Volunteer Survey (Final)

DEMOGRAPHIC INFORMATION

DI01. In which State or Territory do you live?

1- NSW
2- VIC
3- QLD
4- SA
5- WA
6- TAS
7- NT
8- ACT

DI02. Do you live in a:

1- Metropolitan area
2- Regional/Rural area

DI03. What is your age?

1- Less than 20 years
2- 20 - 24
3- 25 - 29
4- 30 - 34
5- 35 - 39
6- 40 - 44
7- 45 - 49
8- 50 - 54
9- 55 - 59
10- 60 - 64
11- 65 years or over
VOLUNTEER ROLE

In this section, unless otherwise specified, please answer with reference to the organisation that invited you to participate in this survey.

VR01. Which service do you currently volunteer with?

1- Ambulance
2- Fire and Rescue (including Rural Fire)
3- Police
4- State Emergency Service

VR02. About how long have you volunteered for your current organisation in total?

1- Less than 12 months
2- 1-2 years
3- 3-5 years
4- 6-10 years
5- More than 10 years

VR03. Apart from this organisation, do you also currently volunteer with, or have you previously volunteered with, any other emergency services or police organisations? (Mark all that apply)

1- Ambulance
2- Fire and Rescue (including Rural Fire)
3- Police
4- State Emergency Service
5- Other
6- No

IF VR03= ONE OF 1, 2, 3, 4 or 5, THEN ASK.

VR04. About how long have you, or did you, volunteer with that organisation in total?

1- Less than 12 months
2- 1-5 years
3- 6-10 years
4- More than 10 years

IF VR03= MORE THAN ONE OF 1, 2, 3, 4 or 5 THEN ASK.

VR05. About how long have you, or did you, volunteer with these organisations in total?

1- Less than 12 months
2- 1-5 years
3- 6-10 years
4- More than 10 years
ASK ALL

VR06. Thinking about your current volunteer organisation, in which area is your primary place of volunteer work located? (Please use the map to assist in choosing the appropriate location.)

1. Major Cities (Red)
2. Inner Regional (Yellow)
3. Outer Regional (Green)
4. Remote (Blue)
5. I move around for my volunteer work

Programmer note – display codes at VR06 based on response at DI01, as follows:

1- NSW (show all codes)
2- VIC (show all codes)
3- QLD (show all codes)
4- SA (show all codes)
5- WA (show all codes)
6- TAS (suppress code 1)
7- NT (suppress codes 1 & 2)
8- ACT (suppress codes 3 & 4)

VR07. Which of the following best describes your current rank or level in your organisation?

Note: Some examples are provided. Many of the examples may not be relevant to your organisation. If your organisation doesn’t use these categories or examples, please select the category that you feel best fits.

1. Senior executive/ senior management etc. (examples might include CEO, CFO, Commissioner, Deputy Commissioner, senior commissioned officer or similar)
2. Other executive/ middle management etc. (depending on your organisation, examples might include Superintendent, Inspector, other commissioned officer, Controller or similar)
3. Other management etc. (depending on your organisation, examples might include Sergeant, Supervisor, non-commissioned officer, Team Leader or similar)
4. Field operative or frontline responder or admin operative (depending on your organisation, examples might include Constable, Fire Officer, Ambulance Officer, Paramedic, Dispatcher, Accounts Clerk or similar)
5. Trainee/ Recruit/Apprentice/Graduate etc.
6. Other (please specify)
VR08. In the last 12 months, how often did you perform volunteer work for your current organisation? Please include training, participation in community events or education activities.

1. Haven’t been called out or volunteered yet
2. 1-5 times
3. 6-10 times
4. 11-30 times
5. More than 30 times

IF VR08= 2, 3, 4, OR 5 THEN ASK.

VR09. How many hours did you volunteer at your current organisation in the past 4 weeks, including training, participation in community events or education? (If you weren’t called out, then enter 0 hours.)

[ ] Hours

ASK ALL

VR10. As part of your role with your current volunteer organisation, do you normally supervise the work of other volunteers?

1- No
2- Yes

ASK only if AGENCY = VIC Country Fire Association

VR10a. Are you trained as an Emergency Medical Responder?

1. No
2. Yes
3. Not applicable

If VR10a = 2 then ask:

VR10b. In the past 12 months how many times have you responded to a call as an Emergency medical responder?

1. I haven’t responded as an EMR in the past 12 months
2. Up to 10 calls
3. 11 – 25 calls
4. 26 – 50 calls
5. Over 50 calls
VR11. Do you belong to a volunteer association, e.g. like a club or union?

1. No
2. Yes

**PAID EMPLOYMENT**

PE01. Are you currently in paid employment of any kind?

1- No
2- Yes

IF PE01 = 2, THEN ASK.

PE02. Are you employed in an emergency services or police organisation?

1- No
2- Yes

IF PE02 = 2, THEN ASK.

PE03. Which type of organisation are you employed by?

1- State Emergency Service
2- Fire and Rescue (including Rural Fire)
3- Ambulance
4- Police
5- Other (e.g. ESTA)

PE04. Please describe the nature of the work you do in your paid employment with that organisation.

1- Operational
2- Non-operational
3- Both operational and non-operational
4- Other (specify)

IF PE01 = 2, THEN ASK.

PE05. Are you provided with time off (either paid or unpaid) to undertake your volunteer role? (Mark all that apply)

1- No
2- Yes, paid
3- Yes, unpaid
4- Don’t know

ASK ALL
PE06. Have you previously been in paid employment with an emergency services or police organisation or the Australian Defence Forces?

1. No
2. Yes

IF PE06=2, THEN ASK.

PE07. Which type of organisation were you in paid employment with? (Mark all that apply.)

1. State Emergency Service
2. Fire and Rescue (including Rural Fire)
3. Ambulance
4. Police
5. Australian Defence Forces
6. Other (e.g. ESTA)
PE08. About how long were you in paid employment in that organisation or those organisations in total?

1- Less than 12 months  
2- 1-5 years  
3- 6-10 years  
4- More than 10 years

**ASK ALL**

**PHYSICAL HEALTH**

The following questions are about your physical health and activity.

**PH01.** In general, how would you describe your physical health?

1- Excellent  
2- Very good  
3- Good  
4- Fair  
5- Poor

**PH02.** In general, outside of work how often do you participate in moderate or intensive physical activity for at least 30 minutes? (Moderate level physical activity will cause a slight increase in breathing and heart rate, such as brisk walking.)

1- Not at all  
2- Less than once a week  
3- 1-2 times a week  
4- 3 times a week  
5- More than 3 times a week (but not every day)  
6- Every day

**PH03.** How often do you sleep well?

1- Almost always  
2- Often  
3- Sometimes  
4- Not often  
5- Almost never
PH04. How much sleep do you get on average (during a 24 hour period)?

1- Less than 5 hours  
2- 5 hours  
3- 6 hours  
4- 7 hours  
5- 8 hours  
6- 9 hours  
7- More than 9 hours

WELLBEING

The following questions relate to your sense of wellbeing and your support networks, regardless of whether you’re at your volunteer work, at a paid job or elsewhere.

WB01. In the past two weeks, how often have you felt this way?

1- I’ve been feeling optimistic about the future  
2- I’ve been feeling useful  
3- I’ve been feeling relaxed  
4- I’ve been dealing with problems well  
5- I’ve been thinking clearly  
6- I’ve been feeling close to other people  
7- I’ve been able to make up my own mind about things

1- None of the time  
2- Rarely  
3- Some of the time  
4- Often  
5- All of the time

WB02. How much do you agree with the following statements?

1- I tend to bounce back quickly after hard times  
2- It does not take me long to recover from a stressful event  
3- I usually come through difficult times with little trouble

1- Strongly disagree  
2- Disagree  
3- Neutral  
4- Agree  
5- Strongly agree
WB03. Thinking about your support and social networks, how true are the following statements in relation to your life?

1- I am there to listen to other people’s problems.
2- My family/friends understand my volunteer job demands.
3- I like helping others.
4- There is someone I can talk to about the pressures in my life.
5- There is someone in my life that makes me feel worthwhile.
6- I lead a fulfilling life outside my work and my volunteer work.
7- There is someone in my life I can get emotional support from.
8- I give others a sense of comfort in times of need.
9- I feel that I have a circle of people who value me.

1- Not at all
2- Somewhat true
3- Quite true
4- Very true
5- Always true

MENTAL HEALTH

The following questions are about how you have been feeling, both during your volunteer work and generally.

MH01. Have you ever been told by a doctor or mental health professional that you have any of these conditions? (Mark all that apply)

1- Panic disorder
2- Social anxiety disorder
3- Post-traumatic stress disorder (PTSD)
4- Obsessive-compulsive disorder (OCD)
5- Generalised anxiety disorder
6- Any other anxiety conditions
7- Depression
8- Attention Deficit disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
9- Schizophrenia
10- Bipolar disorder or any other psychosis
11- Alcohol or drug dependence
12- Other mental health condition
13- Prefer not to say
14- Don’t know
15- None
Programmer note: Use variable text at MH02 and MH03, based on whether one or more than one selection at codes 1-12 in MH01

**IF MH01= ANY ONE OF 1-12, THEN ASK.**

**MH02. Thinking of the first time you were told by a doctor or mental health professional that you had {this condition/any of these conditions}, how long ago was this?**

1. Less than 12 months
2. 1-2 years
3. 3-5 years
4. More than 5 years ago

**MH02a. Did you receive this diagnosis before you started your current volunteer role?**

1. No
2. Yes

**IF MH01 = ANY OF 1-12, THEN ASK.**

**MH03. Do you still have {this condition/any of these conditions}?**

1. No
2. Yes
3. Unsure

**MH03a. Did anyone suggest volunteering as a way to help manage your mental health?**

1. No
2. Yes

**MH03b. What impact do you think volunteering in your current role has had on your mental health?**

1. Very negative impact
2. Slightly negative impact
3. Hasn’t had any impact
4. Slightly positive impact
5. Very positive impact

**IF MH01=13, 14, 15 or MH01 = blank (skipped), THEN ASK.**

**MH04. Have you ever felt that you have had an emotional or mental health condition that went undiagnosed?**

1. No
2. Yes
3. Prefer not to say

**IF MH04=2, THEN ASK.**
MH05. Do you still have this undiagnosed condition or conditions?

1- No  
2- Yes  
3- Unsure  

ASK ALL  

MH06. In the last four weeks, about how often did you feel tired out for no good reason?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

MH07. In the last four weeks, about how often did you feel nervous?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

IF MH07=2, 3, 4, OR 5, THEN ASK.  

Programmers note: If MH07 = 1, automatically set MH08 = 1.  

MH08. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?  

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

ASK ALL  

MH09. In the last four weeks, about how often did you feel hopeless?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time
MH10. In the last four weeks, about how often did you feel restless or fidgety?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

IF MH10=2, 3, 4, OR 5, THEN ASK.

Programmers note: If MH10 =1, automatically set MH11= 1.

MH11. In the last four weeks, about how often did you feel so restless you could not sit still?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

ASK ALL

MH12. In the last four weeks, about how often did you feel depressed?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

MH13. In the last four weeks, about how often did you feel that everything was an effort?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time  

MH14. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?

1- None of the time  
2- A little of the time  
3- Some of the time  
4- Most of the time  
5- All of the time
MH15. In the last four weeks, about how often did you feel worthless?

1- None of the time
2- A little of the time
3- Some of the time
4- Most of the time
5- All of the time

IF SUM(MH06-MH15) >=30 THEN DISPLAY.

Programmers Note: If either MH08 or MH11 are skipped above the value of 1 should be used when calculating this sum, not 0.

Based on the answers you’ve given us, it appears you may have experienced symptoms of depression or anxiety over the last four weeks. We would encourage you to speak to your regular GP for a more personalised assessment, or if you have seen another health professional before you may wish to make an appointment to see them again.

If you would like to speak to someone other than your GP about how you are feeling, you can contact the support service provided by your organisation or alternatively beyondblue’s Support Service provides free, immediate, short-term counselling advice and referrals to people in Australia via telephone and email 24/7, and web chat from 3pm to midnight (AEST), every day. The Support Service can be contacted on 1300 22 4636 or via email or web chat at beyondblue.org.au/get-support

For crisis support and suicide prevention services, contact Lifeline on 13 11 14 available 24/7, or online text chat from 7pm to 4am (AEST) at lifeline.org.au/get-help/online-services/crisis-chat

If you feel that you are at immediate risk of harm or your life may be in danger, please call triple zero – 000.

When you are ready to continue with the survey, please select “Next”. If you need to leave the survey at any stage, you can come back and continue the survey from wherever you are up to by simply clicking on the link in your personalised invitation email. Thank you for taking the time to take part, the information you provide will be used to benefit the mental health and wellbeing of all police and emergency service personnel across Australia.
IF SUM(MH09-MH18) >= 15 THEN ASK.

MH19. Thinking about times in the last 12 months when these feelings were at their most severe, how much did these feelings interfere with the following activities?

- a. Home management (cleaning, shopping, cooking, gardening)
- b. Your ability to work/undertake your volunteer work
- c. Your ability to form and maintain close relationships with other people
- d. Your social life

1- No interference
2- Mild interference
3- Moderate interference
4- Severe interference
5- Very severe interference
6- Not applicable

IF 3, 4 OR 5 IN ONE OR MORE OF MH19 a-d, THEN ASK

MH20. Do you think that any of the following contributed to you feeling this way? (Mark all that apply)

1- Physical health problems
2- Potentially traumatic events you have experienced in the course of your volunteer or paid work
3- Other issues or experiences at your volunteer or paid work
4- Events that have occurred in your life outside of your volunteer or paid work
5- None of the above

IF MH20 = 2 OR 3, THEN ASK.

MH21. When did these experiences occur? (Mark all that apply)

1- Current volunteer role
2- Previous volunteer role
3- Current paid work
4- Previous paid work

ASK ALL

MH22. In the last four weeks, about how often were you mad or angry?

1- None of the time
2- A little of the time
3- Some of the time
4- Most of the time
5- All of the time

IF MH22 = 2, 3, 4 OR 5, THEN ASK.
Programmers note: If MH22 = 1, automatically set MH23 = 1.

MH23. In the last four weeks, about how often were you so angry you felt out of control or became violent?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

ASK ALL

MH24. In the last four weeks, about how often did you have an urge to hit, push or hurt someone?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

MH25. In the last four weeks, about how often did you have an urge to break or smash something?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time

IF MH01 IN 1-12 AND MH03 = 2 THEN ASK

MH26. You previously said that you have been told by a doctor or mental health professional that you have an emotional or mental health condition. Please indicate how much you agree or disagree with each of the following statements.

1. I feel embarrassed about feeling this way
2. I feel that I should be able to ‘pull myself together’
3. I feel embarrassed about seeking professional help
4. I avoid telling people about my mental health problems
5. I avoid interacting with others
6. I feel like a burden to other people
7. People have avoided me because of my mental health problems
8. People have treated me unfairly because of my mental health problems

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. Not applicable
IF MH01 IN 1-12 AND MH03 = 1 or 3 THEN ASK

MH26. You previously said that you have been told by a doctor or mental health professional that you have had an emotional or mental health condition. Based on your experience, if you were to experience a mental health condition again, please indicate how much you think you would agree or disagree with each of the following statements.

1. I would feel embarrassed about feeling this way
2. I would feel that I should have been able to ‘pull myself together’
3. I would feel embarrassed about seeking professional help
4. I would avoid telling people about my mental health problems
5. I would avoid interacting with others
6. I would feel like a burden to other people
7. People would avoid me because of my mental health problems
8. People would treat me unfairly because of my mental health problems

1- Strongly disagree
2- Disagree
3- Neither agree nor disagree
4- Agree
5- Strongly agree
6- Not applicable

IF MH04 = 2 AND MH05 = 2 THEN ASK

MH26. You previously indicated that you feel you have an emotional or mental health condition that has not been diagnosed. Please indicate how much you agree or disagree with each of the following statements.

1. I feel embarrassed about feeling this way
2. I feel that I should be able to ‘pull myself together’
3. I feel embarrassed about seeking professional help
4. I avoid telling people about my emotional or mental health problems
5. I avoid interacting with others
6. I feel like a burden to other people
7. I feel that people avoid me because of my emotional or mental health problems
8. I feel that people treat me unfairly because of my emotional or mental health problems

1- Strongly disagree
2- Disagree
3- Neither agree nor disagree
4- Agree
5- Strongly agree
6- Not applicable
STRESSFUL EXPERIENCES

SE01. Have you ever experienced a stressful event or series of events in your volunteer work, in paid work, or away from work that deeply affected you? (Mark all that apply.)

1- No [SINGLE]
2- Yes, when volunteering in the police and emergency services sector
3- Yes, when volunteering outside the police and emergency services sector
4- Yes, when working in the police and emergency services sector
5- Yes, when working outside the police and emergency services sector
6- Yes, away from volunteer role or paid work

IF SE01=2 or 4, THEN ASK.

SE02. Thinking about the nature of the event or events that most deeply affected you at your volunteer or paid work in the emergency services sector, did it involve any of the following? (Mark all that apply)

1- Traumatic event(s) in the course of your work
2- Personal injury received in the course of your work
3- Dismissal from, or demotion in, your work
4- Being forced out of your job or role
5- Issues associated with poor management or being treated badly by your managers
6- Conflict with other people that you work closely with in your role
7- Other (Specify)

IF SE02=6, THEN ASK.

SE03. Who did this conflict mainly occur with?

1- Colleagues
2- Subordinates
3- Managers
4- Combination of people at work

IF SE01 = 3 or 5, THEN ASK.

SE04. Thinking about the nature of the event or events that most deeply affected you at your volunteer or paid work outside the police and emergency services sector, did it involve any of the following? (Mark all that apply)

1- Traumatic event(s) in the course of your work
2- Personal injury received in the course of your work
3- Dismissal from, or demotion in, your work
4- Being forced out of your job
5- Issues associated with poor management or being treated badly by your managers
6- Conflict with other people that you work closely with
7- Other (Specify)
IF SE04= 6, THEN ASK.

SE05. Who did this conflict mainly occur with?

1- Colleagues
2- Subordinates
3- Managers
4- Combination of people at work

IF SE01=6, THEN ASK.

SE06. Thinking about the nature of the event or events away from your volunteer or paid work that most deeply affected you, did it involve any of the following? (Mark all that apply)

1- Death of your spouse or partner
2- Death of a close family member
3- Death of a close friend
4- Personal injury or illness (not caused by work)
5- Illness or injury of a close family member or close friend
6- Divorce or separation
7- Financial difficulties
8- Spouse/partner loss of job
9- Someone in your household had a drug or alcohol problem
10- Your family or home was affected by a natural hazard event
11- Other (specify)

ASK ALL

Below is a list of reactions that people sometimes have in response to very stressful experiences. Thinking of stressful experiences that may have occurred at any stage in your life, regardless of whether or not they were in your voluntary role, please read each statement and indicate how much you have been bothered by that problem in the past four weeks.

SE07. In the past four weeks, how much were you bothered by ...

a. Repeated, disturbing, and unwanted memories or nightmares about any stressful experiences
b. Experiencing flashbacks where you suddenly feel or act as if a stressful experience were actually happening again
c. Feeling very upset or experiencing strong physical reactions such as heart pounding, having trouble breathing when something reminded you of these stressful experiences

1- Not at all
2- A little bit
3- Moderately
4- Quite a lot
5- Extremely
If 3, 4 or 5 TO ANY OF SE07a, SE07b, OR SE07c, THEN ASK.

SE08. How often do these reactions occur?

1- Less than once a month
2- 1-2 times a month
3- 3-5 times a month
4- 6-10 times a month
5- More than 10 times a month

SE09 How much effort do you make to avoid thinking or talking about any stressful events, or doing things which remind you of stressful experiences?

1- None
2- A little bit
3- Moderate
4- Quite a lot
5- A great deal

ASK ALL

Still thinking about your reactions to any stressful experiences that may have occurred at any stage in your life, regardless of whether or not they were in your voluntary role, please read each statement below and indicate how much you have been bothered by that problem in the past four weeks.

SE10. In the past four weeks, how much were you bothered by

a. Loss of interest in things that you used to enjoy?
   b. Feeling emotionally distant or cut off from other people?
   c. Feeling jumpy or easily startled?
   d. Having difficulty concentrating?
   e. Having trouble falling or staying asleep?
   f. Feeling irritable or having angry outbursts?

1- Not at all
2- A little bit
3- Moderately
4- Quite a lot
5- Extremely

IF 3, 4, or 5 TO ANY OF SE10a, SE10b, SE10c, SE10d, SE10e, OR SE10f, THEN ASK.
SE11. How much distress did these feelings or reactions cause you?

1- None  
2- Mild  
3- Moderate  
4- Severe  
5- Very severe

SE12. How much did these feelings or reactions disrupt or interfere with your normal daily life including your volunteering role?

1- Not at all  
2- A little  
3- Some  
4- A lot  
5- Extremely

IF SE11 OR SE12 = 3, 4 or 5, THEN ASK.

SE13. How long have these feelings or reactions been troubling you?

1- Less than a month  
2- 1 - 2 months  
3- 3 - 6 months  
4- 7 - 12 months  
5- 1-2 years  
6- 3-5 years  
7- More than 5 years

ASK ALL

SE14. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?

1- No  
2- Yes

IF 4, 5 TO ANY OF SE07a, SE07b, OR SE07c, AND SUM(SE10a-SE10f) >= 18 and not previously shown ask:

Based on the answers you’ve given us, it appears you may have experienced symptoms of depression, anxiety or post-traumatic stress over the last four weeks. We would encourage you to speak to your regular GP for a more personalised assessment or if you have seen another health professional before you may wish to make an appointment to see them again.

If you would like to speak to someone about how you are feeling, you can contact the support service provided by your organisation or alternatively beyondblue’s Support Service provides free, immediate, short-term counselling advice and referrals to people in Australia via telephone and email 24/7, and web chat from 3pm to midnight (AEST), every day. The Support Service can be contacted on 1300 22 4636 or via email or web chat at beyondblue.org.au/get-support
For crisis support and suicide prevention services, contact Lifeline on 13 11 14 available 24/7, or online text chat from 7pm to 4am (AEST) at lifeline.org.au/get-help/online-services/crisis-chat

If you feel that you are at immediate risk of harm or your life may be in danger, please call triple zero – 000.

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ASK ALL

SB01. Have you ever felt that life was not worth living?

1- No  
2- Yes 
3- Prefer not to say

SB02. Have you ever seriously thought about taking your own life?

1- No  
2- Yes 
3- Prefer not to say

IF SB02=2, THEN ASK.

SB03. Have you seriously thought about taking your own life in the last 12 months?

1- No  
2- Yes 
3- Prefer not to say

IF SB03 = 2, 3 display help message before beginning section WE

SB04. Have you ever made a plan to take your life?

1- No  
2- Yes 
3- Prefer not to say

IF SB04=2, THEN ASK.

SB05. Did you make a plan to take your life in the last 12 months?

1- No  
2- Yes 
3- Prefer not to say
IF SB05 = 2, 3 display help message before beginning section WE

SB06. Have you ever attempted to take your own life?

1- No
2- Yes
3- Prefer not to say

IF SB06=2, THEN ASK.

SB07. Have you attempted to take your own life in the last 12 months?

1- No
2- Yes
3- Prefer not to say

IF SB07 = 2, 3 display help message before beginning section WE

If you are still experiencing any form of distress and you have not already spoken to someone about this, we would encourage you to speak to your regular GP or if you have seen another health professional before you may wish to make an appointment to see them again.

If you would like to speak to someone other than your GP about how you are feeling, you can contact the support service provided by your organisation or alternatively beyondblue’s Support Service provides free, immediate, short-term counselling advice and referrals to people in Australia via telephone and email 24/7, and web chat from 3pm to midnight (AEST), every day. The Support Service can be contacted on 1300 22 4636 or via email or web chat at beyondblue.org.au/get-support

For crisis support and suicide prevention services, contact Lifeline on 13 11 14 available 24/7, or online text chat from 7pm to 4am (AEST) at lifeline.org.au/get-help/online-services/crisis-chat

If you feel that you are at immediate risk of harm or your life may be in danger, please call triple zero – 000.

When you are ready to continue with the survey, please select “Next”. If you need to leave the survey at any stage, you can come back and continue the survey from wherever you are up to by simply clicking on the link in your personalised invitation email. Thank you for taking the time to take part, the information you provide will be used to benefit the mental health and wellbeing of all police and emergency service personnel across Australia.
VOLUNTEER WORK EXPERIENCES

The following questions are about your day-to-day experiences in your volunteer work and also how they make you feel.

WE01. How often do you get attacked or assaulted physically in the course of your volunteer work?

1- Never  
2- Rarely  
3- Sometimes  
4- Often  
5- Very often  

WE02. How often are you harassed or abused verbally in the course of your volunteer work?

1- Never  
2- Rarely  
3- Sometimes  
4- Often  
5- Very often  

WE03. Have you ever been involved in a volunteer work-related incident which resulted in a formal investigation or inquiry?

1- No  
2- Yes  

IF WE03=2, THEN ASK.

WE03a. At the time how much stress did this cause you? If this has occurred more than once, think about the occasion which caused you the greatest amount of stress.

1- No stress at all  
2- A small amount of stress  
3- Moderate stress  
4- A lot of stress  
5- Extreme stress  

IF WE03a= 2, 3, 4, or 5, THEN ASK.

WE04. How long ago did this (most stressful) occasion happen?

1- Less than 12 months ago  
2- 1-2 years ago  
3- 3-5 years ago  
4- 6-10 years ago  
5- More than 10 years ago
ASK ALL

WE04a. Have you ever been involved in a volunteer work-related incident which resulted in adverse media attention?
   1- No
   2- Yes

IF WE04a=2, THEN ASK.

WE05. At the time how much stress did this cause you? If this has occurred more than once, think about the occasion which caused you the greatest amount of stress.
   1- No stress at all
   2- A small amount of stress
   3- Moderate stress
   4- A lot of stress
   5- Extreme stress

IF WE05= 2, 3, 4, or 5, THEN ASK.

WE05a. How long ago did this (most stressful) occasion happen?
   1- Less than 12 months ago
   2- 1-2 years ago
   3- 3-5 years ago
   4- 6-10 years ago
   5- More than 10 years ago

IF VR08=2, 3, 4, OR 5, THEN ASK.
WE06. Below is a list of items that might describe different aspects of doing volunteer work in an organisation. Please indicate how much stress each item has caused you volunteering in your current organisation over the past 12 months.

1- Autocratic leaders/managers
2- Sexual harassment, sexism or other discriminatory practices
3- Management style of your line manager
4- Management style of senior managers
5- Negative comments from colleagues
6- Unequal sharing of volunteer work responsibilities
7- Not being able to talk about emotional issues with my colleagues
8- Excessive administrative duties
9- Volunteer shortages or lack of resources
10- Perceived pressure to volunteer for more hours
11- Poor communication and consultation in the workplace

1- No stress at all
2- A small amount of stress
3- Moderate stress
4- A lot of stress
5- Extreme stress
6- Not applicable - does not apply to my volunteer role in the past 12 months

WE07. Have you been bullied in your volunteer workplace during the last 12 months?

1- No
2- Yes, once or twice
3- Yes, a few times
4- Yes, monthly
5- Yes, weekly
6- Yes, daily

IF WE07=2, 3, 4, 5 or 6 THEN ASK.

WE08. At the time when it was at its worst how much stress did this bullying cause you?

1- No stress at all
2- A small amount of stress
3- Moderate stress
4- A lot of stress
5- Extreme stress

ASK ALL

WE09. The following questions are about your volunteer work environment. Please choose the answer that fits best to each of the questions.
1- Does your volunteer work put you in emotionally disturbing situations?
2- Do you have a large degree of influence concerning your volunteer work?
3- Can you influence the amount of work assigned to you?
4- Is your volunteer work meaningful?
5- Do you feel that the volunteer work you do is important?
6- Do you feel that your place of volunteer work is of great importance to you?
7- How often is your manager willing to listen to your problems during your volunteer work?
8- How often do you get help and support from your manager in your volunteer role?
9- Do you feel that your volunteer work drains so much of your energy that it has a negative effect on your private life?
10- Do you feel that your volunteer work takes so much of your time that it has a negative effect on your private life?
11- Is your volunteer work recognised and appreciated by the management?
12- Are you treated fairly at your place of volunteer work?
13- Does your volunteer work have clear objectives?
14- Do you know exactly what is expected of you at your volunteer work?

1- Never/hardly ever
2- Seldom
3- Sometimes
4- Often
5- Always
6- Not applicable

WE11. While with this organisation have you EVER made an insurance claim as a result of psychological trauma, stress or a mental health condition sustained during the course of your volunteer work?

1- No
2- Yes, once
3- Yes, more than once
4- Prefer not to say

IF WE11 = 2 OR 3, THEN ASK.
WE12. Thinking back to the last time you made an insurance claim related to psychological trauma, stress or a mental health condition, what impact did going through the insurance claim process have on your recovery?

1- Very positive impact  
2- Slightly positive impact  
3- Didn’t have any impact  
4- Slightly negative impact  
5- Very negative impact

WE13a. How supportive did you find the insurance claim process?

1- Not at all  
2- A little bit  
3- Moderately  
4- Very  
5- Extremely

WE13b. How stressful did you find the insurance claim process?

1- Not at all  
2- A little bit  
3- Moderately  
4- Very  
5- Extremely

WE14. How fairly do you believe you were treated when you went through the last claims experience?

1- Not fairly at all  
2- Somewhat fairly  
3- Very fairly

WE14a. Did the injury or condition related to the claim result in you having to take time off from your paid job?

1- No  
2- Yes  
3- Not applicable/did not have a paid job at the time

ASK ALL

WE15. Have you ever taken leave from your volunteer work due to stress or mental health reasons caused by your volunteer work?

1- No  
2- Yes, once  
3- Yes, more than once
WE15a. Have you ever taken leave from your paid job due to stress or mental health reasons caused by your volunteer work?

1- No  
2- Yes, once  
3- Yes, more than once  
4- Not applicable/I haven’t been in a paid job at the same time as volunteering

WORKPLACE CULTURE

The following questions are about attitudes to mental health-related issues in the workplace where you volunteer.

ASK ALL

WC02. Thinking about your voluntary role and the people from your organisation (both paid and voluntary) with whom you work most closely at your current station/site or office, how much do you agree with the following statements:

1- We have regular discussions and/or debriefs about issues we have experienced in the course of our volunteer work  
2- The workplace is inclusive, no-one is an outsider  
3- There are people around me who I can talk to about anything  
4- The way we operate reduces stress on each other  
5- People often gossip about others  
6- I have no-one around me who I can open up to if I needed to

1- Strongly disagree  
2- Disagree  
3- Neither agree nor disagree  
4- Agree  
5- Strongly agree
WC03. The following statements are about your feelings towards employees or volunteers who may have a mental health condition. Please indicate how much you agree or disagree with each statement.

a. Someone with depression or anxiety could snap out of it if they wanted to
b. If someone is experiencing depression or anxiety, it is a sign of personal weakness
c. Someone experiencing depression or anxiety is a burden to others in their team
d. I would prefer not to have someone with depression or anxiety on the same team as me
e. I would not employ someone if I knew they had depression
f. It is more difficult to trust what people with depression or anxiety tell you
g. People should be able to avoid depression or an anxiety disorder
h. It is important for organisations with volunteers to support someone with a mental health condition

1- Strongly disagree
2- Disagree
3- Neither agree nor disagree
4- Agree
5- Strongly agree

WC04. If you did experience a mental health condition at your volunteer work, how likely is it the following people or groups would provide you with support?

1- Your co-workers or co-volunteers
2- Your line manager
3- HR in the organisation you volunteer with
4- Senior managers in your volunteer workplace

1- Very unlikely
2- Unlikely
3- Neither likely nor unlikely
4- Likely
5- Very likely
SEEKING SUPPORT

The following questions are about whether you have needed or used any form of support for emotional or mental health issues.

SS01. In the past 12 months, have you felt that you needed help or support for any emotional or mental health issues that you may have had?

   1- No – I did not have any emotional or mental health issues
   2- No – I had emotional or mental health issues, but did not need any help or support
   3- Yes

IF SS01=3, THEN ASK.

SS02. How long ago did this issue first arise? If you have more than one emotional or mental health issue, please think of the one that causes you the most distress.

   1. Less than 12 months
   2. 1 to less than 2 years
   3. 2 to less than 5 years
   4. 5 years or more

SS03. Did you seek support or treatment for this issue?

   1- No
   2- Yes

IF SS03=2, THEN ASK.

SS04. How soon did you seek out support or treatment the first time you felt you needed it?

   1- Immediately
   2- Within 1-2 weeks
   3- Within 3-4 weeks
   4- Within 1-3 months
   5- Within 4-12 months
   6- More than a year after I felt I needed it
   7- Don’t remember
SS05. Once you sought help, how long did it take for you to receive support or treatment for your issue?

1- Immediately
2- 1-2 weeks
3- 3-4 weeks
4- 1-3 months
5- Within 4-12 months
6- More than a year after I felt I needed it
7- I have not received any support or treatment
8- Don’t remember

ASK IF CODE 1, 2, 3, 4, 5, 6 OR 8 AT SS05

SS06. Do you think you got as much help as you needed?

1- No, I needed a little more help
2- No, I needed a lot more help
3- Yes

ASK IF SS01 = 3

SS07. In the last 12 months have you accessed any of the following services for emotional or mental health issues? (Mark all that apply)

1- GP
2- Psychiatrist
3- Psychologist
4- Mental health nurse
5- Other professional providing mental health services
6- Alcohol or drug counsellor or support service
7- Admitted to hospital
8- Complementary/alternative therapist
9- Internet, for information
10- Internet, for online forums or support groups
11- Face to face self-help or support group(s)
12- Telephone counselling service
13- None of the above

IF SS07= ANY OF 2,3,4,5,6,8,9,10,11,12 THEN ASK FOR EACH ONE SELECTED.

SS08. Was this service provided through or sourced from the organisation you volunteer with?

1- No
2- Yes
3- Can’t remember/Not sure
ASK IF SS01 = 3

SS09. In the past 12 months have you received counselling (e.g. Cognitive Behavioural Therapy, Psychotherapy etc.) for an emotional or mental health condition?

1- No
2- Yes

IF SS09=2, THEN ASK.

SS10. Was this service provided through or sourced from the organisation you volunteer with?

1- No
2- Yes
3- Can’t remember/Not sure

ASK IF SS01 = 3

SS11. In the past 12 months have you taken prescription drugs for an emotional or mental health condition?

1- No
2- Yes

IF SS01=2, OR IF SS01=3 AND SS03=1, OR SS04=5 OR 6, THEN ASK.

SS12. Here is a list of concerns that a person might have when they consider seeking support or treatment for stress, emotional or mental health issues. Please indicate how much you agree or disagree that each of these concerns might have affected your decision whether or not to seek support or treatment.

1- I wouldn’t know where to get help
2- I would have difficulty getting time off work to attend a session
3- I wouldn’t be able to do it confidentially
4- It would harm my career or career prospects
5- It would harm my ability to do my volunteer role
6- People would treat me differently
7- I would be seen as weak
8- It would stop me from doing an operational volunteer role
9- I would be seen as a burden to my team or family
10- I prefer to deal with my problems by myself or with family/friends
11- I was concerned it would negatively impact on my colleagues
12- I don’t believe that treatments are effective
13- I don’t trust mental health professionals
1- Strongly disagree
2- Disagree
3- Neither agree nor disagree
4- Agree
5- Strongly agree

ASK ALL

SS13. Have you ever volunteered as a Peer Support Worker in your current volunteer work organisation?

1- No – there is no such position in my organisation
2- No – the position exists in my organisation but I have not volunteered for it
3- Yes

IF SS13=3, THEN ASK.

SS14. For how long were you or have you been a Peer Support Worker?

1. Less than 12 months
2. 1-2 years
3. 3-5 years
4. More than 5 years
5. Don’t remember

SS15. Did your organisation provide you with training to be a Peer Support Worker?

1- No
2- Yes

SS16. Does (or did) your organisation provide you with ongoing professional support for your role as a Peer Support Worker?

1- No
2- Yes
ASK ALL

SS18. The following is a list of possible services, programs and training courses that are related to improving mental health and wellbeing and which may be offered by the organisation you volunteer with. Please indicate whether you have used them in the past 12 months. (Mark all that apply.)

Note, these services may have a different name in your organisation but please try to choose ones which are closest in approximation to those available to you.

<table>
<thead>
<tr>
<th>SUPPORT MECHANISM</th>
<th>YOU HAVE USED IN LAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer support program</td>
<td></td>
</tr>
<tr>
<td>Formal or informal debriefings with a manager or work colleague</td>
<td></td>
</tr>
<tr>
<td>Mental health first-aid training</td>
<td></td>
</tr>
<tr>
<td>Employee/volunteer counselling service or assistance program (EAP) (or other employer provided counselling service)</td>
<td></td>
</tr>
<tr>
<td>Specialist psychological and psychiatric services e.g. Cognitive Behaviour Therapy treatment, psychiatrist specialising in PTSD, etc.</td>
<td></td>
</tr>
<tr>
<td>Changes to job role/design to support recovery for mental health condition</td>
<td></td>
</tr>
<tr>
<td>Anti-bullying training/program</td>
<td></td>
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<tr>
<td>Online training/program for mental and physical self-care</td>
<td></td>
</tr>
<tr>
<td>Face-to-face training/program for mental and physical self-care</td>
<td></td>
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<tr>
<td>Suicide awareness and prevention education/program</td>
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<tr>
<td>Chaplaincy service</td>
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<tr>
<td>Well checks or annual mental health check-ups</td>
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<tr>
<td>Substance abuse program</td>
<td></td>
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<tr>
<td>Anger management program</td>
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<tr>
<td>Other services offered by your organisation (please specify)</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

FOR EACH SERVICE USED BY RESPONDENT IN SS18, THEN ASK.

SS19. How useful did you find this service or program?

1- No use at all
2- A little bit useful
3- Moderately useful
4- Quite useful
5- Extremely useful
PERSONAL DETAILS

The following questions will help us understand a little more about the background of people volunteering in the police and emergency services sector. Please remember that your answers remain anonymous.

PD01. What is your gender?

1- Male
2- Female
3- Trans male/Trans man
4- Trans female/Trans woman
5- Other (please specify)....

PD02. Are you of Aboriginal or Torres Strait Islander origin?

1- No
2- Yes, Aboriginal
3- Yes, Torres Strait Islander
4- Yes, both Aboriginal and Torres Strait Islander

PD03. In what country were you born?

1- Australia
2- England, Scotland, Wales or Northern Ireland
3- New Zealand
4- China
5- India
6- Italy
7- Vietnam
8- Philippines
9- South Africa
10- Malaysia
11- Germany
12- Other (please specify) ____________________

PD04. What is your current marital status?

1- Single, never married
2- In a committed relationship
3- Married
4- Divorced
5- Separated
6- Widowed
IF PD04=2 OR 3, THEN ASK.

PD05. Does your partner currently work for, or volunteer with, a police or emergency services organisation?

1- No
2- Yes

ASK ALL

PD06. How many children aged 0-17 years do you have (including step-children)?

1- None
2- 1
3- 2
4- 3
5- 4
6- 5 or more

PD07. How many children of any age are living with you at home (include those who also spend time living in another household)?

1- None
2- 1
3- 2
4- 3
5- 4
6- 5 or more

PD08. Which category best describes the highest educational qualification you have completed?

1- Primary school
2- Secondary school up to Year 10
3- Secondary school up to Year 11 (including Certificate I or II)
4- Secondary school up to Year 12
5- Certificate III/IV (trade, apprenticeship, technician’s etc.)
6- Diploma (associate, undergraduate)
7- Bachelor degree
8- Post-graduate qualification
PD09. Which of the following categories best describes how you think of yourself?

1- Straight
2- Gay
3- Lesbian
4- Bisexual
5- Pansexual
6- Queer
7- Asexual or Aromantic
8- Other
9- Unsure/don’t know
10- Prefer not to say

SUBSTANCE USE

SU01a. The next few questions are about your use of alcohol or drugs. They will help us to understand more about the lifestyle of people engaged in police and emergency services volunteer work.

Please remember your answers will be treated with the utmost confidentiality and no identifying information about you will ever be released to your organisation or anyone outside the research team.

If you would feel very uncomfortable answering these questions, please select ‘Skip next section’ below. Otherwise, please select ‘Continue survey’.

1. Continue survey
2. Skip next section

ASK IF CODE 1 AT SU01a

SU01. How often do you have a drink containing alcohol?

1- Never
2- Monthly or less
3- 2-4 times a month
4- 2-3 times a week
5- 4 or more times a week
IF SU01=2, 3, 4 OR 5 THEN ASK.

DISPLAY POP UP WINDOW OF PICTURES OF STANDARD DRINKS.

SU02. How many standard drinks containing alcohol do you have on a typical day when drinking?

1- 1-2
2- 3-4
3- 5-6
4- 7-9
5- 10 or more

SU03. How often do you have five or more standard drinks on one occasion?

1- Never
2- Less than monthly
3- Monthly
4- Weekly
5- Daily or almost daily

SU03a. During the last month, what is the largest number of standard drinks you had on one occasion?

1- 1 or 2
2- 3 or 4
3- 5
4- 6
5- 7
6- 8 or 9
7- 10 or more

ASK IF CODE 1 AT SU01a

SU04. In the past 12 months, have you used prescription drugs for non-medicinal purposes? That is medication that was not prescribed to you or you intentionally used too much of your own medication?

1- No
2- Yes
3- Prefer not to say

SU05. In the past 12 months, have you used illegal drugs?

1- No
2- Yes
3- Prefer not to say
IF SU05=2, THEN ASK.

SU06. Which of the following drugs have you used in the past 12 months? (Mark all that apply.)

1- Marijuana/cannabis
2- Meth/Amphetamines (speed, ice, crystal meth, meth)
3- Cocaine (coke, Charlie, blow)
4- Ecstasy (E, MDMA, XTC)
5- Hallucinogens (LSD, trips, mushies, acid)
6- Heroin
7- Steroids (roids, juice)
8- Inhalants
9- Other (such as GHB, Ketamine)
10- Prefer not to say

IF SU06=ANY OF 1, 2, 3, 4, 5, 6, 7, 8, OR 9 or SU04 = 2, THEN ASK FOR EACH ONE.

SU07. In the past 12 months, how often have you used ...?

Programmer note – display any of codes 1-9 selected at SU06. or “Prescription drugs for non-medical purposes” if code 2 at SU04

1- Less than monthly
2- Monthly
3- Weekly
4- Daily or almost daily
5- Prefer not to say

ASK ALL

FI01. Is there anything else you would like to tell us about your experiences volunteering with your organisation that may have a bearing on your emotional and mental wellbeing? Remember, your answers are anonymous and will not be shared with anyone outside the research team.

Open text

Or

No additional comment
Thank you for the valuable role you play in ensuring the health and safety of our community. Thank you also for taking part in this important survey. If answering some of these questions raised any concerns about how you have been feeling, and you would like assistance, there are a number of services that you can contact.

- You can visit your regular GP, or if you have seen a health professional before to help with problems, you may wish to make an appointment to see them again.
- You can contact the support service provided by your organisation.
- The beyondblue Support Service provides free, immediate, short-term counselling advice and referrals to any person in Australia via telephone and email 24/7, and web chat from 3pm to midnight (AEST), every day. The Support Service can be contacted on 1300 224 636 or via email or web chat at: beyondblue.org.au/get-support
- For crisis support and suicide prevention help, please contact Lifeline on 13 11 14 available 24/7 or online text chat from 7pm-4am (AEST) at: lifeline.org.au/get-help/online-services/crisis-chat
- If you feel that you are at immediate risk of harm or your life may be in danger, please call triple zero – 000.