

## Summary of Advisory Group Input on Mental Health for Safety Professionals

### Overall Sentiment

Safety professionals experience *significant, chronic, and often hidden* mental and emotional strain. Much of their work involves exposure to traumatic events, organizational pressure, moral injury, and role overload. Respondents expressed gratitude that ASSP is elevating this topic and consistently called for **more resources, visibility, and community connectedness** around mental health.

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### I. Key Themes: What Unique Stressors Safety Professionals Face

#### 1. Exposure to Trauma and Human Suffering

- Witnessing fatalities, severe injuries, and traumatic incidents.
- Acting as informal “therapists” or emotional support for workers.
- Carrying difficult stories and memories for decades.

#### 2. High Responsibility With Low Control

- Accountable for outcomes (injuries, incidents, compliance) without full authority to enforce prevention.
- Caught between operations, leadership expectations, HR, and employee needs.
- Judged by lagging indicators they do not fully control.

#### 3. Role Overload and Unrealistic Expectations

- Wearing multiple hats: safety expert, counselor, crisis manager, trainer, investigator.
- Never “off”—expectations to be available 24/7.
- Growing duties without added resources (“just add safety to your workload”).

#### 4. Emotional Isolation

- Often the lone safety voice in the organization.
- Feel they cannot share their emotional burdens at work.
- Take on others’ stress but have few outlets for their own.

## 5. Cultural and Organizational Pressures

- Resistance from leadership and employees.
- Moral injury: feeling pressured to compromise principles.
- Fear of blame when incidents occur.

## 6. Complex Global or High-Risk Contexts

- International work with weak regulations or unsafe environments.
  - Stress from security issues, workplace violence, or extreme conditions.
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## II. Small, Realistic Steps Individuals Identified to Strengthen Connection

Across responses, participants emphasized:

- **Peer support:** networking, chapter connections, casual check-ins, mentorship.
  - **Setting boundaries:** learning to say “no” professionally; clarifying priorities.
  - **Scheduling intentional breaks:** daily reset time, “minute of margin.”
  - **Destigmatizing therapy:** normalizing counseling and vulnerability.
  - **Finding non-work outlets:** humor, hobbies, positive reinforcement, mindfulness.
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## III. What ASSP Could Do to Support Mental Health

This section contains **specific, repeated recommendations** from respondents. These represent actionable opportunities for ASSP.

### A. Visibility, Normalization & Culture Change

- Make mental health a **prominent, ongoing conversation** at the Society, region, chapter, and practice specialty levels.
- Use **welcoming, stigma-reducing language** in all resources.
- Normalize mental health as a **core component of safety excellence**, not an optional add-on.

### B. Resource Development & Member Tools

Members repeatedly asked for practical, accessible supports, including:

### **1. A central mental health resource hub**

- Prominent website placement.
- Curated list of professional organizations (NAMI, SHRM, NSC Mental Health First Aid, etc.).
- Templates or guides for:
  - Stress-management conversations
  - Psychological safety practices
  - Time-management and boundary-setting
  - Integrating mental health into safety audits, toolbox talks, JSAs

### **2. Training & Education**

- Workshops on resilience, psychological safety, stress management, and difficult conversations.
- Guidance on handling trauma exposure and change fatigue.
- Coaching on how to say “no” or set boundaries professionally.

### **3. Peer Support Mechanisms**

- Regular virtual check-in circles or peer-to-peer support groups.
- Enhanced mentorship and career-ladder navigation tools.
- A designated contact or liaison for member wellness questions.
- Consider a **member EAP-style benefit** tailored specifically to safety professionals.

### **4. Conference & Event Enhancements**

- Sessions specifically on mental health skills and self-care for safety leaders.
- De-stressor spaces at PDC (e.g., hobby areas, “Lego table,” mindfulness corner).
- Coffee-hour or roundtable formats at chapters/regions.

### **5. Advocacy & Standards Development**

- Influence regulatory bodies to incorporate psychosocial hazards into safety standards.

- Promote use of the **NIOSH WellBQ** as a holistic framework (mental + financial + physical + relational well-being).
- Coordinate cross-professionally with SHRM and others to define shared responsibility between HR and HSE.

### **C. Member Research & Data Collection**

- Conduct a WellBQ assessment of ASSP membership to identify trends, stressors, and needs.
- Use data to influence programming, advocacy, and chapter support.

### **D. Financial or Accessibility Supports**

- Consider subsidized PDC or membership fees for practitioners in lower-income regions.
- Ensure global resources are culturally accessible.

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## **IV. How Mental Health Can Become Part of Safety Excellence**

Respondents consistently emphasized:

### **1. Normalize Mental Health Like PPE**

Treat it as a foundational safety component.

### **2. Embed in Hazard Analyses**

Include fatigue, burnout, stress, and psychosocial factors in JSAs, risk assessments, and incident investigations.

### **3. Use Leading Indicators**

Monitor:

- Stress-related absenteeism
- Near misses tied to fatigue
- Well-being survey data

### **4. Leadership Modeling**

Senior leaders should:

- Talk openly about mental health
- Encourage breaks
- Support flexible work practices

## 5. Partnership With HR and Health Teams

Shared responsibility—not another hat solely for safety professionals.

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## V. Additional Comments from Members

- There is strong interest in **continuing the conversation**.
  - Materials that chapters can use “off the shelf” would draw high engagement.
  - Some members want more emphasis on mental resilience in addition to self-care.
  - Suggestions to participate in global events (e.g., World Meditation Day).
  - Calls for an ASSP “hotline” or safe contact point for practitioners in distress.
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## Executive Takeaways for ASSP

### Safety professionals are asking for:

1. **Connection** (peer support, mentoring, check-ins)
2. **Practical tools** (templates, scripts, guides, training)
3. **Visible endorsement** that mental health matters to the profession
4. **Holistic frameworks** like WellBQ
5. **Advocacy** for psychosocial hazards
6. **De-stigmatizing leadership**
7. **Event and chapter-level integration** of wellbeing practices

Safety professionals want ASSP to help them care for others *and themselves*—without adding yet another burden to their already full plates.