randle and Reis). Volunteer burnout is also a common factor in the loss of volunteers. In a 2021 study, Italian Red Cross workers scored very high in terms of emotional exhaustion, depersonalization and perceived lack of accomplishment compared to their professional counterparts (Chirico et al., 2021). Covid-19 has also had an adverse effect on the wellbeing of volunteers. A recent survey of 177 Australian ES workers found that only 58.8% were satisfied in their role, compared to the finding of 74.3% in a similar study conducted a few years prior to the pandemic (Dixon et al, 2021, Kumar et al, 2019), as shown in Figure 4.
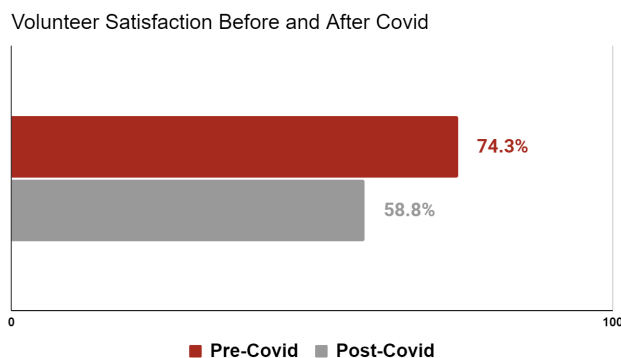
Volunteer Satisfaction Before and After Covid

Figure 4: Volunteer Satisfaction in Australian Emergency Service Workers Pre and Post Covid (Dixon et al, 2021)

As an organization providing flexible volunteer options, an appropriate support mechanism is integral to volunteer retention. This in turn helps to ensure volunteer numbers remain stable. Long term volunteers also possess valuable experience which cannot be acquired otherwise. Experience is an especially useful quality in the high-pressure situations Red Cross volunteers often encounter.

2.3.1 Factors Affecting Volunteer Retention

Many emergency services and outside organizations (SAMHSA, ESF, etc…) have done studies to analyze why volunteers stay with an organization. Some key aspects that influence volunteer retention are clear communication and a feeling of ownership and pride in their work (*Retention and recruitment for the volunteer emergency services*, 2007). All of the aforementioned factors relate to self-determination theory. Individuals need to experience autonomy, competence, and relatedness to meet their basic psychological needs (De Clerck et al., 2021). If volunteers don't feel this in an organization, they will not be internally motivated to complete tasks. Clear communication allows for volunteer autonomy. Volunteers will be able to make their own decisions when provided with transparent communication from leaders and executives. Clear communication also likely increases volunteer relatedness as they will feel

more connected to the organization as a whole if they are aware of current proceedings. Another aspect of communication within an organization is collection of volunteer feedback. The importance of volunteer ownership is twofold. If volunteers lack a feeling of ownership over their work or don't feel they are permitted to make decisions on their own, they will likely lose interest in the organization. Instilling pride in the organization also is likely to increase volunteer satisfaction (*Retention and recruitment for the volunteer emergency services,* 2007). Camaraderie and feeling care from other volunteers is an essential part of ensuring volunteer satisfaction within an organization (De Clerck et al., 2021).

Volunteer connection is a particularly important factor in volunteer retention. Typically, individuals find activities more fun and often more rewarding when involved in a shared organization with friends and those you trust. Lynch, (2000), adresses the ways volunteers become inadvertently disconnected from the organization. Some main issues include differences in resources, access to information, status, authority, expectations, rules, and regard. While this sounds like an overwhelming list, much of it comes down to volunteers feeling less than or different than paid staff. The difference in resources often manifests as volunteers' lack of a dedicated space to store their personal items and equipment. While not practical for every volunteer in an organization to have their own office or computer, it is possible for volunteers to get their own email addresses specifically for the organization and to have designated areas for their work and equipment. Sometimes volunteers also face a difference in access to information and differences in status. The reason for this is often said to be confidentiality. In addition to lack of confidential information, volunteers often have different status and titles than paid volunteers. Whether it be a difference in title or no paid staff attending volunteer recognition events, these issues can add up and lead to volunteers feeling "othered" and out of place. Differences in volunteer authority, volunteer rules, and volunteer expectations often coincide. Because volunteers are not paid staff, in some organizations their opinions and decisions may not be as valued or they may be dismissed and asked to wait for instructions from upper management. Coupled with volunteers' relaxed standards (being able to take personal calls, relaxed attendance and tardiness expectations), this can cause paid staff to take volunteer opinions less seriously. Finally, differences in regard for volunteers often stems from paid staff not knowing volunteer names or schedules. While knowing every single person in a large organization may be impractical, making an effort to know the volunteers who paid staff work closely with will make a difference.

To summarize, volunteers need to feel valued, connected, and proud of their accomplishments. Individuals volunteer to make a difference in their community, and in the case of the ARC Victoria, sometimes put their own safety and comfort at risk to respond to natural disasters and other crises. The factors affecting volunteer retention involve a common thread of issues pertaining to volunteers feeling disconnected and undervalued. Broad strategies for improving volunteer retention are explored in the next section.

2.3.2 Strategies for Volunteer Retention

Keeping volunteers interested and included in their organization is an ongoing challenge. It is necessary that an organization employ a wide range of strategies which appeal to volunteers from all different backgrounds and demographics. Every volunteer has a different motivation for volunteering, so an organization that is more attentive to the personalized needs of each volunteer will find more success in retaining their workforce. Volunteer connectedness, both with leadership positions within an organization and with other volunteers, is very important when it comes to volunteer retention. Volunteers who feel they are included, valued and up-to-date are more likely to stay with an organization (Lynch, 2000).

It is very important that volunteers are continually thanked and recognized for their work. Presenting the impact and results of their work is also essential for volunteers to understand the significance of their participation in the organization. The first step is to thank volunteers for their service before, during and after events. This should be done through multiple mediums of communication. Certain volunteers may appreciate a private word of thanks, while others would respond better to an email sent to all members of the organization recognizing their group for work they have done. The second step is to illustrate the impact of the work to the volunteers. Numerical data which indicates concrete results is very helpful in allowing volunteers to visualize the changes their work has brought about. It also gives volunteers a sense of possession over their projects, which in turn can lead to greater investment of time and effort into those projects.

Another way to ensure volunteers feel appreciated is to foster a more personal relationship between staff and volunteers, which can often be achieved through simple actions. Learning the names of volunteers, although straightforward, can be a very easy way of strengthening the personal connection. Volunteers should also be invited to lunch, coffee or other similar events and activities to get a chance to meet staff outside a work environment. Although it may not be possible for every staff member to personally know every volunteer at larger organizations, ensuring each volunteer feels he/she has at least one contact they are familiar with is essential.

The nature of the relationship between staff and volunteers is very influential on volunteer satisfaction within an organization. Volunteers can often feel excluded or undervalued in organizations where staff receive special benefits they do not. By nature, staff receive monetary and material benefits volunteers do not, however the benefits are not limited to only compensation. Volunteers are often not granted the same access to resources as staff. Access to resources could be as simple as having a place to hang a coat in the office or having a place to park a car. Minute changes in access to resources similar to these can lead to increased feelings of inclusion and importance among volunteers. As many volunteer-led organizations are not-for-profit, providing services and benefits to volunteers can be a difficult financial decision. Although it is unlikely that each volunteer can enjoy their own office space or parking spot,

shared spaces exclusively designated for volunteer use provide a financially viable compromise that can foster a more inclusive community. Ultimately, volunteers should feel they are a member of the organization, not someone who works for the organization. Additionally, volunteers have first hand experience in the field that staff sometimes lack. For this reason, volunteer input can be incredibly useful as they may have unique ideas and suggestions. Ultimately, aspects that affect volunteer retention in an organization will also impact the mental health of volunteers and how willing they are to reach out for help if they need it.

3.0 Methodology

This project aimed to research the mental health and well-being resources provided by the ARC Vic ES. The results informed suggestions to improve the awareness and uptake of the resources and a final deliverable that the ARC can use to better implement these resources.

The project completed the following four main objectives:

1. Assessed actions other organizations have done to improve retention and mental health among volunteers.

2. Analyzed the uptake of mental health training resources among Vic ES volunteers.

3. Understood volunteers' attitude and perspective towards current mental health training and support provided by the ARC.

4. Provided feedback and created a usable deliverable that informs Vic ES volunteers of the mental health resources available to them.

The Australian Red Cross Victoria, Emergency Services Division is based at 23-47 Villiers Street, North Melbourne, VIC. The sponsor operates from this location, however the project team was located in Worcester, MA and operated virtually from the WPI Campus for the first two weeks of the project term, March 14, 2022 through March 28, 2022. After this point, the team was located in Melbourne and worked in the same office as the sponsor from April 4, 2022 through May 3, 2022. The majority of interviews and surveys were conducted when the team was located in Australia.

The project was conducted between March 14, 2022 through May 3, 2022. This timeframe may have moderately affected survey results, as mental health issues such as anxiety and depression are more common in the winter months (winter occurs June through September in Australia).

The general outline for the methods is outlined in Figure 5 and briefly explained here. An interview was completed with the Massachusetts Red Cross to assess how their organization operates in terms of mental health support. A survey was conducted to determine the uptake of the mental health resources as well as to determine volunteer perspective on the resources and the organization as a whole. Interviews were completed with ARC Vic ES volunteers and staff to address volunteer perspective and experiences with the mental health resources in addition to providing suggestions for improvement. Focus groups were also held to brainstorm improvements to the mental health resources and to get opinions on some recommendations. Finally, a trivia night was held to determine volunteer uptake and retention of the mental health training modules provided. While not strictly a methodology, a mental health module was created to serve as a collection for all the mental health resources provided by the ARC.
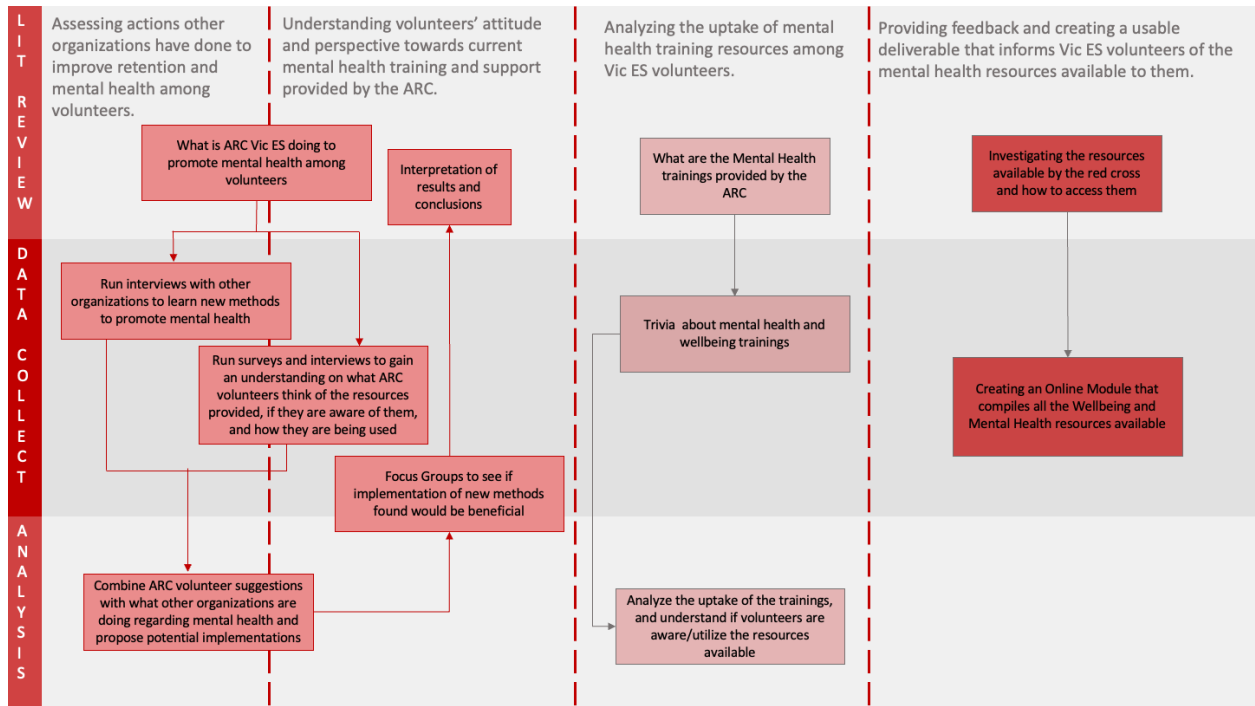
Figure 5: Project Methodology Workflow

3.1 Assessing actions other volunteer organizations have implemented to improve retention and mental health

The first objective of this study was to understand the methods that other organizations have used to improve the retention of their volunteers. Our team interviewed Jessica Bowe who serves as the Disaster Workforce Engagement Manager for the Massachusetts Red Cross (MRC) to learn more about their mental health training and support practices.

She provided detailed information concerning the mental health training, resources and tools provided by the MRC. The interview was conducted virtually using a Zoom call and the interview questions can be found in the Appendix A. Ms.Bowe answered the questions very thoroughly and the team was able to gather detailed information about the MRC's mental health training and management practices.

3.2 Analyzing the uptake of mental health resources among ARC Vic ES volunteers.

Equally as important as the mental health training provided to ARC volunteers and staff is the uptake of training by volunteers and their ability to apply what they learned. Therefore, an analysis of the extent to which the volunteers and staff actually retain the information they learn

and use it in the field was completed. The results of this analysis were then used to propose new methods of educating volunteers and staff to ensure better uptake and retention of the resources so that they can be better utilized.

In order to gain an understanding about the general level of mental health knowledge and training retention, the team hosted a trivia night for volunteers. In the preparatory phase of the project, the team took the mental health and wellbeing training provided in the Learning Gateway and created a list of 34 questions to be asked in the trivia event; these sets of questions can be found in Appendix B. The virtual platform Kahoot was used to provide a fun and engaging environment for the total of nine volunteers that participated. The event was promoted in the Red Cross platform REDs, and even though there was interest in attending there was a last-minute event right before that affected attendance. Despite that problem, volunteers that could not come requested access to the trivia to play with their team. After the event, results were collected by the WPI team. The research was kept anonymous as names were not tied to responses, but the percentage of correct answers for each question could be seen. Throughout the trivia night, there were a total of five United States or Massachusetts themed trivia questions added in to keep volunteers engaged and to keep it fun, but these were discarded from the analysis. The results from the trivia were used as a baseline to determine which areas volunteers knew the least about in terms of their mental health and wellbeing training. This also gave insight into which resources were not well utilized.

The trivia night additionally served a secondary purpose, allowing the team to meet and familiarize themselves with volunteers. This allowed the team to develop a greater understanding of volunteer dynamics and culture. The team hoped that this extra exposure would produce additional leads for survey and interview participants. Due to unforeseen circumstances, the trivia night was not conducted until very late in the project term, so few generated leads could be effectively addressed.

In addition to the trivia night, a survey was conducted among all Vic ES volunteers to get feedback on what resources volunteers were aware of and whether they actually used them in their day to day life. The survey was presented using a Likert scale of one to five for most questions, with a few short response exceptions. The survey collected demographic information from the participants, but remained anonymous. Questions ranged from asking volunteers what resources they were aware of, to asking how connected and supported they felt to their peers and the ARC as a whole. The complete set of survey questions can be found in Appendix C.

3.3 Understanding volunteers' attitude and perspective towards current mental health training, tools, and resources provided by the ARC Vic ES.

The goal of this objective was to evaluate the perspectives of current, former, and inactive volunteers on the mental health resources provided by the ARC Vic ES to determine if common themes emerged in terms of volunteer perspective towards the resources. In order to understand volunteers' attitude and perspective toward the current mental health resources, a number of different tactics were employed.

The first tactic that was employed were interviews with the volunteers to further understand their perspective of the current mental health and wellbeing resources available from the ARC. Seven virtual interviews were conducted, six of them with volunteers and one with staff. Participants were identified with the help of the sponsor as well as with a question from the survey conducted in the previous objective. The participants were contacted via phone calls and email to set up a time that was suitable for them. These interviews were used to ask questions that can not be easily answered on the Likert scale, such as asking if the training and resources provided prepared them to face the situations they have experienced, or if there are any suggestions or recommendations that they might add to the training. A more detailed set of interview questions can be found in Appendix D. Due to the sensitivity of the topic, these were performed anonymously to ensure a safe and open environment for volunteers and staff.

Lastly, two focus groups were held to get feedback from the volunteers, as well as brainstorm innovative solutions and ideas to improve the ARC Vic ES wellbeing resources in addition to identifying any gaps that might currently exist in the support offered by the ARC. The first focus group involved four staff participants; two volunteer leadership support officers, a state/territory emergency services manager, and a probationary team member which brought different points of view to the discussion. The second focus group had three paid staff and one volunteer; a project officer, a recovery worker, and two probationary team members. The discussion was opened by asking for improvement suggestions regarding the mental health and wellbeing resources as well as volunteer connection. Then the Massachusetts Red Cross resources, in addition to some suggestions given in the previous interviews, were brought up by the team to gauge interest in implementing some of those ideas as well as opening the discussion for new ideas and suggestions. A more detailed set of discussion points and questions for the focus groups can be found in Appendix E.

In the end, hearing from the volunteers and getting their perspectives and opinions on the current training helped to identify any gaps, and develop ideas for improvements as needed.

3.4 Creating materials to inform ARC Vic ES volunteers of the mental health resources available to them.

Volunteers' mental health and wellbeing is important in order to keep them engaged and connected with their role and community. The goal of this objective was to create an easy to find and easy to use compilation of all the mental health and wellbeing resources the ARC provides. The deliverable took the form of the Mental Health and Wellbeing Module.

Meetings with ARC representatives were performed to compile and understand all the mental health and wellbeing resources available to their volunteers and staff. Once a list of resources was created, more research was needed in order to understand and access them, which is one of the most common issues volunteers face. Another meeting was conducted where access to the ARC Sharepoint and their internal database for volunteers, "The Lounge", was granted in order to investigate the resources provided and extract the data needed for the module.

All this data was used to create an online module in Sway, which is a microsoft tool that volunteers already have familiarity with, where all the resources are compiled and easy to access for the volunteers. In order to make this resource more accessible, the team also created a business card draft that included a QR linked to the module. This card could be distributed at onboarding or team meetings, so it is always handy for volunteers if they need it .

4.0 Results and Analysis

The completion of the aforementioned objectives provided the team with valuable data and insights into the current condition of volunteer wellbeing within Vic ES. The following sections detail the collected data and analyze the findings. Using this analysis, the team highlights gaps in the current mental health resources and discusses recommendations and solutions to these issues.

4.1 Lessons from other volunteer organizations to improve retention and mental health

The interview performed with the Massachusetts Red Cross (MRC) provided good information for the ARC. The MRC has about 1200 volunteers, 800 of which specialize in disaster relief. The MRC is split into five regions and the headquarters are located in Medford, MA. There are 12 paid staff within the disaster response department. Volunteers serve a variety of roles within the organization. The expectations for working hours vary from a few hours a week up to 25 hours depending on the role. Most of the more time-intensive roles are filled by retired volunteers.

The MRC provides a variety of resources to its volunteers to ensure their mental and emotional wellbeing before, during and after a disaster. Volunteers must complete mandatory psychological first aid training prior to deployment. This not only teaches volunteers the necessary skills to calm and console victims during a disaster, but also allows volunteers to apply the same first aid principles to themselves. Volunteers are therefore themselves more collected during a disaster and can more easily recognize when they require psychological help. In addition to the psychological first aid course, the MRC offers optional supplementary training.

Aside from this required preparatory training, the MRC provides volunteers with the resources they need immediately following a disaster. The MRC employs at least one licensed counselor available for volunteers at any time. The counselor also serves an active role, conducting check-in phone calls with volunteers involved at sites where there have been fatalities or similarly distressing events. The MRC also employs a mental health team which serves both volunteers and clients during and after a disaster through similar phone calls and services. A volunteer's supervisor will also typically follow up after a disaster. The most common service provided by the MRC is response and recovery to house fires so particularly grievous events can be unfortunately common. Volunteers additionally are required to take time off in order to recover from the stressful line of work. Volunteers also receive free access to apps like Calm, which help clients self-manage stress and mental well-being. The MRC also hosts events and workshops which teach and make volunteers aware of the mental health resources available to them, as well as providing them an opportunity to connect with fellow volunteers

and staff. This has fostered a culture of care within the organization and volunteers are highly encouraged to commit to periodic mental health check-ins amongst their peers to ensure each other's well-being. In person events were identified to be an important part of their mental wellbeing plan as well.

The training and mental health resources provided by the MRC have had a direct impact on the quality of service provided by its volunteers. In prior years, psychological first aid training was not required, and volunteers were left feeling helpless and lost after encountering difficult situations on site. Although the MRC lacks a method to numerically record the positive effect of the training, the supervisors and upper management of the MRC has provided anecdotal evidence of its success. They share that they often witness volunteers referencing a psychological first aid tip sheet while on site, both for their personal use and to aid victims.

4.2 Uptake of mental health resources among ARC Vic ES volunteers

This objective focused on analyzing volunteer awareness and uptake of the mental health and wellbeing resources. The uptake of mental health resources among ARC Vic ES volunteers was measured through both the survey and trivia night; where the survey was more focused on the awareness of the resources available to the ARC workforce and the trivia on uptake of mental health and wellbeing training modules in the Learning Gateway.
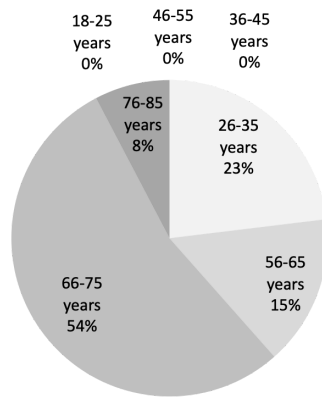
Survey

The survey results were useful for capturing a snapshot of the volunteer workforce, but it should be noted that there was a small sample size of thirteen volunteers, so the results may not be representative of the entire pool of volunteers. Additionally, some respondents did not answer all of the Likert scale questions, so some questions have a different number of responses. The majority of those who took the survey were women and those from 66 to 75 years old had the most responses as well. Out of the 13 respondents, 10 were women, and more than 75% over 55 years old. A more detailed set of data can be found in Figure 6. Most respondents had been volunteering with Vic ES for either 1 to 2 years or 6 to 11 years. Though the demographics are still skewed, around 70% of the Vic ES volunteers are women, so it is slightly more representative than it seems initially.

Gender of Survey Participants
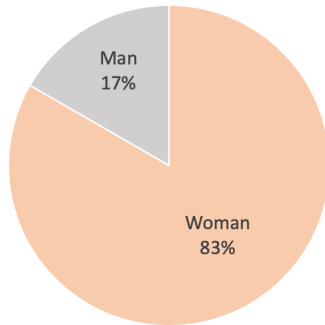
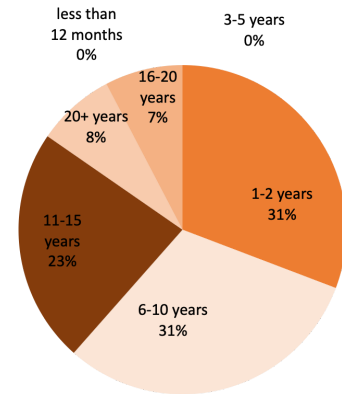Age of Survey Participants

Time Volunteering of Survey Participants

Figure 6: Survey Demographics

In terms of uptake, there were some good responses from the survey. Twelve out of thirteen respondents reported knowing about at least one mental health resource provided by the ARC, however eight out of thirteen respondents reported not completing any of the optional training in the Learning Gateway. Of the five who reported taking the optional training, "R U OK" and "Mental Health & Wellbeing - Dealing with Stress" were taken the most, with two participants indicating they had taken them. The final area of uptake addressed was the awareness of the mental health resources provided by the ARC. There was an even split on this question, with six participants stating they strongly disagreed or disagreed with the statement "I am aware of the mental health resources available to me", while six participants strongly agreed or agreed with that statement, and 1 participant marked that they were neutral.

Though the majority of the survey was focused on volunteer perspective and feedback on the mental health and wellbeing resources, there were still interesting results in terms of uptake. Most importantly, most respondents have not used the optional training in the learning gateway. This is understandable as they are optional and volunteers lead busy lives, but the modules should not be considered a primary mode of support for volunteers if they are not being used. However, most participants reported being aware of some mental health resources the Vic ES provides which is a good sign. Only three out of the twelve volunteers who reported their knowledge of the mental health resources reported not using them. If volunteers are aware of resources, they are likely to use them.

Trivia Event

The trivia event was another tool employed to assess volunteer uptake of the mental health resources provided by Vic ES. This event focused on the mental health training from the Learning Gateway and was conducted using Kahoot. This event not only provided data on training uptake and volunteer awareness, but also served as a social and fun event for volunteers to connect and review the material from the training. A total of nine volunteers participated in this event in addition to others that have shown interest in receiving the questions and running the event with their teams. Due to technological and connection limitations one of the participants was not able to answer but still showed interest in the event and was present for the remainder of the hour. After the event, results were collected and analyzed.

Out of the 34 questions in the trivia, 29 were extracted from the training provided in the Learning Gateway platform. The other five were fun questions about United States culture used for better engagement and breaks from the training materials. These questions were omitted from the results analysis but can be found in Appendix B, along with the other questions, as question 1, 8, 18, 26 and 34. From the remaining 29 questions relevant to the research, it was found that volunteers scored an average of 65.07% of correct answers with a standard deviation of +/- 6.23%. The lowest score was 58.62% and the highest and winner score was 75.86%, all individual scores can be found in Figure 7. These values could also be used as a measurement of training uptake: as these questions were extracted from their training, the scores represent the amount of knowledge retained from them. A relevant finding was that all participants had more than half of the questions right; meaning that they have a good overall knowledge of the training materials. However, it is important to note that the questions were a narrow snapshot of each training and each volunteer likely took these training modules at different times or not at all.
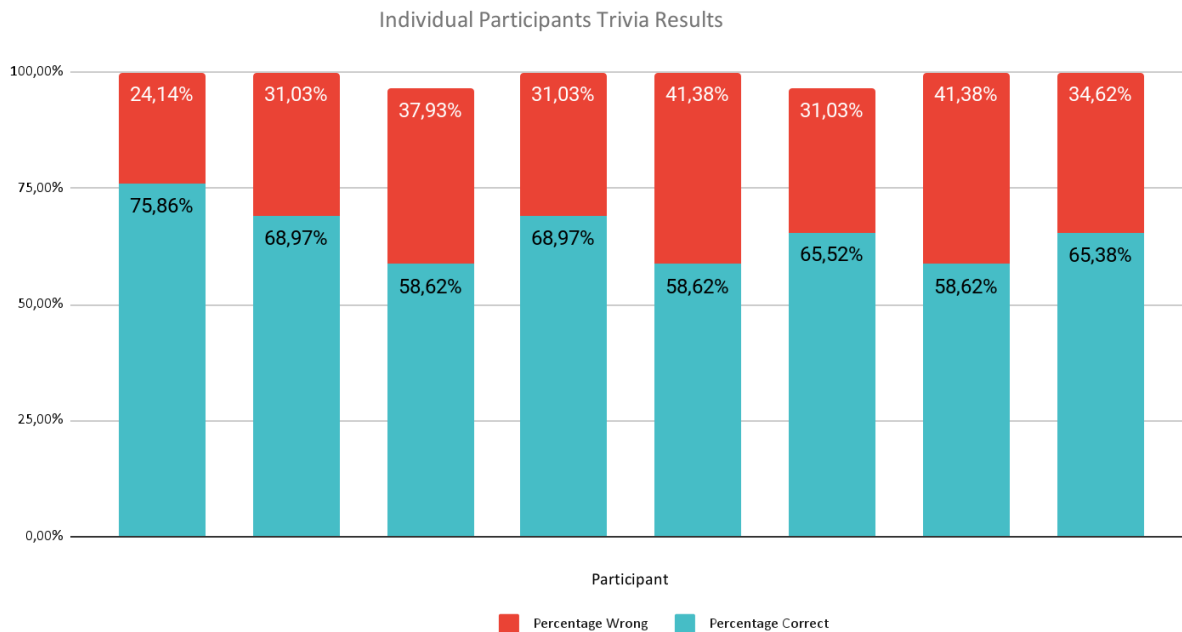
Figure 7: Percentage of Right and Wrong Answers per Trivia Event Participant

Even though the questions were extracted from the training, there were questions that nobody answered correctly, these included question 23, 24, and 27, which can be found in Appendix B. The fact that nobody answered these questions correctly can be interpreted as a lack of uptake from the training they were extracted from (two of these questions came from "Promoting Wellbeing in the Workplace" training, and the other one from "Preventing Burnout through Cultural Change"). However, there are other factors that could cause these results besides lack of retained knowledge, including how the question was formulated and if there are other interpretations to the topic. Mental health is a broad topic, and even though training is provided as guidance, not everyone may have the same point of view on how to approach certain situations. Some participants commented that they may not agree with the training, and that the training should be updated. Besides the three questions that everyone missed, there were another additional five questions that more than 50% of participants got wrong. This opened the room to discussion on different points of views, proving that the training may not always be perfect either. One of the controversial questions discussed was number 29, a true or false question that read as follows, "Treating others how you want to be treated is advice that always needs to be followed." The correct answer provided by the training was false, but only one person got it right, as other participants believed the statement was true. When everyone was surprised by the answer, it was brought up that not everyone within cultures may want to receive the same treatment, so it is important to be aware that everyone may have different needs. However, this argument was turned down by someone who said that there are a bunch of worldwide humanitarian rules and needs that apply through cultures and everyone would like to be treated according to those. In conclusion, even though the training provided may serve as a guideline,

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there may be different interpretations and point of views that are not included, and this does not mean that they are wrong.

There were a total of nine questions that everyone got right. Again, this does not mean that people retained these training perfectly, some of them may be common sense answers such as question 14 that asked, "What is an important sign to show that you genuinely care?" Most people could have answered this right without ever taking the training. So it is important to note that for some questions, these results may not perfectly measure uptake, but awareness on how to approach mental health. In addition to the nine perfect results, there were twelve more questions that had more than 50% right answers. More detailed results per question can be found in Figure 8 below. One of the most valuable findings is that 90.05 +/- 1.35% of the Psychological First Aid training questions (first seven questions) were correct, with a total of four perfect scores. This shows that the best uptake occurs in the most valuable, and required, training.
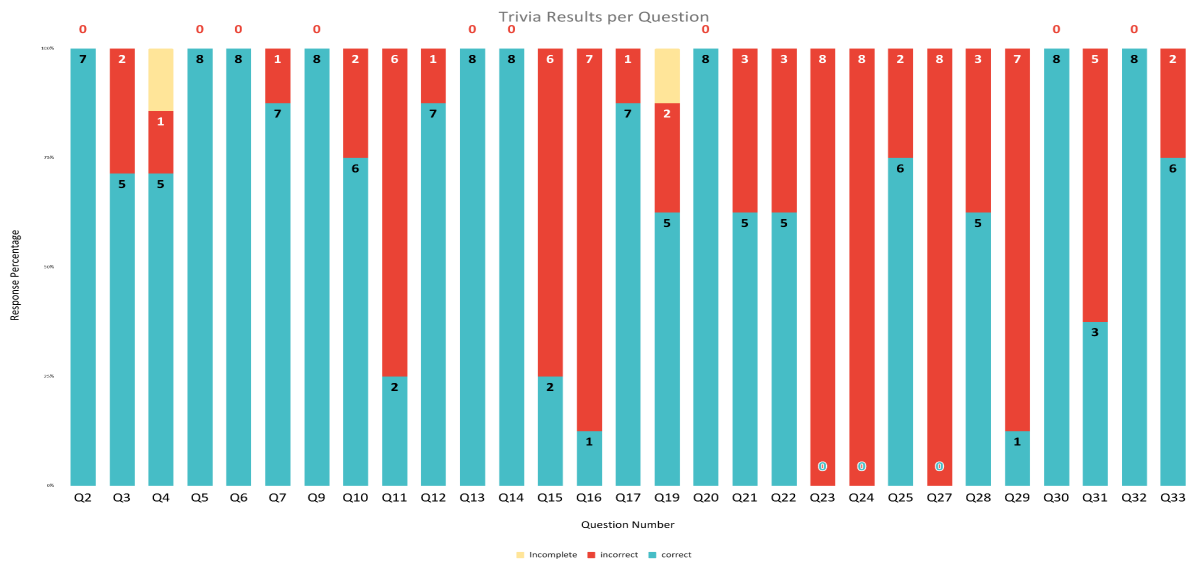

Figure 8: Percentage of Right and Wrong Answers per Trivia Question

As mentioned earlier, this event may not be the most accurate way to measure uptake for some of the questions. This is due to the nature of the topic, possibility of interpreting questions differently, and even how the questions are being formulated. This helped to come to the conclusion that the training may not be perfect itself and may need some updates. However, overall, it was found that training uptake was high, especially for the PFA training, which is considered the most important. In addition to these findings, the event has served as an engagement and connection opportunity for volunteers, as it was a fun way to review the training materials and share opinions on them. In addition to that, some volunteers also gained new knowledge from it, as according to question 25 only 75% of the participants were fully aware of the benefits offered by the EAP.

Due to this event's benefits and ability to connect and bring awareness on mental health and wellbeing to volunteers, the team has considered proposing a trivia event like this once a year with the purpose of; bringing awareness of wellbeing resources and what's available for them, refresh volunteers on wellbeing training materials, and provide an opportunity for volunteers to socialize and engage with each other. Those who could not attend also showed interest in participating and wanted access to the questions, so the team has made the questions available for the Red Cross as a deliverable with the purpose of bringing awareness to the mental health resources and connecting volunteers.

4.3 Volunteers' attitude and perspective towards current mental health training, tools, and resources provided by the ARC Vic ES

This objective aimed to understand what volunteers think of the resources provided by the Vic ES and compiled suggestions to improve these resources. In order to achieve this, interviews and focus groups with volunteers and staff were performed in addition to survey questions that addressed volunteer satisfaction with the provided resources.

Interviews

Seven total interviews were conducted with six volunteers and one staff member of Vic ES. They were a valuable resource in identifying volunteers' attitude and perspective towards the current mental health and wellbeing resources, as well as their suggestions for improvement to these resources. In conducting the interviews, the team noticed themes that were repeated several times between the interviews. Some of the most notable themes that were mentioned in the interviews were inaccess to the training, the desire to have team leaders reach out about mental health, and that informal events hosted by Vic ES have been helpful.

Access to the resources provided by the Red Cross was one of the recurring themes that many of the volunteers that were interviewed mentioned as an area of concern. Four out of the seven people interviewed mentioned that they thought that access to the resources was an area of concern for them, and a possible barrier to other volunteers as well. Many of the volunteers were concerned that people who aren't as technologically inclined may struggle to access the online resources and training. Interviewees also stated that if the resources aren't able to be accessed quickly, without having to search for them, people likely won't put the effort in to find them. One interviewee recommended that there be a link or button on the homepage of the REDs website that would make the resources both quick and easy to access for volunteers. Overall, the team was able to identify that ease of access to the resources is an issue that volunteers face and that they would benefit from improvement in the access to the mental health and wellbeing resources provided by the ARC Vic ES.

Another theme that the team identified from the interviews was that volunteers find it beneficial to their mental health when team leaders reach out and check in on their team members individually. Whether they are the team leaders reaching out to their team, or they are members being reached out by their leader, out of the seven interviewees, four mentioned that they or their team had personally benefited from this outreach, or that they would like to see team leaders checking in on their team more often. Interviewees stated that being contacted by a team leader would show support from someone that they are familiar with, and it may be easier for them to seek mental health and wellbeing support when they are being checked in on by their team lead, rather than someone they are unfamiliar with. One volunteer mentioned that they have started having regular team meetings just to talk about how things are going within their team, and have found these meetings very useful in improving the mental health and wellbeing of their team overall. In the end, the interviews suggest that volunteers would like to see increased or continued check-ins from team leaders as an additional mental health and wellbeing resource. There was only one concern raised by 50% of the volunteers interviewed when it comes to the leadership positions: being a team leader is a lot of commitment and may become overwhelming, especially if you have a job outside of your volunteering role. As one of the volunteers brought up, it is important to "make sure leadership roles are being taken care of, it is easy to overcommit. If leaders are well they will take care of their team." In conclusion, it was found leadership positions play an important role when it comes to volunteer wellbeing, but it is essential that these positions are also well supported by the organization.

Lastly, another theme that the interviews revealed was that volunteers found more informal events, such as the leaders lounge, valuable in connecting with other volunteers. Based on the interviews, volunteers find it easier to connect with their peers at these informal events where the setting is more relaxed. This opportunity to connect with other volunteers is also a great way for them to build relationships with each other, which in return makes it easier for them to reach out when they are in need of mental health support. Although the formal resources are very important, these more informal resources can be a more effective way of talking to others about mental health and wellbeing, resulting in better overall support for the volunteers when it comes to mental health and wellbeing. In total, 71% of the interviewees stated that they enjoyed the more informal events that are currently held, and would like to see more informal events that allow them to connect with other volunteers. Some of these volunteers also mentioned the importance of in person events, especially as COVID restrictions start to relax; "it's important to connect, but there is only so much screen that you can take in one day" an interviewee mentioned.

Conducting these interviews were a great resource for the team to further understand what volunteers think of the resources that are currently provided by the Vic ES, and were successful in gathering suggestions to improve these mental health and wellbeing resources from volunteers with first hand experience with the resources. However, it is important to note that the interviews performed likely came from engaged volunteers in the community that were willing

to contribute and provide feedback, so the data collected may not represent the point of view of the entirety of Vic ES volunteer personnel. In addition, because of the sensitive topic of the interview, volunteers that participated were likely in a stable mental state and were prepared to approach the questions. As one of the interviewees mentioned, "I know about volunteers that are so damaged that they would not even want to interview with you, and they won't even tell the Red Cross.". Even though great information and suggestions were obtained from these interviews, they do not represent the whole sample of volunteers.

Focus groups

Two focus groups were conducted, one with Red Cross staff (Group 1), and one with a mixture of Red Cross volunteers and staff (Group 2). The focus groups were designed to create a conversation among Red Cross personnel concerning mental health training, resources and policies. The team largely refrained from introducing their own comments and ideas to the discussion so as to encourage originality in Red Cross personnel's thoughts and maintain a natural conversation. These focus groups produced many insights, ideas and solutions the team had not previously envisioned.

Both groups produced a number of recommendations for improvement to the mental health training and resources. Both groups first highlighted the lack of a centralized web page or resource that consolidates all the different resources available. One staff member mentioned that there is a need for a "one-stop-shop" or wellness checkpoint that consolidates all the available resources. Importantly, one newer volunteer who has been with the organization less than 3 months was not even aware of the mental health resources available on the learning gateway. They were similarly unaware that the EAP is available not only to paid staff but also to volunteers and their families. This suggests that volunteers are not adequately trained in how to access and use these tools during onboarding. Group 1 also discussed the importance of briefing volunteers prior to an activation, during an activation and debriefing after an activation, and group 2 discussed the importance of ensuring debriefing is mandatory to give volunteers a chance to exchange their thoughts and feelings following an activation. Currently, these practices are in place, however there is a lack of consistency and structure in how these meetings operate. Because of this, debriefing meetings, "don't always operate smoothly or well" says one staff member. Other group members suggested that some form of moderation could be implemented to ensure these meetings run as planned. Both groups emphasized that face-to-face interaction and training should be made a priority. Reinstatement of in-person training should especially be fast-tracked. Regional areas have suffered significantly from entirely virtual operations as many volunteers do not have a reliable internet connection.

In order to improve the awareness of mental health resources, the groups proposed a number of solutions. Foremost, both groups recommended constant and ongoing reminders of the mental health resources and tools available, as well as a reminder of the importance of mental

health in general. Group 2 suggested that the mental health training available on the learning gateway be made mandatory. They also posed the idea that some sort of mental health acknowledgement, similar to an acknowledgement of country, could be conducted prior to meetings, placed at the end of emails, or otherwise. When presented with the team's idea to create a central website that consolidates all the mental health resources and provide volunteers with a business card that has a QR code that links to the site, group 2 was very enthusiastic and rated the idea highly.

The group talked at length about the current state of independent well being checks (IWCs). To quote the words of one staff member, " (IWCs) are very helpful when done right but can do further damage if done incorrectly". Group 1 brought up that volunteers dislike having to talk to a different caller each activation and having to re-explain their situation each time, identical to the sentiment purveyed during interviews. The group raised additional concerns with the system. They mentioned that it may be helpful to conduct IWCs during activation, in addition to the post-activation IWCs already in place. Having the same caller reach out regularly all throughout the deployment period could be beneficial as the caller could gain insight on the volunteers' situations as they experience them. This would make the volunteer feel well supported and understood without having to explain their situation weeks after the deployment, as one staff member mentioned volunteers often receive IWC calls several weeks after returning from their deployment, at which point the call is late, labored, and likely pointless. The group proposed a few solutions to these problems. They suggested that IWC callers should be briefed on the volunteer they are assigned to prior to calling. The timeliness of calls also needs to be improved. Additionally, a designated member of the team, potentially the team leader, could be trained in providing mental health support to their fellow members and could be given a special badge or otherwise to distinguish them as such. This volunteer could then conduct IWCs with their team members as an alternative to a different volunteer who isn't familiar with their situation. Conversely, group 2 shared that the current setup of IWC's was helpful and effective, and that talking to an external counselor is often more beneficial than talking to someone within the organization. Additionally, they mentioned that shifting the responsibility of IWC's onto team leaders would not work well, as team leaders are already responsible for managing their team during activation. They simply lack the time required to conduct IWC's well. These contradicting opinions indicate that giving volunteers the option between talking to an external or internal counselor may be the best approach to improve the effectiveness of IWC's.

The focus groups produced a number of recommendations for improvement of the connection between volunteers and staff. Chiefly, they highlighted that more face-to-face interaction through regional visits and other events was of the utmost importance. Group 2 made a point that the attitude within the organization needs to be, "We are all Red Cross" rather than an us-and-them, volunteers and staff attitude. Group 1 continually lobbied for the return of a position called the regional coordinator, which was cut during a reorganizational period several years ago. The function of the regional coordinator was to be a first point of contact between

volunteers and staff, and would streamline interaction between the regional groups. The coordinator was a paid position and would live in the region they serve; they would make volunteers accountable and aware of all resources and events happening within the organization. Another key area was communication between staff and volunteers. Volunteers receive much of the same information that staff do, which can be good in some ways as it makes them feel more a part of the organization; however, it can also lead to volunteers receiving information that is irrelevant to them and can result in volunteers feeling overwhelmed and frustrated. One staff member cited the example of volunteers receiving reminder emails to log their work hours, despite not being a paid position. To solve this issue, staff proposed a few ideas. First, some sort of coding system could be used to denote important, must-read information from information that is not as important. Secondly, someone should be in charge of auditing all information that is sent to volunteers in order to ensure it is relevant and necessary.

The idea of keeping better in touch with former volunteers was also brought by one staff member. The majority of volunteers who resign do so due to age and health, and not because they are no longer interested in volunteering. Reinforcing the importance of face-to-face interaction, the group discussed that more staff representation at regional meetings would be helpful in better connecting volunteers and staff. One member referenced a recent regional team meeting in which some volunteers were presented with medals for their service. Unfortunately, no staff were present at this meeting and the general sentiment was, "how important is this presentation if no one [from the head office or Melbourne] could be bothered to be here". Group 2 also shared their thoughts on the leader's lounge, which they mentioned was very helpful in connecting volunteers and staff, aligning with survey and interview results. However, group 1 raised concern over the fact that typically the same handful of volunteers come to the leader's lounge month after month, and it does not solve the problem of connecting volunteers who are not interested in going. Instead more effort should be directed to engage less active volunteers. Group 2 referenced that historically an annual volunteer forum, to which all volunteers and staff are invited, has been conducted, but due to COVID it has not occurred in the past two years. This forum provided volunteers and staff a space to make valuable connections and discuss all Red Cross matters, so it is very important that this event is reinstated as soon as possible.

Survey

The demographics and uptake portions of the survey were discussed in section 4.2, here the portion on volunteer satisfaction and perspective will be discussed. As can be seen in Figure 9, volunteers are mostly satisfied with the ARC Vic ES. The participants in this study seemed comfortable with their peers, eight out of twelve respondents agreed or strongly agreed with the statement "I would feel comfortable reaching out to other volunteers for support if I needed it", two were neutral towards the statement, and only one respondent disagreed with the statement. No participant strongly disagreed with the statement. As for satisfaction with the current mental health resources, there was another even split. Four out eleven respondents agreed or strongly

agreed with the statement " I am satisfied with the mental health support provided by the ARC". Three respondents were neutral towards the statement, and four others disagreed or strongly disagreed with the statement. Participants were also offered a place to write their thoughts on the mental health resources at the end of the survey. Of those who responded to the open response section, there were similar sentiments shared. The independent wellbeing check (IWC) phone calls felt impersonal or hurried and tick-box exercises with leading questions, no silence etc. An individual would need to be experiencing a high level of distress AND be incredibly self aware and confident in requesting support to benefit from this service.". While this is the opinion of one individual, similar responses were echoed with almost all the individuals interviewed and surveyed. In addition to the IWCs, participants also found the mental health resources difficult to access. One respondent said that "[they] sometimes have difficulty with accessing the online learning gateway as [they] may not use it for some time and then cannot find [their] log in. Also, whilst e-learns are useful there is only so much a 30 minute e-learn can actually do.". Again, this is the opinion of one individual, but this echoes many other responses we got as well. The biggest takeaway from this section of the survey is that while participants were generally satisfied with the ARC Vic ES, there is still room for improvement of the mental health resources in terms of access, awareness, and quality.
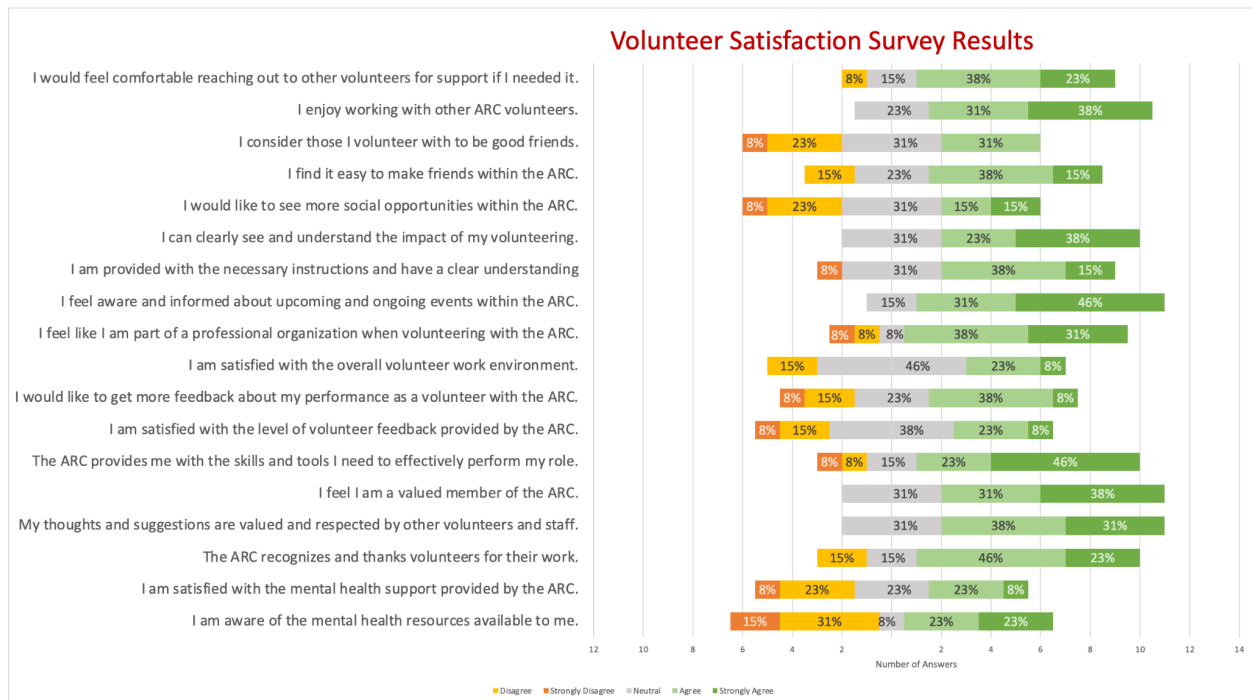

Figure 9: Survey results measuring volunteer satisfaction with the mental health resources and general work environment in the ARC Vic ES

5.0 Recommendations and Conclusion

Based on the feedback and data obtained through surveys, interviews and focus groups, the team has produced a series of recommendations for the ARC. Each recommendation is intended to improve volunteer mental health, connection and experience. The team believes that the implementation of these recommendations would also be very beneficial to volunteers performance and satisfaction within the organization.

Improve volunteer awareness of available resources through mental health module

Throughout interviews, surveys and focus groups, the lack of a centralized location that compiles all the available mental health resources was continually brought up. To the team, this appeared to be the single most important issue limiting access and awareness of mental health resources within the ARC. Because of this, the team decided to address this issue by creating an online module, accessible through Sway.

This module serves as a directory to all the available resources including the employee assistance program (EAP), Learning Gateway, independent wellbeing checks (IWC's), Master Classes/Leader's Lounge, and regional team meetings. The website provides a brief description of each, provides a link to their location, and any important phone numbers or contact information. In order to make volunteers aware of the module and to make it easy to access, the team has a few recommendations. Firstly, the ARC should make the page easily accessible through Reds, if possible it could be located on the homepage. This way every time a volunteer logs onto Reds, they will be reminded of the resources that exist and that their mental health is taken seriously by the Red Cross. Additionally, the WPI recommends the ARC gives a business card or similar small, wallet-sized card that would include a brief blurb about the importance of mental health along with a QR code that links to the mental health module. This card would be provided to new volunteers during onboarding, and provided to current volunteers at regional team meetings. The idea behind the card is that volunteers will always have it with them, which makes it easier to access the materials in a time of need. Another idea brought up by a volunteer was to create this QR code as a sticker to attach in the back of your volunteers ID, which you always carry around. When a volunteer is going through difficult times and in need of help, any confusion or frustration in trying to locate resources must be avoided. Overall, the team would suggest that Vic ES adopt this recommendation before any others, as it will have the greatest impact on improvement of access and awareness of mental health resources.

Revisit the Independent Wellbeing Check (IWC) activation follow-up call system

Based on the feedback that the team received from the volunteer interviews and focus groups, the team recommends that the ARC revisit the IWC activation follow-up call system. While most of the volunteers stated that the IWC's are a very helpful and beneficial resource

following an activation, they also expressed concerns and recommendations about the process in which they are carried out. The main complaint was that each IWC call that they received was from a different person that was unaware of their situation, so they often found themselves having to explain their situation again to the new caller, which in turn made the call less effective for the volunteer. Volunteers also expressed a desire to receive these calls from a known member of the Red Cross, rather than someone they have no connection with. Lastly, many volunteers that the team interviewed expressed a desire to receive check in calls outside of just their activation follow ups, as mental health concerns can arise at any time throughout their volunteer experience, not just following an activation.

Based on the concerns raised by the volunteers during the interviews and focus groups, the team has specific and actionable recommendations for the ARC to improve the IWC follow up call system. The first recommendation for the ARC is to ensure that each volunteer is contacted by the same person on every post activation follow up call. This will eliminate the frustration in having to explain their situation to a new caller each time, and will also allow the caller and the volunteer to build a relationship. Building a relationship with the caller would be beneficial to the volunteer because they would be more likely to open up to them about their experiences, and would also allow the caller to provide more personalized aid should the volunteer need it. The second recommendation for the ARC is to have known members of the Red Cross be the ones who make these follow up calls, if resources are available to do that. Red Cross members the activated volunteer knows will likely have a better idea of what the activated volunteer is going through following an activation, so they will likely be able to provide more effective advice to the volunteers that are just leaving an activation. Lastly, the team recommends that the ARC provide IWCs for their volunteers year round, and not just following an activation. Year round IWCs would not be as regular as an activation follow up call, but would be completed on a more random basis for volunteers that haven't been checked in on in a while. This would provide the ARC with an opportunity to check on their volunteers outside of activations, and would provide additional support for the volunteers. These recommendations would improve upon the already very effective IWC activation follow up call system to further support the mental health and wellbeing of the ARC Vic ES volunteers.

Implement in-person mental health and wellbeing workshops when possible

In the interview with Jessica Bowe from the Massachusetts Red Cross, she spoke on the importance of in person mental health and wellbeing workshops within her organization. She stated that in person training and workshops were found to be much more impactful in the MRC, as people are far more engaged when they are in person, rather than behind a computer screen. Additionally, when interviewing volunteers and during the focus groups, several people mentioned that they would enjoy in person training more, and are more likely to attend them. Volunteers also cited the ability to interact with other volunteers face to face as a benefit of in person training, as it would allow them to grow a better connection with other volunteers, thus

improving their experience. Based on these findings, the team recommends that the ARC hold more in person mental health and wellbeing training and workshops as they transition out of the Covid-19 pandemic. In person training and workshops will prove to be more impactful and effective for the volunteers, as well as providing a space for volunteers to interact with each other and feel more connected within the organization. In the end, in person mental health and wellbeing training and workshops will work to improve the mental health and wellbeing of the volunteers, as well as provide the desired connection and face to face interaction that many volunteers are looking for.

Encourage teams to hold regular mental health discussions

The interviews and focus groups that the team held with volunteers revealed a recurring theme in the benefit of integrating mental health into regular discussions within a team. Several interviewees mentioned that they would feel more comfortable speaking with a team leader or other member of their team when talking about mental health than with an outside person. One interviewee mentioned that their team had started to include mental health check ins as a part of their regular meetings, and said that it had been very beneficial. In general, people are more likely to open up and talk about their mental health with people that they are closely connected to. Oftentimes in the ARC, volunteers are most connected with the other members of their team because those are the people that they interact with the most.

Due to the natural connection and willingness of humans to open up to those that they are closest with, along with the evidence that regular mental health discussions have been beneficial for at least one team, the WPI team recommends that the ARC encourage all teams to hold mental health discussions regularly. Holding mental health discussions regularly within a team will provide a platform for volunteers to talk about how they are doing with their mental health and wellbeing, as well as check in with other members of their team. Volunteers are also more likely to open up about their mental health and wellbeing with members of their team, as they know each other better than an outside counselor. Additionally, as other members of the team start to talk more about mental health and wellbeing, it will help break down the stigma about mental health that often exists among volunteers, and other people are more likely to open up if they see their peers opening up as well. Therefore, the WPI team recommends that the ARC encourage teams to hold mental health discussions as a part of their regularly scheduled meetings, as this will provide an environment for the team to support each other and provide mental health and wellbeing assistance to their team members, improving the overall mental health and wellbeing of the volunteer population as a whole.

Free subscription to Headspace or similar app for volunteers

Based on recommendations from the Massachusetts Red Cross (MRC) and feedback from interviews and focus groups, the team recommends offering a free subscription to

Headspace or similar mental health management app. Headspace is an app that offers guided meditation and lessons on how to better manage emotions and distressing thoughts. The MRC currently offers a free subscription to Headspace for all volunteers and staff. The MRC was able to obtain this subscription for a discounted price by virtue of being a nonprofit, community service organization.

In order to put this practice in action, the ARC should first contact a Headspace representative to obtain a quote for the subscription from the company. A more advised decision then be made on the purchase based on the quote. Currently, a Headspace subscription costs around 100 AUD annually. If the ARC were to go through with the purchase, the next step would be to encourage volunteers to use the app. This could be done through reminders in emails and during meetings, or potentially a group meditation session using the app could be hosted during a leaders lounge or similar meeting to expose volunteers and staff to the services offered by the app. Quick access to the app could be provided through the aforementioned mental health module.

Offer more casual social events

While not specifically a mental health resource, the addition of more social gatherings would help to improve the connection between volunteers and their peers as well as volunteers and staff. Interviewees mentioned that they enjoyed a casual lunch or get-together after a business meeting as a means to connect with their peers. It was a good way to get to know one another and build trust between peers and supervisors as well. Implementing this recommendation would likely make volunteers more willing to reach out to peers or staff members if they needed support with their mental health. It would also likely be easier to notice if someone was not doing well in a casual social setting versus an all business meeting. In addition to improving mental health, these events would likely help to improve volunteer retention as well because volunteers would feel more connected to the ARC as a whole.

Implementing this recommendation would involve spreading the word to team leaders and those in charge of meeting with their team. Especially in regional areas, having social events with staff from the Melbourne office would help to build rapport and trust between the volunteers and staff. Even if these events were included in other business meetings, they would still help to improve the connection between peers and staff. If these events happened a few times a year, it would still send a message that the volunteers are valued and cared for.

Conclusions

The goal of this project was to determine if the mental health resources currently provided to the ARC Vic ES volunteers were being used effectively and if the resources met the identified needs of the staff and volunteers. Through the completion of our objectives, we believe

that our research has revealed what practices and resources are working effectively, and exposed what needs improvement. Using the framework of this project as a guide, continued research could be conducted to gain an even deeper understanding of mental health within the ARC.

As a final note, it is our hope that the ARC Victoria will implement our recommendations into their volunteer mental health and wellbeing training, as well as share the recommendations that we have given them with the rest of the ARC across the country. We believe these recommendations and tools will better equip emergency services personnel to manage the mental health and wellbeing challenges that they may encounter, thus improving the overall mental health and wellbeing of the ARC personnel in Australia.

Appendix A: Massachusetts Red Cross Interview Questions

1. How many volunteers are involved with your org.

2. How many paid staff are involved in your org.

3. Area that you work in.

4. How many hours are volunteers expected to contribute

5. Do different volunteers have different roles?

6. What's your role at your organization? How does it relate to mental health and retention?

7. What Mental health and wellbeing resources are provided by your organization and what are their goals?

    a. If training provided: How do you deliver your mental health training to your volunteers? -online/ in person

8. How are the mental health resources being utilized by the volunteers?

9. How would you rate the effectiveness of these training tools?

10. Do you see volunteers employing these tools and techniques in the field?

11. Do you collect data on mental health and wellbeing in your organization? Are there specific mental health and wellbeing issues that are common and have a negative impact on the volunteers?

    a. Why do you think these occurred?

    b. What suggestions do you have for improvement?

12. What have you noticed that works/is most successful from your mental health resources?

13. How do you assess volunteer satisfaction?

14. How are your retention numbers? You think there is a relationship between mental health and retention?

15. What has worked for you in the past for retaining volunteers? What hasn't? How has Covid affected volunteering?

16. How do you stay connected with your volunteers?

Appendix B: Trivia Event Questions

Kahoot!
TRIVIA

7 plays · 35 players

⊕ A public kahoot

Questions (34)

---

1 - Quiz

What are our names?   30 sec

🔺 Henry   ✓

🔷 Ara   ✓

🟡 Ben   ✓

🟩 Natalie   ✓

---

2 - Quiz

What is PFA?   30 sec

🔺 Preparedess For Action   ✗

🔷 Psychological First Aid   ✓

🟡 Primary Financial Advisor   ✗

🟩 Preliminary First Aid   ✗

---

3 - Quiz

Which one of these is psychological first aid?   30 sec

🔺 Debriefing   ✗

🔷 Counseling   ✗

🟡 Obtaining details of traumatic experiences and losses   ✗

🟩 Helping people access information, services, and social support   ✓

---

4 - Quiz

Which of the following are PFA action principles?   30 sec

🔺 Learn   ✗

🔷 Listen   ✓

🟡 Look   ✓

🟩 Link   ✓

---

5 - Quiz

Which of the following would you do if using the LINK principle with someone affected by a disaster?   30 sec

🔺 Give accurate information about avaliable services   ✓

🔷 Give them a hug   ✗

🟡 Check for serious physical injuries   ✗

🟩 Ask if they are ok   ✗

---

6 - Quiz

What is it important to do when helping responsibly?   30 sec

🔺 Continue to press the person if they don't want your support   ✗

🔷 Tell the person what to do and/or how to solve their problems   ✗

🟡 Give emotional and practical support   ✓

🟩 Judge the person for their actions and feelings   ✗

---

7 - Quiz

When supporting children it is imporant to remember...   30 sec

🔺 to focus on the children insead of caregivers   ✗

🔷 that all children usually react the same way to crisis   ✗

🟡 Children are like little adults so they should receive the same support   ✗

🟩 Children will have different reactions across developmental stages   ✓

---

8 - Quiz

What does WPI stand for?   20 sec

🔺 Washington Polytechnic Instiitute   ✗

🔷 Wachusset Preparatory Institute   ✗

🟡 Worcester Polytechnic Institute   ✓

🟩 Warner Project Iniciative   ✗

---

9 - Quiz

Why is self-care important as a PFA helper?   30 sec

🔺 There are usually insufficient resources to support PFA helpers   ✗

🔷 Providing psychological support can be a risk to wellbeing   ✓

🟡 You cannot be deployed unless you know what it is   ✗

🟩 You will be asked to tal about it during daily birefings   ✗

---

10 - True or false

Feeling stressed is normal and a sign of a meaningful life   30 sec

🔺 True   ✓

🔷 False   ✗

---

11 - Quiz

Steps when asking someone if they are OK: 30 sec

🔺 ALEC - Ask, Listen, Encourage action, Check in.   ✓

🔷 ALEC - Approach, learn, engage, check in   ✗

🟡 LAEC - learn, approach, encourage, check in   ✗

🟩 LAEC - Listen, Ask, engage, check in   ✗

12 - True or false

Mental health training is avaliable to all Red Cross people via the learning gateway?   30 sec

- ▲ True ✓
- ◆ False ✗

13 - Quiz

When is a good time to ask someone if "they are ok"?   30 sec

- ▲ When they are surrounded by people in a noisy room ✗
- ◆ When they are running out the door because something seems to upset them ✗
- ● When they are quiet, in a private space that is comfortable for them ✓
- ■ Is better to ignore your gut feeling that something is not ok. Don't ask ✗

14 - Quiz

What is an important gesture to show that you genuinely care?   30 sec

- ▲ Forget what they have told you ✗
- ◆ Laugh it off ✗
- ● Share what they told you with other peers ✗
- ■ **Check with them again to see how they are doing** ✓

15 - Quiz

What are the 3 zones of change?   30 sec

- ▲ Ending, the neutral zone, a new beginning ✓
- ◆ Realization, the anger zone, acceptance ✗
- ● Denial, the bargaining zone, approval ✗
- ■ Stress, the burnout zone, recovery ✗

16 - Quiz

What is NOT one of the 4 P's of resilience?   30 sec

- ▲ Purpose ✗
- ◆ Perseverance ✓
- ● Plan ✗
- ■ Picture ✗

17 - Quiz

Which is NOT a phase of resilience?   30 sec

- ▲ Think optimistically ✗
- ◆ stay connected to people and passions ✗
- ● learn from your feelings ✗
- ■ **keep all negative thoughts away** ✓

18 - Quiz

What is the capital of Massachusetts   30 sec

- ▲ Worcester ✗
- ◆ Boston ✓
- ● New York ✗
- ■ Springfield ✗

19 - Quiz

Select the following options that are true: 30 sec

- ▲ burnout is the result of prolonged stress ✓
- ◆ only certain people experience burnout ✗
- ● burnout can lead to inefficiency ✓
- ■ lifestyle can add to burnout ✓

20 - True or false

Stress can be both good and bad   30 sec

- ▲ True ✓
- ◆ False ✗

21 - Quiz

What is the most effective way to accomplish several tasks at once?   30 sec

- ▲ Multi tasking ✗
- ◆ Prioritizing and focusing on completion ✓
- ● Rotating which task is being worked on ✗
- ■ Procrastinating each task ✗

22 - Quiz

Which of the following is not one of the three strategies for getting back in control?   30 sec

- ▲ Slow breathing for 3-5 minutes ✗
- ◆ Prioritizing with NOW OR LATER technique ✗
- ● Taking a day off from work ✓
- ■ Focus on completion ✗

23 - Quiz

Which of the following is not one of the 5 ways of wellbeing?   30 sec

- ▲ Connect ✗
- ◆ Be active ✗
- ● Communication ✓
- ■ Keep learning ✗

24 - Quiz

What are the three factors of burnout? (select all that apply) — 30 sec

- ▲ **Exhaustion- feelings of energy depletion or exhaustion** ✓
- ◆ Anxiety- growing anxious with assigned responsibilities ✗
- ● **Cynicism- mental distance from job or feelings of negativism** ✓
- ■ **Inefficacy- reduced professional performance** ✓

25 - Quiz

The employee assistance program (EAP) is avaliable to... — 30 sec

- ▲ Red Cross Staff only ✗
- ◆ Red Cross Staff and Volunteers only ✗
- ● Red Cross Staff, Volunteers, and Families and Peers of both when appropiate ✓
- ■ Red Cross Volunteers only ✗

26 - Quiz

Which of these Football teams is based in Massachusetts? — 30 sec

- ▲ Patriots ✓
- ◆ Dolphins ✗
- ● Yankees ✗
- ■ Raiders ✗

27 - Quiz

Which of the following is not one of the stages of burnout? — 30 sec

- ▲ Honeymoon ✗
- ◆ Frustration ✓
- ● Onset of stress ✗
- ■ Chronic Stress ✗

28 - Quiz

Which of the following is NOT one of the main 5 aspects of emotional intelligence? — 30 sec

- ▲ Leadership ✓
- ◆ Empathy ✗
- ● Social Skills ✗
- ■ Self-regulation ✗

29 - True or false

Treating others how you want to be treated is advice that should always be followed. — 30 sec

- ▲ True ✗
- ◆ False ✓

30 - Quiz

A productive relationship means... — 30 sec

- ▲ Your and a coworker's work always receives praise from higher management ✗
- ◆ You and a coworker always complete your work on time ✗
- ● You and a coworker accomplish more together than you would separately ✓
- ■ You and a coworker are always happy when working with one another ✗

31 - Quiz

An emotionally intelligent person direct most of their effort to improving which of the following types of relationships — 30 sec

- ▲ A coworker with who you are productive, but don't get along with ✓
- ◆ A coworker with who you are productive, and get along with ✗
- ● A coworker with who you are not productive, and don't get along with ✗
- ■ A coworker with who you get along with, but are not productive with ✗

32 - Quiz

Which of the following is a habit that can lead to poor emotional intelligence. — 30 sec

- ▲ Addressing the nonverbal cues of others ✗
- ◆ Listening attentively to what others have to say ✗
- ● Empathizing with others ✗
- ■ Assuming the way others are feeling ✓

33 - True or false

Emotional intelligence is nearly as important as general intelligence when it comes to success in the workplace. — 30 sec

- ▲ True ✓
- ◆ False ✗

34 - Quiz

Who was the first president of the United States? — 30 sec

- ▲ Abraham Lincoln ✗
- ◆ George Washington ✓
- ● Benjamin Watkins ✗
- ■ Theodore Roosevelt ✗

Appendix C: Online Survey Questions

This survey is intended to analyze volunteer satisfaction within Vic ES. It will be completely anonymous, your answers will not be tied back to you. We would love to get your feedback to help improve volunteer satisfaction and the mental health resources provided by the ARC.

Q1 What is your position in the ARC?

○ Divisional Operations Officer (1)

○ Deputy Divisional Operation Officer (2)

○ Team Convener (3)

○ Deputy Team Convener (4)

○ Team Member Response (5)

○ Team Member Proactive (6)

○ Team Member Proactive and Response (7)

○ Incident Management Team (9)

○ Other (10)

Q2 What is your age?

○ 18-25 years (1)

○ 26-35 years (2)

○ 36-45 years (3)

○ 46-55 years (4)

○ 56-65 years (5)

○ 66-75 years (6)

○ 76-85 years (7)

Q3 What gender do you most identify with?

○ Man (1)

○ Woman (2)

○ Transgender Man (3)

○ Transgender woman (4)

○ Non-binary/Gender variant (5)

○ Prefer not to say (6)

Q4 4) How long have you been volunteering with the ARC?

○ Less than 12 months (1)

○ 1-2 years (2)

○ 3-5 years (3)

○ 6-10 years (4)

○ 11-15 years (5)

○ 16-20 years (6)

○ 20+ years (7)

Q5 What mental health and wellbeing resources does the ARC provide?

List as many as you can remember, write "skip" if you do not know any

 Display This Question:

> If 5) What mental health and wellbeing resources does the ARC provide? List as many as
> you can remem... Text Response is not equal to "skip"

5b) Have you used any of the resources previously listed?

Q7 6) Have you completed any optional mental health and wellbeing trainings in the Learning
Gateway?

○ Yes (1)

○ No (2)

Display This Question:

If Q7 = Yes

Q8 6b) What training(s) did you take?

Select all that apply

☐ I do not remember (1)

☐ APAC | Unmind + Culture Amp present: Preventing burnout through cultural change (2)

☐ 6 Focus Areas Help Buffer Stress for Peak Performance- Kylee Stone (3)

☐ Difficult People: Can't Change Them, so Change Yourself (4)

☐ Accepting Criticism (5)

☐ Developing Emotional Intelligence Video (6)

☐ Emotional Intelligence: Developing Empathy (7)

☐ Emotional Intelligence: Developing Effective Relationships (8)

☐ Surviving an Unreliable Colleague - Interactive (9)

☐ Managing Your Own Anger - Interactive (10)

☐ What to do if Stressed - Interactive (11)

☐ Overcoming Low Self-Esteem - Interactive (12)

☐ An Introduction to Emotional Intelligence: Rapid Recall (13)

☐ Improving Your Emotional Intelligence (14)

☐   A Healthy You Understanding Self (15)

☐   How to Manage Your Time Effectively (16)

☐   Transform Your Mindset, Transform Your Career (17)

☐   Success Mindset - Podcast (18)

☐   Developing Successful Mindsets - Interactive (19)

☐   Creativity - eBook (20)

☐   Creative Confidence (21)

☐   Emotional Awareness and Dealing with Stress (22)

☐   R U OK? (23)

☐   The Truth About Trust - eBook (24)

☐   Mental Health & Wellbeing - Promoting Wellbeing in the Workplace (25)

☐   Mental Health & Wellbeing - Dealing with Stress (26)

☐   Resiliency: Strategies for Managing Yourself Through Change (27)

Q9 *Rate satisfaction in the following areas on a scale of 1-5 (1 being strongly disagree, 5 being strongly agree)*

         1 2 3 4 5

I am satisfied with the mental health support provided by ☆ ☆ ☆ ☆   ☆
              the ARC. (2)

The ARC recognizes and thanks volunteers for their work. ☆ ☆ ☆ ☆ ☆
(3)

My thoughts and suggestions are valued and respected by ☆ ☆ ☆ ☆ ☆
other volunteers and staff. (4)

I feel I am a valued member of the ARC. (5) ☆ ☆ ☆ ☆ ☆

The ARC provides me with the skills and tools I need to ☆ ☆ ☆ ☆ ☆
effectively perform my role. (6)

I am satisfied with the level of volunteer feedback provided ☆ ☆ ☆ ☆ ☆
by the ARC. (7)

I would like to get more feedback about my performance ☆ ☆ ☆ ☆ ☆
as a volunteer with the ARC. (8)

I am satisfied with the overall volunteer work environment. ☆ ☆ ☆ ☆ ☆
(9)

I feel like I am part of a professional organization when ☆ ☆ ☆ ☆ ☆
volunteering with the ARC. (10)

I feel aware and informed about upcoming and ongoing ☆ ☆ ☆ ☆ ☆
events within the ARC. (11)

When I volunteer, I am provided with the necessary instructions and have a clear understanding of what I should do. (12)	☆ ☆ ☆ ☆ ☆
I can clearly see and understand the impact of my volunteering. (13)	☆ ☆ ☆ ☆ ☆
I would like to see more social opportunities within the ARC. (14)	☆ ☆ ☆ ☆ ☆
I find it easy to make friends within the ARC. (15)	☆ ☆ ☆ ☆ ☆
I consider those I volunteer with to be good friends. (16)	☆ ☆ ☆ ☆ ☆
I enjoy working with other ARC volunteers. (17)	☆ ☆ ☆ ☆ ☆
I would feel comfortable reaching out to other volunteers for support if I needed it. (18)	☆ ☆ ☆ ☆ ☆

Q10 Do you have any other comments or feedback about the mental health resources provided by the ARC? (e.i. specific issues that need to be addressed? Efficacy of the provided materials)

Q11 Do you have any other comments or feedback about volunteer connection and experience in the ARC?

Q12 If you would like to participate in interviews or focus groups related to this, please provide your email and we will reach out to you.

The email you provide will not be tied to your survey responses, they are still anonymous.

Appendix D: ARC Interview Questions

Volunteer Interview Questions

1. When did you start volunteering?
2. What was your motivation for volunteering with the Red Cross?
3. What are your volunteer roles?
4. What have you enjoyed about your volunteer experience so far?
5. Is there anything that you would change about your volunteer experience?
6. Do you feel supported within your Red Cross team in terms of your mental health and wellbeing? Within the organization as a whole? Why or why not?
7. Are you aware of some of the mental health resources, tools and training provided by the ARC? Have you found them easy to access? (health and wellbeing on the learning gateway)
8. Is there a particular resource, tool, or training you have found most valuable? (Bring up some)
9. Do you find the mental health training and resources provided by the ARC valuable in preparing you to look after your own mental health and wellbeing? Have you found them easy to access?
10. Have you found some of the more informal events to be beneficial in helping you remain connected to your red cross colleagues? (leader lounge)
11. Do you have any suggestions to improve the current mental health and wellbeing resources provided by the ARC? (Access, ways to access, content, missing topics?)

Staff Interview Questions

1. What is your role at the Red Cross? How is it related to mental health and retention?
2. What mental health and wellbeing resources are provided to you by your organization? How are they utilized/presented to volunteers and staff?
3. What are the goals of mental health and wellbeing training and what are volunteers expected to learn from it?
4. What has proven to be successful from the current mental health and wellbeing training that is being used?
5. Do you collect data on mental health and wellbeing in your organization? Are there specific mental health and wellbeing issues that are common and have a negative impact on the volunteers?
   a. Why do you think these occurred?
6. Are there any improvements you would suggest to improve mental health in your organization?

Appendix E: Focus Groups Discussion Points

1. **Go around and introduce yourself and your roles**
2. **What suggestions do you have to improve the mental health training and resources?**
   Some suggestions are:
   - Subscription to mental health app
   - Face-to-face and in person training
   - IWCs coming from team leader or familiar staff
     - At least from the same anonymous person each call
   - Structured check-ins with team from team leaders
3. **What suggestions do you have to improve the connection between volunteers and staff?**
   - Leaders lounge
   - Regional team visits
   - Team leader check ins
   - More in person social events (lunches, picnics, etc)
4. **What suggestions do you have to improve awareness of mental health trainings and resources**
   - Module
   - Promote during meetings
   - Pamphlet/ business card idea
   - Emphasize mental health resources during onboarding
   - Create a required training that details the resources available
5. **How can the current training that is available be made more available through ease of access to volunteers who aren't as technologically inclined?**
   - Use of a module?
   - Potential training on the systems that are used by the Red Cross?
6. **How can volunteers be encouraged to address their mental health needs when they arise, rather than trying to bottle them up?**

Appendix F: Informed Consent Form

Informed Consent Agreement for Participation in a Research Study

Investigator: Fabio Carrera, Steven McCauley, Araceli Baeza Gonzalez, Natalie Kay, Henry Liro, Benjamin Watkins

Contact Information: carrera@wpi.edu, mccauley@wpi.edu, gr-m22-well@wpi.edu

Title of Research Study: Investigating the Relationship Between Retention Rates and Mental Health Training Provided by the Australian Red Cross Victoria Emergency Services

Sponsor: Worcester Polytechnic Institute

Introduction: You are being asked to participate in a research study. Before you agree, however, you must be fully informed about the purpose of the study, the procedures to be followed, and any benefits, risks or discomfort that you may experience as a result of your participation. This form presents information about the study so that you may make a fully informed decision regarding your participation.

Purpose of the study: The purpose of this study is to determine if there is a relationship between volunteer mental health and wellbeing at the Australian Red Cross Victoria and volunteer retention rates. Additionally, the study aims to analyze the effectiveness of the current mental health training tools provided.

Procedures to be followed: Procedures may include completing a survey, participating in a trivia night geared towards the mental health training provided by the Australian Red Cross Victoria, answering questions in an interview, or providing feedback in a focus group.

Risks to study participants: There is no foreseeable risk or discomfort for study participants.

Benefits to research participants and others: Participants in this study and others will benefit through the continued improvement of the mental health training at the Australian Red Cross Victoria. Your participation will help us to provide recommendations to improve volunteer wellbeing and retention.

Record keeping and confidentiality: Your records will be visible to the investigators as listed at the beginning of this document. Names and email may be collected so that we are able to analyze the data we collect, but records of your participation in this study will be held confidential so far as permitted by law. However, the study investigators, the sponsor or it's designee and, under certain circumstances, the Worcester Polytechnic Institute Institutional Review Board (WPI IRB) will be able to inspect and have access to confidential data that identify you by name. Any publication or presentation of the data will not identify you.

Compensation or treatment in the event of injury: There is no foreseen risk of injury in this study. You do not give up any of your legal rights by signing this statement.

For more information about this research or about the rights of research participants, or in case of research-related injury, contact: The investigative team at gr-m22-well@wpi.edu or the advisors Fabio Carrera (carrera@wpi.edu) or Steven McCauley (mccauley@wpi.edu). You may also contact the IRB Manager Ruth McKeogh, Tel. 508 831-6699, Email: irb@wpi.edu and the Human Protection Administrator Gabriel Johnson, Tel. 508-831-4989, Email: gjohnson@wpi.edu.

Your participation in this research is voluntary. Your refusal to participate will not result in any penalty to you or any loss of benefits to which you may otherwise be entitled. You may decide to stop participating in the research at any time without penalty or loss of other benefits. The project investigators retain the right to cancel or postpone the experimental procedures at any time they see fit.

By signing below, you acknowledge that you have been informed about and consent to be a participant in the study described above. Make sure that your questions are answered to your satisfaction before signing. You are entitled to retain a copy of this consent agreement.

_____ Date:_____

Study Participant Signature

_____

Study Participant Name (Please Print)

_____ Date:_____

Signature of Person who explained this study

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