

The Senate

Education and Employment
References Committee

The people behind 000: mental health of
our first responders

February 2019

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Recommendations

Recommendation 1

- 2.95 The committee recommends that the government work with state and territory governments to collect comprehensive data on the occurrence of mental health injuries and suicide in first responders.

Recommendation 2

- 2.96 The committee recommends that the federal government work with state and territory governments to collect data on the cause of death for first responders who die while employed or die within 10 years of leaving their service.

Recommendation 3

- 3.60 The committee recommends that federal, state and territory governments work together to increase oversight of privately owned first responder organisations.

Recommendation 4

- 3.96 The committee recommends that a Commonwealth-led process involving federal, state and territory governments be initiated to design and implement a national action plan on first responder mental health.

Recommendation 5

- 3.99 The committee recommends that compulsory first responder mental health awareness training, including safety plans, be implemented in every first responder organisation across Australia.

Recommendation 6

- 3.101 The committee recommends that compulsory management training focusing on mental health, such as that developed by the Black Dog Institute, be introduced in every first responder organisation across Australia.

Recommendation 7

- 3.103 The committee recommends that mental health support services be extended to all first responder volunteers.

Recommendation 8

- 4.80 The committee recommends that the Commonwealth Government establish a national stakeholder working group, reporting to the COAG Council of

Attorneys General, to assess the benefits of a coordinated, national approach to presumptive legislation covering PTSD and other psychological injuries in first responder and emergency service agencies. This initiative must take into consideration and work alongside legislation already introduced or being developed in state jurisdictions, thereby harmonising the relevant compensation laws across all Australian jurisdictions.

Recommendation 9

4.81 The committee recommends that the Commonwealth Government, in collaboration with the states and territories, initiate a review into the use of independent medical examiners (IME) in workers' compensation.

Recommendation 10

4.82 The committee recommends that the Commonwealth Government establish a national register of health professionals who specialise in first responder mental health.

Recommendation 11

5.25 The committee recommends that a consistent approach to referrals to rehabilitation counsellors be developed across states and territories, requiring referrals to be made by general practitioners not associated with employers or insurers.

Recommendation 12

5.27 The committee recommends that early intervention mental health support services be made available to all employees of first responder organisations with the aim of preventing, or reducing the severity of mental health conditions.

Recommendation 13

5.44 The committee recommends that the Commonwealth Government make funding available for research into the prevalence of mental health conditions in retired first responders.

Recommendation 14

5.45 The committee recommends that ongoing and adequate mental health support services be extended to all first responders who are no longer employees of first responder organisations around the country.

Support Services

If you or anyone you know needs help you can contact one of the services below:

Lifeline

13 11 14

www.lifeline.org.au

Kids Helpline

1800 551 800

www.kidshelpline.com.au

MensLine Australia

1300 789 978

www.mensline.org.au

Suicide Call Back Service

1300 659 467

www.suicidecallbackservice.org.au

Beyond Blue

1300 224 636

www.beyondblue.org.au

headspace

1800 650 890

www.headspace.org.au

Head to Health

www.headtohealth.gov.au

Emergency Services

000 (triple zero) if you are in immediate danger

Foreword

*What we do is not a normal job, we are there to help those Australians who are having the worst or last days of their life, and we do it because we care.*¹

On 27 March 2009, Constable Morgan James Hill's mother contacted his employer to tell them that something was not right with her son. The New South Wales police service did not seek input or assistance from trained mental health police negotiators. Instead, they sent two police cars and officers in bulletproof vests, who found and trained their lights on Morgan's car, drawing their guns on the young man with post-traumatic stress disorder sitting inside. Alone in his car, Morgan ended a phone call with his younger sister, and then ended his life with his own firearm.²

Almost ten years later, on Sunday, 9 December 2018, Sergeant Samantha Baglin walked into the Australian Federal Police headquarters in Canberra. That day, she became the fourth AFP officer to take her own life in 18 months.³

These two tragedies reflect how little has changed over the past decade for first responders experiencing mental health conditions.

The grief and personal anguish caused by these deaths is endless. Heartbroken families and friends, lives and futures lost. These first responders, and an unknown number of others like them, were people who protected and saved lives, but who did not get help when they themselves needed it most.

For every first responder who has taken his or her own life, there are others—their number unknown—who live approaching, near or on the brink of a mental health abyss, and others still who 'cope', not thinking their conditions are bad enough to warrant treatment. Some of them suffer in silence for years, until they are in one way or another unable to work. Some lose their families, friends and their homes. Some seek help, some do not. Some receive support when they ask for it, some do not. Some get better, and some never do. In many ways, their mental health concerns mirror those in the wider community, where the prevalence of mental illness is beginning to be discussed more openly. The difference is that, unlike most other professions, first responders' jobs are known to discernibly increase the risk of mental illness—no plausible contrary argument has been made.

It was this increased risk and this higher incidence of mental health injuries experienced by her colleagues that drove Tasmanian intensive care paramedic Simone Haigh to push for this inquiry. Ms Haigh recognised

¹ Mr Pat Jones, *Submission 1*, p. 1.

² Mrs Janet Hill and Mr Barry Hill, *Submission 100*, p. 2.

³ See 'Police union calls for change after suicide death at AFP headquarters', *The Canberra Times*, 10 December 2018. See also <https://www.thesaturdaypaper.com.au/news/health/2018/12/15/fourth-afp-officer-suicides-work/15447924007283> (accessed 11 February 2019).

the need for greater national leadership and coordination to improve the support for all first responders. The committee commends Ms Haigh for bringing this most serious matter to the attention of the Senate.

While emergency services bear a solemn responsibility for public safety, which they discharge under enormous pressure and considerable budgetary constraints, they also have an irrefutable duty of care towards the men and women who are on the front line of the emergency response: people who we expect to help us, to stand between us and danger or even death in our moments of vulnerability, desperation and distress, when all we can do is dial triple zero.

The committee firstly acknowledges the enormous public service and personal sacrifice our first responders provide to the Australian community. The committee also acknowledges the work done by some first response organisations in recent years and commends their leadership in accepting that mental health is a serious concern for their employees, and for some agencies, their volunteers. However, without results—results which must be palpable for first responders on the ground—policies risk being just words on paper. Much more needs to be done.

Despite notable efforts from a number of first response organisations to implement robust strategies to tackle the significant mental health challenges, the news is far from all good. Too many first responders speak of a culture of fear, intimidation and bullying in their work environments for their stories to be merely isolated incidents. Good management can mitigate the risk of mental illness in high-stress environments; bad management can make mental health problems far worse.

The committee is not comprised of mental health professionals, nor is it the committee's role to determine what is and is not appropriate in terms of treatment for first responders. And while the committee is not in a position to provide desperately needed redress to individuals, whose difficult experiences formed the backbone of this inquiry, it is the committee's hope that this report will help focus community attention on this important issue.

The committee extends its sincere gratitude to the individuals who shared their personal experience in order to inform this inquiry, and calls on Australian governments and their agencies to act on the recommendations in this report to ensure that first responders receive the support they need and which we, as a community, should willingly extend.

The human cost of inaction is too great.

Chapter 1

Introduction

1.1 On 27 March 2018, the Senate referred the following terms of reference to the Education and Employment References Committee for inquiry and report by 5 December 2018:

- (i) the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers;
- (ii) research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions;
- (iii) management of mental health conditions in first responder and emergency services organisations, factors that may impede adequate management of mental health within the workplace and opportunities for improvement, including: i.e. reporting of mental health conditions,
- (iv) specialised occupational mental health support and treatment services,
- (v) workers' compensation,
- (vi) workplace culture and management practices,
- (vii) occupational function and return-to-work arrangements,
- (viii) collaboration between first responder and emergency services organisations,
- (ix) post-retirement mental health support services, and
- (x) resource allocation; and
- (xi) any other related matters.¹

1.2 On 18 October 2018, the Senate granted an extension of time to report until the second sitting Wednesday in February 2019. Subsequently, on 29 November 2018, the Senate agreed to a reporting date of 14 February 2019.²

Conduct of the inquiry

1.3 Notice of the inquiry was posted on the committee's website. The committee also wrote to key stakeholders to invite submissions.

1.4 The committee received 161 submissions, as detailed in Appendix 1, and held seven public hearings:

- 18 July 2018 in Brisbane;
- 31 July 2018 in Hobart;
- 29 August 2018 in Adelaide;

¹ *Journals of the Senate*, 27 March 2018, p. 2948.

² *Journals of the Senate*, 18 October 2018, p. 3999.

- 30 August 2018 in Fremantle;
- 5 September 2018 in Melbourne;
- 25 September 2018 in Sydney; and
- 7 November 2018 in Canberra.

1.5 A list of witnesses who gave evidence at the committee's public hearings is contained in Appendix 2.

Background to the inquiry

1.6 This inquiry came about as a result of an individual first responder, Ms Simone Haigh, reaching out and relating her experiences.

1.7 The committee received a considerable volume of evidence directly from first responders, the bulk of it made public. This evidence, given both in writing and verbally at public hearings, gives the committee and the wider community a rare glimpse into the daily realities faced by first responders, people who spend their working lives engaging with confronting situations.

Notes on references

1.8 References to the committee Hansard are to the proof Hansard. Page numbers may vary between the proof and official Hansard transcripts.

Acknowledgements

1.9 The committee thanks submitters and witnesses who contributed to this inquiry, in particular individual first responders who demonstrated great courage by coming forward with their own personal experiences.

Chapter 2

Why first responders?

What other job requires you to be in a constant state of hyper vigilance and alertness yet at the same time be a counsellor, a social worker, a lawyer, or a prison warden. What other profession authorizes you to take a person's liberty, or potentially use deadly force, but then mandates that you attempt to save the person's life that has just tried to kill you? What job causes you to wonder whether you will come home to your loved ones after you bid them farewell each and every day as you head off to work?¹

- 2.1 First responders are highly skilled men and women who deliver the initial response in emergency situations, interacting with people and the forces of nature in extreme circumstances. Incidents requiring emergency response often involve serious injury or death, or a threat to life, safety and property. The term 'first responder' most commonly refers to professionals such as paramedics, police officers, fire fighters and other emergency personnel trained to provide assistance in time-critical, often life-threatening situations. It may also refer to individuals who perform those functions in a volunteer capacity and emergency control centre workers.
- 2.2 There are over 80 000 full-time emergency workers in Australia.² These professionals perform an indispensable function in the community, dealing with vulnerable people in urgent need who may be injured, in a state of heightened anxiety, shock or distress, in danger or deceased. They do this in circumstances where their own safety may be at significant risk. By definition, these jobs entail highly challenging working conditions and regular exposure to traumatic experiences, including both direct and vicarious trauma. They often work on irregular shift patterns, and face long hours, fatigue and the need to make often critical decisions under constant time pressure. They do this almost every day, for years on end.
- 2.3 The subject of mental health conditions in first responders is garnering growing interest in Australia and internationally.³ It is now widely thought that first responders are at increased risk of experiencing serious, ongoing

¹ Mr Grant Edwards, *Submission 55*, p. 2.

² Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 2. The committee notes that the actual number of first responders is much higher than this when part-time workers and volunteers are included. Behind the Seen, a not-for-profit project seeking to heighten awareness of the effects of career-related stress on emergency personnel and their families, looked at annual reports from 30 organisations and concluded that there may be an estimated 335 000 first responders in total in Australia. See Behind the Seen, *Submission 12*, p. 6.

³ Dr Linda Crowley-Cyr and Mr James Hevers, *Submission 130*, p. 4.

stress which if left untreated may develop into mental health conditions including anxiety, depression or post-traumatic stress disorder (PTSD).⁴

- 2.4 This chapter looks at the reasons for, and prevalence of mental health conditions in first responders.

Expectations and the hazard environment

- 2.5 Emergencies can be prepared for and personnel can be trained, but they do not occur at a time or on a scale of any organisation's choosing:

Whilst in some situations, such as issues of social disorder, floods and cyclones, it is possible to predict and prepare for the likelihood of an event, it is rarely possible to predict the degree of severity or damage, and in many cases incidents (such as road accidents, house fires and homicides) arise randomly and unpredictably.⁵

- 2.6 In *When Helping Hurts: PTSD in first responders*, a report following a high-level roundtable, independent and not-for-profit think tank Australia21 finds that managing the expectations of a crisis environment as well as the wellbeing of staff 'has many of the characteristics of a wicked problem'.⁶ The challenges are considerable:

These include how to staff first responder organisations to accommodate some recovery time from the inevitable stresses of their role; how to prepare first responders for the psychological risks of the job without undermining the motivation and spirit that attracted them to the work in the first place; how best to provide in-service psychological counselling and training to maximise personal resilience while also enhancing the ability of the organisation to identify in good time people in need of help; how to honour the courage of those who do seek help in an organisational culture that also honours resilience and capacity to keep on responding in times of danger and crisis.⁷

- 2.7 The University of Adelaide Centre for Traumatic Stress Studies reports that emergency service workers face particular occupational hazards which present a risk to their mental health, describing the high rates of mental health disorders in this cohort as a 'predictable phenomenon':

In essence, it is the cumulative exposure to horrific accidents and life-threatening events, as well as the personal threat to the individual officers, that leads to a cumulative risk of developing a range of mental health disorders. It is striking that there is little actuarial modelling of this risk of mental [health disorders] in the course of the career of an emergency service worker in any of the emergency services.⁸

⁴ See Australia21, *Submission 89*, pp. 1–2.

⁵ Australia21, *Submission 89, Attachment 1*, p. 7.

⁶ Australia21, *Submission 89, Attachment 1*, p. 7.

⁷ Australia21, *Submission 89, Attachment 1*, p. 7.

⁸ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, p. 2.

- 2.8 This is borne out by other research, which suggests that first responders may be particularly vulnerable to sequential stressors due to the nature of their work.⁹

Box 2.1 – The lived experience

An example of my early career was as a student I was tasked for “the baby run”. This is where I would go on my own to a midwifery home on a Monday morning. The task was to package up the still born babies born over the weekend. I would have to place each baby in a cardboard box then place them on the ambulance stretcher (on one occasion I remember there were 7 babies). I would then drive down to the Royal Hobart Hospital mortuary and place each box on a sand stone shelf in the mortuary fridge. At the time this did not impact me, but as the years and decades have rolled on I think about this often.

Mr Peter James, paramedic¹⁰

Our work as First Responders is not a sterile office environment. We put our hearts and souls into our work. We constantly risk our lives at work. We have lost friends in our work. Our families risk losing a son, a daughter, a father, a wife when we go to work. We have had colleagues significantly burnt or injured, shot or wounded, beaten and bashed, fallen from heights and hit by vehicles. We have had colleagues take their lives because of their experiences at work. We have had colleagues suffer and sadly die from significant cancers because of workplace exposure. Our actions or inactions are something we must carry with us for the rest of our lives... It is an honour and privilege to help others, but just as we care for others we also need to be cared for.

Mr Andrew Picker, firefighter¹¹

I was in road patrol and we were called to a fatality. I had been to plenty and you learn too just ‘deal with it’. When we got there, we saw two fourteen-year olds lying dead on the road. It hit me like a brick. I was so overcome with emotion. I did what was needed to be done but I was emotionally numb and I can’t get the vision of those two lost lives out of my mind. I always just saw the bodies I never saw them as people. My mistake that night was I saw them as teenagers. Now my heart thumps every time we attend an accident. I just feel I will never be the same again.

Anonymous, police officer¹²

I was really struggling and felt I just couldn’t go on. I was exhausted and just felt like crying. People were dying, how selfish it would have been for me to express what I felt in that context. I just kept going but by the end I was a wreck.

Anonymous, volunteer firefighter¹³

During my career I have responded to over 2000 cardiac arrests which I was actively

⁹ Safe Work Australia, *Submission 30*, p. 8.

¹⁰ Mr Peter James, *Submission 20*, p. 1.

¹¹ Mr Andrew Picker, *Submission 123*, p. 2.

¹² See Mr Bruce Perham, *Submission 6*, [p. 3].

¹³ See Mr Bruce Perham, *Submission 6*, [p. 7].

involved in resuscitation attempts, ages ranged from newborn, to the very aged persons... I have attended and managed over 2500 motor vehicle accidents, and have declared there to be no signs of life in many hundreds... In many of the above cases I personally have had to inform the parents of a deceased child that their child is deceased. That is very difficult to do (however it is part of the job), but it is even harder to inform a child that their parent/s are deceased... I have been assaulted multiple times... I have been shot at, involved in knife fights and feared for my life on numerous occasions, I have also had my family threatened on numerous occasions and witnessed a murder and suicide... I know that the above sound like a story but it is real and happens every day in the emergency services.

Mr Malcolm Babb, paramedic¹⁴

2.9 The situations first responders witness and deal with vary, and may be psychologically challenging in a number of ways:

- They may see revolting or otherwise confronting things at the job they are called to.
- They may think that they are about to lose their own life when attacked by armed or otherwise dangerous individuals.
- They may identify with the circumstances surrounding an incident to the degree that they become emotionally involved. (This may be evident when a first responder from an abusive family background gets called to a domestic violence scene or when a paramedic or police officer who is a parent attends the death of a child).
- They may be impacted by the grief and distress of victims around them in a wide range of circumstances.¹⁵

2.10 The Royal Australian and New Zealand College of Psychiatrists (RANZCP) concurred that most first responders are exposed to trauma repeatedly:

Exposure to trauma or 'critical incidents', such as disasters, interpersonal violence, traffic accidents, and combat, forms an important part of the work of first responders and emergency service personnel. Research on Australian firefighters provides a valuable snapshot of trauma exposure in emergency services. A study on South Australian metropolitan firefighters found that 76% of the workforce reported exposure to 10 or more critical incidents throughout their career, and almost all those involved reported witnessing death on the job.¹⁶

2.11 Mental health can be influenced in a number of ways in this cohort:

The mental health of non-operational and operational first responders and emergency service workers can be influenced by a number of factors, including traditional workplace risks such as large workloads, lack of control over work and demanding deadlines and targets. Operational first

¹⁴ Mr Malcolm Babb, *Submission 25*, p. 1.

¹⁵ Reverend Jim Palmer PSM, *Submission 8*, p. 2.

¹⁶ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 4.

responders and emergency service workers face unique risks in addition to traditional workplace risks, including repeated exposure to trauma. Individuals recruited often have high expectations of their own performance and a low tolerance for failure.¹⁷

2.12 Submitters distinguished between two different ways in which exposure to trauma, described by one firefighter as seeing 'things that no human should see',¹⁸ may affect first responders:

- Particular cases which impact the worker profoundly.
- The cumulative effect of repeat exposure to confronting situations.

2.13 The hazards and risks of exposure to trauma cannot be understated and, the Centre for Traumatic Stress Studies reported, this is supported by evidence:

There is an extensive body of literature documenting these hazards and risks. The combined literature would suggest that ambulance officers and paramedics are a group at highest risk. In general, the risk is highlighted by the positive linear relationship between the number of fatal incidents attended and the rates of posttraumatic stress disorder, depression and heavy drinking, independent of emergency service in which the individual serves.¹⁹

2.14 These risks extend beyond emergency personnel who are directly exposed to trauma at the scene of an event or events:

This has been noted in emergency medical dispatchers who take calls from the triple zero hotline. While further research is required before secondary trauma is fully understood, it is important that it be considered with regard to emergency services personnel and to ensure that treatment and care are appropriately provided.²⁰

2.15 Ms Jeannie Van Den Boogaard, formerly a dispatcher for the Victorian Emergency Services Telecommunications Authority (ESTA) with 15 years' service, spoke of her lived experience going to work one day and coming home 'a different person':²¹

I was employed by ESTA as a Dispatcher for the Fire Services for 15 years before having to reluctantly resign on the advice of my psychologist due to my mental health. I was diagnosed with PTSD and severe depression in February 2014. I was on night shift for Black Saturday (February 7th, 2009), I was subjected to almost 13 hours straight of the horrors of that event and was severely affected by what I had endured throughout that shift and the weeks to follow.

¹⁷ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 4, citations omitted.

¹⁸ Mr Peter James, *Submission 1*, p. 1.

¹⁹ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, p. 2.

²⁰ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 5, citation omitted.

²¹ Ms Jeannie Van Den Boogaard, *Submission 84*, p. 2.

I, somehow, remained at work for the next 5 years. I was never the same person after Black Saturday. I knew that something was not right but I didn't understand what I was going through. Directly following Black Saturday, I tried tirelessly to be heard by management regarding many matters, to have changes made to procedures and to have more support for the staff but none of those came to fruition.²²

Box 2.2 – The lived experience

I started my role as a superintendent with ACT Fire and Rescue on 13 February 2009. My very first job on that day was to approve a list of staff that were deployed to the 2009 Black Saturday bushfires. Amongst that list of staff that I approved on that day was a very good friend of mine and a family friend called David Balfour. David was killed in the line of duty, supporting the state of Victoria and supporting our staff. That took a very big toll on me, and it will stay with me for the rest of my life that I made the decision to send that man to Victoria.

Mr Pat Jones, firefighter²³

When three of my colleagues committed suicide, I was never given any counselling. I wasn't allowed to discuss it... I was expected to keep going—turn on the Superman switch, which doesn't work anymore. I don't know how I've summoned up the strength to appear here today to give this evidence. I don't need notes. It's all in here. Every day of my life, every night, is a living misery for me—for what has been done to me and what has happened in the police force without being allowed to get closure and to speak about the individual life-threatening incidents that I've been involved in.

Mr David O'Connell, former police officer²⁴

The point of no return for me all happened within a week in May 2012 where I was required to view over 1700 child pornographic videos over 2 days. I believed it was an unpleasant part of an otherwise great job. I felt I was saving others having to view this abhorrent behaviour. I couldn't control my emotions, shocked at the cruelty & degradation I was witnessing. I had NEVER [had] such a response which confused me, because I'd seen so much I didn't think there was anything which could shock me. Flashbacks & triggers still appear as a result of those 2 days to this day, though they have dissipated.

Ms Narelle Fraser, former police officer²⁵

- 2.16 Emergency service officers do not usually become unwell after a single traumatic event. Instead, it is often repeated exposure to trauma over time which results in building and gradually worsening symptoms:²⁶

²² Ms Jeannie Van Den Boogaard, *Submission 84*, p. 1.

²³ Mr Pat Jones, private capacity, *Committee Hansard*, 25 September 2018, p. 9.

²⁴ Mr David O'Connell, private capacity, *Committee Hansard*, 25 September 2018, p. 26.

²⁵ Ms Narelle Fraser, *Submission 144*, [p. 3].

²⁶ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, p. 2.

In first responders and emergency service personnel it is not simply exposure to a single traumatic event but repeated trauma exposure that results in the neurobiological dysregulation that underpins the emergence of clinical disorder. Population studies show that the number of trauma exposures increases the risk for post-traumatic stress disorder and other adverse health outcomes.²⁷

- 2.17 The committee heard that it is doubtful whether training and conditioning can ever completely mitigate this risk. As put by the United Firefighters Union of Australia:

Firefighters are very well trained, and you can train a firefighter, and certainly this country has got great firefighters, but you can't condition them from the accumulated exposure to the trauma. We've looked at programs. Recruits get some education and promotional courses, but you cannot inoculate them from the accumulated exposure. You've got to remember that, when they knock off to go home to their own family, they may have just had to deal with a child passing away from SIDS or alternatively...with the hanging of a young girl. You've got to go home and pretend you're a happy father or a happy mother or a happy parent.²⁸

- 2.18 Dr Brian White, a consultant psychiatrist and member of the International Society for Traumatic Stress Studies, describes mental health conditions as being 'broadly proportional' to exposure to trauma, outlining a number of factors which can determine how individuals respond over time to these experiences. While training, support and general health are important and play a role, Dr White states that exposure to traumatic experiences is the key factor:

The most significant factor is the number and severity of these traumatic experiences. The second most significant factor is the management of people after they have had such experiences. Poor support and isolation if not outright aggression and intimidation will significantly aggravate these conditions. There are a number other factors which are important; including effective training, effective leadership, physical fitness, having a clear mission and positive community support are all important. However, in terms of the relative contribution to the production and perpetuation of psychiatric syndromes are less significant than the actual traumatic experiences.²⁹

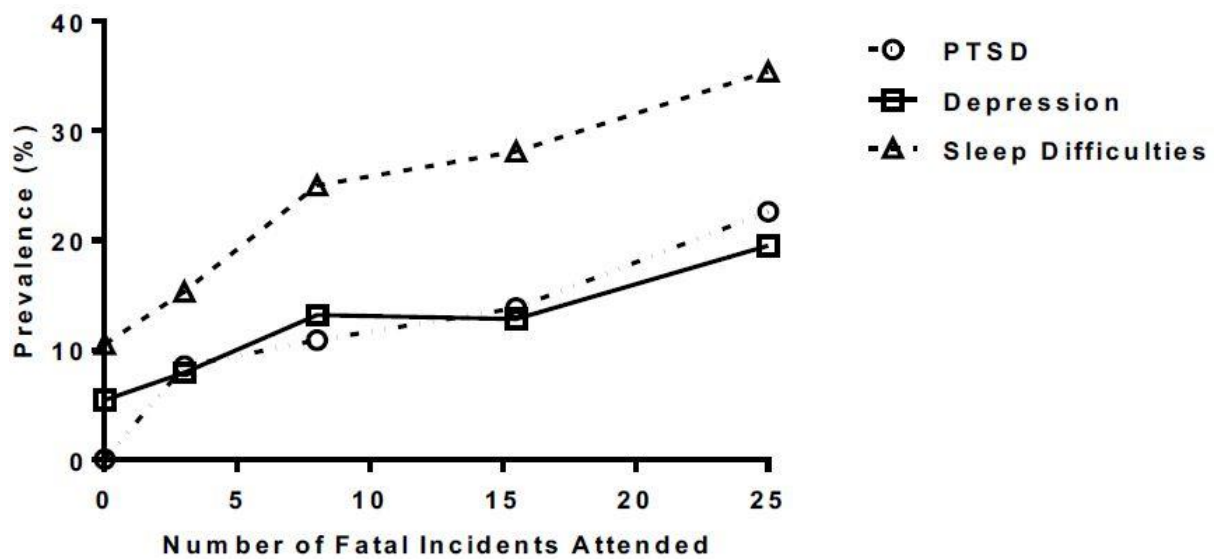
- 2.19 The figure below, provided by the Black Dog Institute and based on data collected from a survey of fire fighters undertaken in 2016, clearly illustrates the relationship between the number of fatal incidents attended and mental health outcomes:

²⁷ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 4. Citation omitted.

²⁸ Mr Peter Marshall, National Secretary and State Secretary, Victorian Branch, United Firefighters Union of Australia, *Committee Hansard*, 18 July 2018, p. 46.

²⁹ Dr Brian White, *Submission 13*, p. 1.

Figure 2.1 The impact of cumulative trauma exposure³⁰



Black Dog Institute, *Submission 94*, p. 6.

2.20 While reliable data was limited over the course of this inquiry, in late 2018 Beyond Blue released a report on its large-scale study of mental health and wellbeing in police and emergency services.³¹ The report is a valuable resource for agencies and policymakers. In relation to the prevalence of mental health conditions, key findings include:

- 10 per cent of employees have probable PTSD. The prevalence of PTSD in the general Australian population is estimated to be four per cent.
- 21 per cent of employees have high psychological distress, and nine percent very high psychological distress. Among the general population, those figures are eight and four per cent respectively.
- 39 per cent of employees reported having been diagnosed with a mental health condition by a mental health professional at some point in their life, compared to 20 per cent of the general population.
- 51 per cent of employees indicated that they had experienced traumatic events which affected them deeply.
- The risk for psychological distress and PTSD increased with length of service. Two per cent of employees with less than two years' service have probable PTSD, while 12 per cent of employees with more than 10 years' service exhibit signs of probable PTSD.³²

³⁰ Black Dog Institute, *Submission 94*, p. 6.

³¹ See *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, available at: <http://resources.beyondblue.org.au/prism/file?token=BL/1874> (accessed 22 January 2019).

³² *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, available at: <http://resources.beyondblue.org.au/prism/file?token=BL/1874> (accessed 22 January 2019).

2.21 The report also effectively illustrates the connection between the number of years in service and risk of PTSD.³³

2.22 Mr John Richardson, an intensive care paramedic for 37 years before being medically discharged due to a mental health disorder, captured the effect of cumulative trauma eloquently:

My belief is we all have a stress bucket and as we confront stressful situations the bucket accumulates stress and starts to fill. Most emergency service personnel are good at managing stress (emptying some of the bucket) but sometimes we can't keep the bucket from overflowing resulting profound emotional reaction. This continuing accumulation/emptying of the bucket over many years had a telling effect on me. Even though I thought I could handle everything this was not the case. This became apparent when dispatched to a choking child which I knew in my mind could either be something life threatening or something minor. As a single officer response on the way to the case I had a profound emotional reaction. After this event I was forced to acknowledge that I was burnt out so I took some sick leave. While on this sick leave my wife, family and friends convinced me that I needed help and it was the result of workplace injury.³⁴

2.23 The committee does note, however, that individuals can, and do, at times experience a single event which is so traumatic that their lives are upended in a short space of time. One such submitter, Ms Jeannie Van Den Boogaard, experienced this after the horrific Black Saturday bushfires in Victoria:

Unfortunately, I was rostered on for a 12-hour night shift on Black Saturday, 7 February 2009. I actually went in a little early and took over region 13's CFA radio dispatch. Not long after I slipped my headset on, the fires took off through the Kinglake region, and within about 20 minutes I was dealing with a horrific mayday call from a crew whose fire truck had become disabled, and they had the fire bearing down on them. That was only the start of my shift. To describe the whole shift to you and to have you totally understand what I went through for nearly 13 hours straight would take way too long, but, exactly a year to the day of Black Saturday, I wrote a story, called *One year on*. It is a total account of what I endured that day as a dispatcher. I did attach it to my submission... I left out the gory details, but it will give you a total understanding of the roller-coaster of emotions, the madness and mayhem in the control room and the anguish of those on the front line that day. Most people think of Black Saturday as a one-day event, when, in actual fact, it went on for weeks. I, like others, went back in, shift after shift, even on my days off during those weeks. Unfortunately, as a result, I now have PTSD, severe depression and anxiety. I went to work one day, and I came home a different person whose life has been changed forever.³⁵

³³ *Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services*, 2018, p. 66.

³⁴ Mr John Richardson ASM, *Submission 149*, p. 1.

³⁵ Ms Jeannie Van Den Boogaard, private capacity, *Committee Hansard*, 5 September 2018, p. 10.

Work intensity and resourcing

2.24 The committee also noted evidence supplied by the Ambulance Employees Association, South Australian branch, which urged a rethink of the pressure ambulance crews are placed under:

I've also seen a steady and relentless increase in work intensity from a time where some downtime as part of the job was assured, because of the number of crews and the workload, to now, where the workload is unmanageable. It creates risk for ambos themselves and the community they serve. This is compounded by chronic shortages in the health system generally. I've also seen over this time fatigue emerge as a significant and increasing concern for frontline ambulance first responders.³⁶

2.25 Shift work and intense rostering practices are also said to impact on both mental and physical health. These risks are discussed further in chapter 3.

2.26 This clearly goes to the question of resourcing. However, as with all sectors, tighter budgets impact on the amount of money available for staffing, as well as the expectations and pressure placed on staff:

Over time, it's become more difficult to gain funding from governments to ensure ambulance service delivery is properly resourced. Governments tend to skimp on funding as long as they can get away with it. This approach has led to poor response times and the trampling of ambos' rights for a timely meal break, to knock off on time and to get some respite from the job, as well as an alarming disregard for the impact of work intensity on ambos' mental health. All roles in the public service are important and all are busy, but the role of ambulance first responders has unique factors that are not accounted for in the demand-supply equation. Unlike other roles, trauma, distress and antisocial behaviour are encountered on an almost daily basis in an environment that is uncontrolled, unpredictable and which requires time-critical, adaptive and autonomous decision-making. People's lives depend on it. Human factors that should be considered are not in workforce planning.³⁷

2.27 The committee also raised the issue of ambulance ramping with witnesses.

2.28 Ramping refers to the time ambulances spend in a hospital emergency department while ambulance officers or paramedics care for and hand patients over to the care of emergency department staff.³⁸

2.29 Upon arrival at the emergency department, patients are triaged. Priority is given to urgent or life-threatening cases, such as those requiring resuscitation.

³⁶ Mr Phil Palmer, General Secretary, Ambulance Employees Association, South Australia, *Committee Hansard*, 29 August 2018, p. 1.

³⁷ Mr Phil Palmer, General Secretary, Ambulance Employees Association, South Australia, *Committee Hansard*, 29 August 2018, pp. 1–2.

³⁸ See WA Department of Health at https://healthywa.wa.gov.au/Articles/A_E/Ambulance-ramping-explained (accessed 5 February 2019).

Ambulance officers or paramedics stay with non-urgent patients until their care can be transferred.³⁹

- 2.30 The committee heard that in Tasmania for example ramping is a serious concern for first response organisations, whose ambulances and staff cannot provide a service to the next patient while they are on the ramp. However, a strategy to address this problem was not in place at the time of the committee's public hearing.⁴⁰

Mental health injuries

- 2.31 The mental health conditions first responders report include depression, anxiety and post-traumatic stress disorder (PTSD). Co-morbidity including a number of conditions simultaneously is not uncommon in this cohort, nor is self-medication with alcohol or other forms of substance abuse.

- 2.32 Safe Work Australia (SWA) has commissioned four reports relating to mental health and the workplace in Australia:

- (1) Work-related mental disorders in Australia – April 2006
- (2) Psychosocial safety climate and better productivity in Australian workplaces: Costs, productivity, presenteeism, absenteeism – November 2016
- (3) The Australian workplace Barometer: Report on psychosocial safety climate and worker health in Australia – December 2012
- (4) The relationship between work characteristics, wellbeing, depression and workplace bullying: Summary report – June 2013⁴¹

- 2.33 The first of these, *Work-related mental disorders in Australia*, summarised available data on both the severity and magnitude of mental health conditions, as well as the evidence on approaches to prevention and their effectiveness. The report drew a distinction between PTSD and other psychiatric disorders, noting that the condition carries with it a raised risk of developing other mental health disorders. Three categories of stressors leading to PTSD were identified:

- time limited stressors – high intensity events the victim is unprepared for
- sequential stressors – cumulative effect of multiple events, and
- long-lasting exposure to danger – such as repeated abuse which can remove inner sense of security.⁴²

³⁹ See WA Department of Health at https://healthywa.wa.gov.au/Articles/A_E/Ambulance-ramping-explained (accessed 5 February 2019).

⁴⁰ Mr Neil Kirby, Chief Executive Officer, Ambulance Tasmania, *Committee Hansard*, 31 July 2018, p. 59.

⁴¹ Safe Work Australia, *Submission 30*, pp. 7–8.

⁴² Safe Work Australia, *Submission 30*, p. 7.

- 2.34 The most prevalent mental health condition reported by first responders and health professionals who treat them is PTSD. Mental health professions first recognised PTSD as a syndrome in the 1980s. It can be a debilitating and chronic condition:

It is usually triggered by exposure to traumatic situations where an individual may be placed in a life or death situation that can also challenge their emotional resources, beliefs and values.⁴³

- 2.35 Evidence from RANZCP points to the significant risk emergency personnel have of developing PTSD, as well as complex manifestations of mental illness which may not reach diagnostic criteria but may well be damaging to the individual:

Particularly well studied in this field is post-traumatic stress disorder (PTSD), with systematic reviews of the evidence indicating that emergency service personnel have a significant risk of developing PTSD in the course of their working career. This is particularly concerning when the numerous physical comorbidities of PTSD are considered, acknowledging that it is a systemic disease that can have a significant impact on a number of areas of life. Approaches to this issue must also consider the issue of suicidal ideation and behaviour with lower levels of mental distress, known as sub-syndromal PTSD. With sub-syndromal PTSD individuals report levels of symptoms that are just below the threshold required to reach the DSM [Diagnostic and Statistical Manual] diagnostic criteria. Sub-syndromal PTSD has been identified as being a significant risk factor for the later emergence of PTSD.⁴⁴

- 2.36 The committee heard that PTSD is by its nature difficult to diagnose, and often takes time to formally diagnose. While most people would meet the necessary criteria for PTSD immediately following a traumatic event, it is those who do not recover in coming months that can be accurately diagnosed:

In the initial weeks after trauma most people meet the criteria for PTSD, then over the next three months 50% recover, with recovery continuing over time. Full diagnostic criteria for the 10–15% who develop PTSD are not met until six months have elapsed, yet early intervention gives the best prospects for recovery.⁴⁵

- 2.37 Furthermore, first responders affected by PTSD may display problems with behaviour and performance at work that are not unique to sufferers of the condition, meaning that their PTSD may exist undetected or mischaracterised. Submitters recognised that while employers need to be compassionate towards workers, they must also manage the risk of spurious claims designed to avoid accountability for underperformance.⁴⁶

⁴³ Australia21, *Submission 89, Attachment 1*, p. 8.

⁴⁴ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 4, citations omitted.

⁴⁵ Australia21, *Submission 89, Attachment 1*, p. 8.

⁴⁶ Australia21, *Submission 89, Attachment 1*, p. 8.

2.38 The Centre for Traumatic Stress Studies pointed to emerging evidence indicating that PTSD is a systemic disease, emphasising the need for those managing the mental health of first responders to understand this and the complex neurobiology involved:

While trauma exposure is the critical precipitating event for conditions such as PTSD, and psychosocial risk factors play a significant role in the onset of the condition, the role of neurobiology cannot be underestimated. PTSD impacts a multiple of biological systems, including inflammation, endocrine and metabolic function. Brain circuitry and neurochemistry are also significantly disrupted in a progressive manner with repeated trauma exposure. Genetic factors and the switches that activate genetic mechanisms are also increasingly being understood to play a significant role in the onset and maintenance of the condition. It is important that any consideration of both prevention and intervention carefully considers the neurobiology of posttraumatic stress disorder. This is increasingly the case because of the emerging evidence that PTSD is in fact a systematic disease carrying with it significant physical comorbidities such as autoimmune disease, hypertension, metabolic syndrome and decreased life expectancy. This extensive literature cannot be reasonably summarised in the course of this submission but it is a critical body of knowledge that needs to be understood by any occupational workforce managing the mental health of emergency service workers.⁴⁷

2.39 This, the committee notes, highlights the importance of early intervention:

With the passage of time these symptoms tend to remain and then escalate with further trauma exposures. This highlights the substantial opportunities for early interventions. It is also the case that a significant percentage of emergency service workers who develop a PTSD remain within the workforce in the earlier stages of developing the condition. Subsequent exposures to traumatic stress lead to the increasing severity of their PTSD. It is in the context of the increasing disability that they finally are no longer able to keep functioning. Presenteeism is common problem rather than individuals taking excessive sick-leave. The continued presence in the work place when they are unwell leads to a worsening of their prognosis and a decreased probability of having a positive outcome from treatment.⁴⁸

2.40 Dr White submitted that while PTSD is prominent, it is not the only mental health condition generated by exposure to trauma, which can lead to a range of depressive and anxiety disorders as well. He also noted that the conditions suffered by an individual have a major impact on their families.⁴⁹

2.41 The Australian Counselling Association concurred, adding that mental health conditions may not be immediately obvious:

⁴⁷ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, p. 4.

⁴⁸ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, pp. 2–3.

⁴⁹ Dr Brian White, *Submission 13*, p. 1.

First responders, emergency service workers and volunteers have been shown to be at risk of a number of mental health problems; which could include alcohol abuse, depression, posttraumatic stress disorder, fatigue, suicide and others. The preponderance of mental health disorders increases the risk of death by suicide. There is no blanket term or single diagnosis that encompasses all potential mental health conditions experienced by first responders/emergency service occupations. Mental health conditions can manifest quietly and have significant implications on the individual's overall health and wellbeing.⁵⁰

- 2.42 The committee noted that, while clinically important for individuals and the professionals treating them, breaking psychological disorders down into different categories may be counterproductive in terms of gauging their prevalence in the first responder population. This salient point was made by Mr Ray Karam, former police officer and founder of Police Are People, a community project which offers support to police and other first responders and works to build awareness of the impact of high intensity work:

As to figures, I don't know if you've had any luck in getting accurate figures, but they break things up. So I'm watching now to see how they break up PTSD, because it'll be post-traumatic stress disorder under this heading, and there'll be different levels of it. So they'll break it all up, so you won't have how many people actually committed suicide here, how many were on the job here, how many were this or that. They break all the figures up for a reason. Scatter it across and it doesn't look as bad.⁵¹

- 2.43 Noting this key point, the next section looks at available data on the prevalence of mental health conditions.

Prevalence of mental health conditions

- 2.44 At a public hearing on 5 September 2018, the committee heard that Australia was lacking a national dataset or baseline measurement of mental health conditions in Australia's first responders.⁵² The prevalence of mental health conditions in first responders is difficult to establish with accuracy, but is widely considered to be considerably greater than that found in the broader community. A number of submitters and witnesses sought to provide estimates.
- 2.45 Statistics on the number of mental disorder claims, provided by SWA, offer some insight. SWA stated that an average of 711 serious workers' compensation claims were submitted per year from 2011-12 to 2015-16, equating to about 10 per cent of serious mental disorder claims:

⁵⁰ Australian Counselling Association, *Submission 3*, p. 7.

⁵¹ Mr Ray Karam, Founder, Police Are People, and private capacity, *Committee Hansard*, 25 September 2018, p. 28.

⁵² Ms Georgina Harman, Chief Executive Officer, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 1.

Of these claims, Police account for the vast majority (an average of 566 serious claims or 76 per cent), followed by Ambulance officers and paramedics (an average of 120 serious claims or 17 per cent), and Fire and emergency workers (an average of 53 serious claims or 7 per cent).⁵³

- 2.46 SWA provided a table comparing select statistics for mental health claims among first responders and others from 2011-12 to 2015-16:

Figure 2.2 Selected statistics for serious mental disorder claims among first responders compared with total serious mental disorder claims and with all serious claims (2011-12 to 2015-16)⁵⁴

	Average No. of serious claims	Proportion of claims	Frequency rate (serious claims per million hours worked)	Incidence rate (serious claims per 1,000 employees)	Median claim payment	Median weeks off work
Mental disorder claims – first respondents	711	1%	4.6	8.2	\$49,600	26.4
All mental disorder claims	7,206	6%	0.4	0.7	\$26,800	15.0
All serious claims	115,400	100%	6.4	10.7	\$10,300	5.4

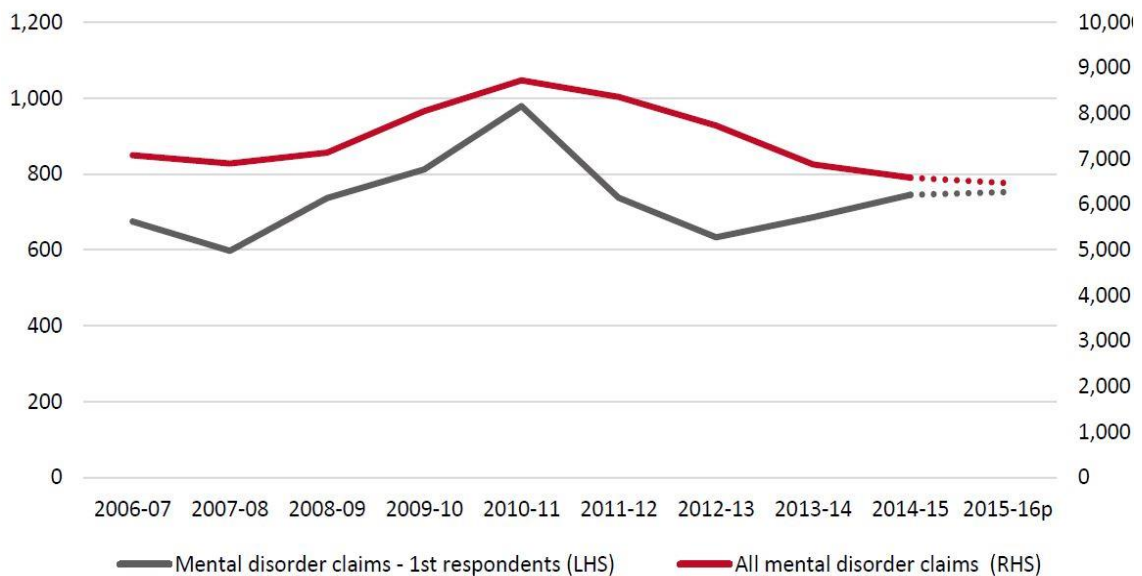
Safe Work Australia, Submission 30, pp. 3–4.

- 2.47 The table shows that both the frequency rate and incidence rate are more than 10 times higher in the first responder cohort than the general population, and that the median claim payment for first responders is also nearly double that of the general population. Furthermore, first responders' claims lead to significantly more time off work. The figure below, also supplied by SWA, depicts a rise and fall in the number of claims made by first responders and others from 2006-07 to 2015-16:

⁵³ Safe Work Australia, *Submission 30*, p. 3.

⁵⁴ Safe Work Australia, *Submission 30*, pp. 3–4.

Figure 2.3 Number of serious workers' compensation claims for mental disorders among first responders compared with all mental disorder claims (2006-07 to 2015-16)⁵⁵



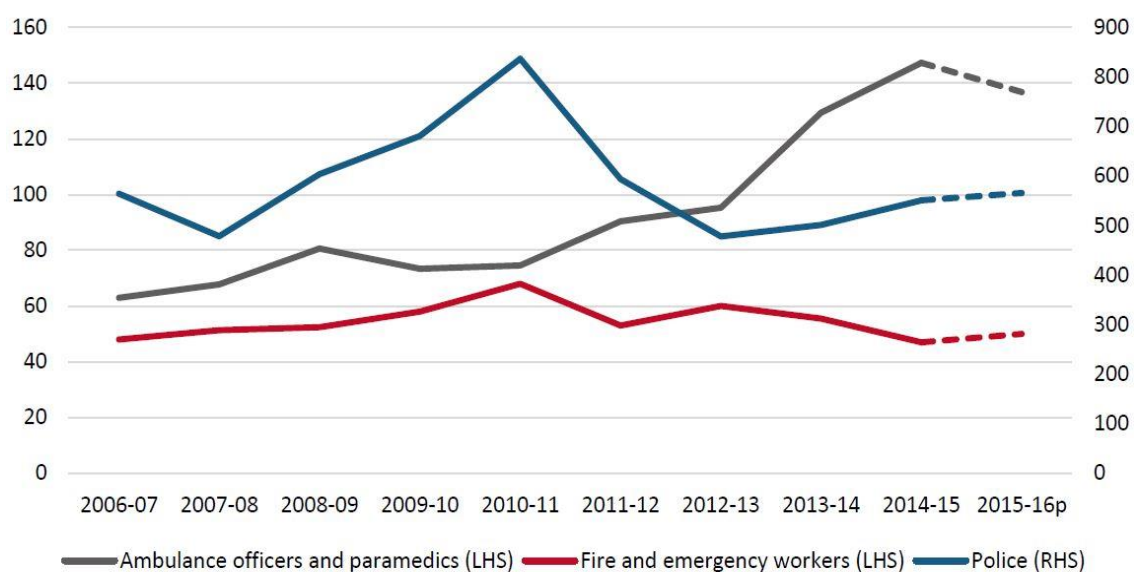
Safe Work Australia, Submission 30, p. 4.

- 2.48 While the numbers of claims follow a similar pattern, it is important to note that trends may reflect more than just the prevalence of mental disorders. They may also reflect 'changes made within jurisdictional schemes with respect to the compensability of mental disorders.'⁵⁶
- 2.49 The following figure, also supplied by SWA, shows that while claim numbers for police, fire and emergency service workers follow similar trends to those depicted above in Figure 2.2, claims for ambulance officers and paramedics followed a different pattern over the same period:

⁵⁵ Safe Work Australia, *Submission 30*, p. 4.

⁵⁶ Safe Work Australia, *Submission 30*, p. 4.

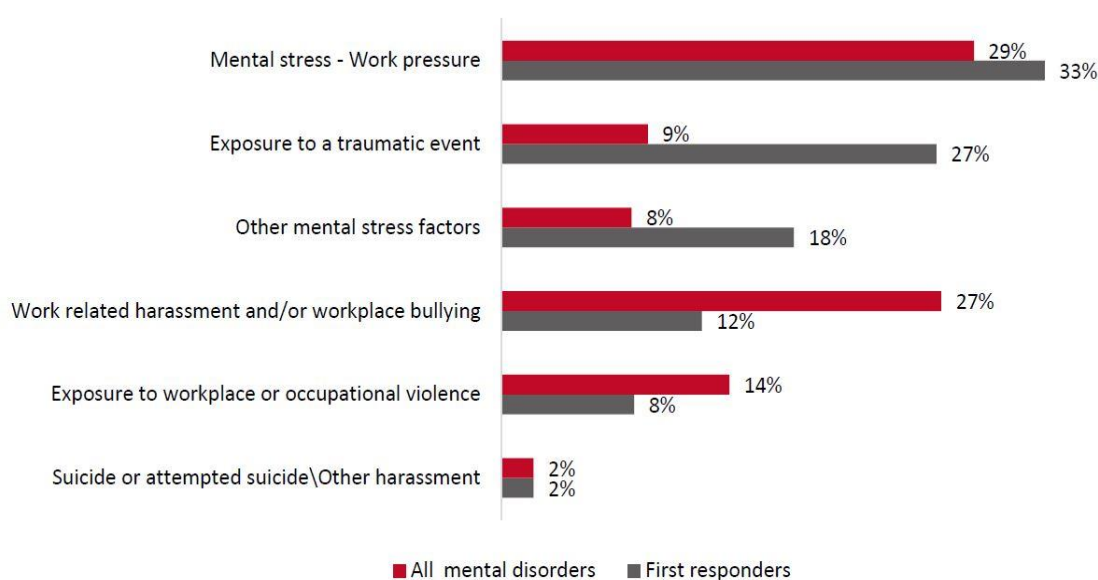
Figure 2.4 Number of serious workers' compensation claims for mental disorders by first responder occupation⁵⁷



Safe Work Australia, Submission 30, p. 5.

2.50 Tellingly, the highest proportion of claims for first responders was due to mental stress, followed by exposure to trauma. As could be expected, the level of first responders' mental disorder claims due to exposure to traumatic events was three times as high as amongst the general claimant population.

Figure 2.5 Proportion of serious mental disorder claims by mechanism of incident⁵⁸



Safe Work Australia, Submission 30, p. 6.

⁵⁷ Safe Work Australia, *Submission 30*, p. 5.

⁵⁸ Safe Work Australia, *Submission 30*, p. 6.

- 2.51 Caution must be exercised in extrapolating too much from the above figures, however. Considering the extensive evidence received on the stigma associated with the reporting of mental health conditions, which is discussed in the next chapter, it is probable that the number of claims does not reflect the true instance of serious, potentially debilitating mental health conditions experienced by first responders.
- 2.52 Other submitters also provided evidence on the prevalence of mental health conditions among the first responder cohort. Behind the Seen, for example, notes that part-time and volunteer workers are often not included in research into the prevalence of mental health conditions, even though they are also exposed to the same traumatic experiences and stressors, may be on call and may have other jobs to balance with their work as first responders. Noting this, Behind the Seen quotes statistics looking at suicide and posits that these may not accurately reflect the real incidence:

National Coronial Information System 2015 statistics indicate that one first responder takes his/her life every six weeks. This figure however is based on primary occupation and does not include part time or volunteer emergency services nor retired or medically discharged members therefore the rates of suicide are likely to be much higher.⁵⁹

- 2.53 Mr Peter Marshall, National Secretary of the United Firefighters Union of Australia, related findings from commissioned research looking at the prevalence of PTSD in firefighters:

[I]n 2013 we were so worried about this particular issue we engaged the Centre of Full Employment and Equity at the University of Newcastle... They found that studies of overseas and Australian firefighters showed PTSD affecting 17 to 26 per cent of all firefighters. More critically, this study was into the Metropolitan Fire Brigade in Melbourne; there's another one in relation to the South Australian fire service, which we're going to take you to also. It identified that 68 per cent of firefighters had scores indicating moderate levels of PTSD [post-traumatic stress illness] symptoms—that's 68 per cent of your workforce.⁶⁰

- 2.54 A submission from the Queensland Government, representing the Queensland Fire and Emergency Service (QFES), Queensland Police Service (QPS) and Queensland Ambulance Service (QAS), recognises the impact working as a first responder may have:

Given the nature of their duties, first responders are more likely to be exposed to potentially traumatic and distressing incidents that may contribute toward suboptimal mental health.⁶¹

⁵⁹ Behind the Seen, *Submission 12*, p. 6.

⁶⁰ Mr Peter Marshall, National Secretary, and State Secretary, Victorian Branch, United Firefighters Union of Australia, *Committee Hansard*, 18 July 2018, p. 45.

⁶¹ Queensland Government, *Submission 74*, p. 5.

- 2.55 However, the Queensland Government submitted that this does not appear to translate to higher than average rates of mental health conditions:

First responders and emergency service personnel, like the general population, may experience a range of mental health conditions from time to time. Approximately 1 in 5 Australians each year will experience mental health related issues, and the incidence within the first responder population in Queensland appears to be similar. Conditions may range from acute stress reactions, mild anxiety and mild depression to more severe conditions such as adjustment disorder, severe clinical depression, or Post Traumatic Stress Disorder.⁶²

- 2.56 In this context, the Centre for Traumatic Stress Studies notes that 18 per cent of the broader Australian workforce is believed to have suffered from a mental disorder in the last 12 months. While the centre states that known figures for the rate of psychiatric disorders among first responders is not dissimilar to the broader workforce, comparison between the two groups may not be straightforward:

While the rates of psychiatric disorder in the emergency services are not dissimilar to the Australian community, in reality they should be healthier because of the recruitment standards and the subsequent discharge of those who are injured.⁶³

- 2.57 The assertion that rates of mental health conditions in first responders are comparable to the wider community was vigorously disputed by a large number of submitters. One of these, Australian Paramedics Association Queensland, noted that employers such as QAS may have a distorted view of the problem, due largely to a problem with organisational culture which leads to serious underreporting of mental illness:

APA submits that it is dangerous for QAS to assume that the rate of mental health conditions experienced by QAS employees is less than other ambulance services across Australia. After supporting hundreds of paramedics over the years, APA knows that is unfortunately not the true position.

APA submits that what QAS has is a cultural problem, which impedes the reporting of mental health conditions. Paramedics have communicated to the association that they feel as though they are treated by their employer as a disposable resource. They believe if they report that they are psychologically injured or suffering from a mental health condition or battling alcohol or drug abuse, they will be removed from their workplace one way or another.⁶⁴

⁶² Queensland Government, *Submission 74*, p. 5.

⁶³ Centre for Traumatic Stress Studies, University of Adelaide, *Submission 46*, p. 2.

⁶⁴ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association Queensland, *Committee Hansard*, 18 July 2018, p. 2.

2.58 Beyond Blue informed the committee that the organisation was undertaking large-scale research on mental health and wellbeing in police and emergency services:

Beyondblue is undertaking a major piece of research, incorporating the personal experiences of employees, volunteers and their families. That research has been in the field for some time. Over 21,000 current and former employees and volunteers in the police and emergency services agencies have participated. We believe this makes it one of the biggest, if not the biggest, survey of this kind certainly in Australia and potentially even the world. The research is funded by beyondblue with a significant contribution from the Bushfire and Natural Hazard Cooperative Research Centre.⁶⁵

2.59 At the time of Beyond Blue's appearance at the Melbourne hearing, the final results of the survey were not complete.⁶⁶ Preliminary findings discussed at the time provided insights which may be useful in the development of prevention and management strategies. One of these involves self-awareness levels among first responders:

We also found a really interesting finding. The survey methodology that we used did require individuals to create their own responses. However, it had some psychometric validated measures incorporated into it, which individuals wouldn't have necessarily realised when completing the survey. What we found using those measures was that there were high numbers of survey respondents who were found, based on those measures, to have probable PTSD or to have higher levels of psychological distress. However, then when they were asked subjective questions they didn't relate that. What that tells us is that people may have a diagnosis but not have strong enough mental health literacy to understand the signs and symptoms, and that mirrors what happens in the general population but is possibly even higher here. Then that means if you can't do that you don't know that you need to seek support. Then if you add stigma on top of that that's a real barrier to seeking support. We think that is a really important finding around mental health literacy and improving awareness of signs and symptoms. That correlates with what we found in the Ambulance Victoria work that we did. Where we improved mental health literacy they got much greater uptake of their support services, which was a good outcome because then people are getting support early.⁶⁷

2.60 The Ambulance Employees Association, South Australian branch, spoke of disturbing data emerging from research:

⁶⁵ Ms Georgina Harman, Chief Executive Officer, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 1.

⁶⁶ A report on this research was released in later 2018. See *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, available at: <http://resources.beyondblue.org.au/prism/file?token=BL/1874> (accessed 11 February 2019). The results of the survey are set out at paragraph 2.20 of this chapter.

⁶⁷ Ms Patrice O'Brien, General Manager, Workplace, Partnerships and Engagement, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 5.

I've provided a research paper—it's not quite released yet but it's complete—from Griffith University, *Improving people management systems in emergency services*. I'm going to cite some figures from that document and I'm also going to cite some comments made in other submissions. That Griffith University research, *Improving people management systems in emergency services*, has produced some concerning but not surprising information. Substantial levels of anxiety and depression are reported by ambulance first responders. In that paper, almost 40 per cent of those surveyed by Dr Townsend's team in South Australia, Queensland and the Northern Territory reported severe and extremely severe anxiety. The figure increases to 55 per cent when moderate anxiety is included. So 55 per cent of the workforce experience anxiety of some kind while 40 per cent—which is a significant portion of the 55—have severe anxiety... About 17 per cent of respondents report extremely severe depression.⁶⁸

2.61 RANZCP also provided the committee with a valuable overview of some of the existing evidence gathered to date on the occupational health of first response professionals. This is set out below.

Firefighters

2.62 A study looking at South Australian metropolitan firefighters found that:

- 17.1 per cent meet the criteria for anxiety, affective or alcohol disorder (in the past 12 months), the highest disorder group being anxiety at 12.7 per cent;
- 10 per cent reported suicide ideation in the preceding 12 months;
- 23 per cent reported moderate psychological distress; and
- 10 per cent reported high or very high current psychological distress.⁶⁹

2.63 Further research indicates that experiencing multiple sources of trauma is a significant predictor of the development of PTSD in firefighters. Retired NSW Fire and Rescue firefighters had PTSD prevalence rates of 18 per cent, depression of 18 per cent and heavy drinking at 7 per cent:

This study also found the rates of PTSD and depression for current firefighters were 8% and 5% respectively, while 4% reported consumption of more than 42 alcoholic drinks per week.⁷⁰

Police officers

2.64 RANZCP submitted that an August 2017 report following a review of Victoria Police employees showed that the most common presenting issues were:

- personal relationship problems;
- work trauma;

⁶⁸ Mr Phil Palmer, General Secretary, Ambulance Employees Association, South Australia, *Committee Hansard*, 29 August 2018, p. 2.

⁶⁹ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8.

⁷⁰ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8.

- mental health issues such as depression and anxiety disorders;
 - anger;
 - alcohol abuse; and
 - workplace conflict.
- 2.65 The review suggested that a prevalence study would be required to establish the extent of mental health problems in Victoria's police officers.⁷¹
- 2.66 A more recent report, looking at the Australian Federal Police (AFP), found that almost a quarter of respondents reported current mental distress:
- Of the respondents, 14% reported clinically significant symptoms of depression, 9% reported symptoms consistent with PTSD diagnosis, 6% reported clinically significant anxiety, 9% reported problematic alcohol use and 9% reported suicidal thoughts.⁷²
- 2.67 Other reports, however, have found even higher levels of mental health conditions, ranging from 37 to 66 per cent of police officers. RANZCP submitted that this underscores the need for further research:
- Whilst research on Australian police is limited, it must be assumed that mental health problems associated with their work will be similar to overseas police or Australian military cohorts and is therefore considerably higher than civilian rates, under-reported due to stigma and organisational/cultural barriers, and poorly managed within such organisations. Further research is required to better understand the prevalence of mental illness, and the incidence of suicide in police and ex-police.⁷³

Paramedics

- 2.68 To assess the rates of mental health conditions in paramedics, RANZCP pointed to research looking at compensation claims in Victoria, which indicates that this population faces higher risks of mental injury than other healthcare workers. A number of factors could be at play:
- International studies suggest that ambulance personnel have the highest prevalence of PTSD among all occupational groups of rescuers. Reasons for this could include that ambulance personnel are exposed to greater pressure and stress at work than other rescue teams, that they respond to more emergency calls and have closer contact with the victims.⁷⁴
- 2.69 This trend is borne out in research looking at Australian paramedics:
- Australian paramedics have reported significantly higher levels of fatigue, depression, anxiety, and stress, and significantly poorer sleep quality than reference samples. Particularly concerning is that over 10% of paramedics

⁷¹ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8.

⁷² Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8.

⁷³ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8.

⁷⁴ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 8, citations omitted.

reported severe or extremely severe levels of depression. Researchers conclude that paramedic shift workers are at particular risk for increased levels of fatigue and depression.⁷⁵

Rural, regional and volunteer first responders

2.70 First responders based in rural and regional areas face additional pressures not experienced by their metropolitan counterparts. These pressures—including a small number of trained staff spread across a wide geographic area, and closer personal connection to the local community—were effectively demonstrated by Mr Patrick O'Dal, an ambulance paramedic from regional Western Australia:

[I've] recently worked in country WA as a community paramedic, and my job in that role is to look after quite a big area of the country. I had an area spanning about 250 kilometres east-west and about 150 kilometres north-south, looking after 10 ambulance centres and 235 volunteers. On top of the normal stressors of ambulance work...our position description as community paramedics factors in a whole lot more...⁷⁶

2.71 Mr O'Dal explained that because he is the only community paramedic for that large area he gets little respite:

Everyone else is a volunteer. So you go for any job that is above what a volunteer would normally be expected to handle. You get calls 24 hours a day, seven days a week. You never have any downtime...⁷⁷

There's not one community paramedic place in WA that has two community paramedics working back to back so that you can have some downtime.

2.72 Mr O'Dal also highlighted the challenges posed by living and working in a regional community:

You live in the community. You're usually personally affected by all the jobs that you go to or there's some sort of personal connection, not just at the time but ongoing...⁷⁸

2.73 RANZCP pointed to volunteer first responders and those in rural and regional areas as being vulnerable for specific reasons:

A 2015 study found that rural and regional ambulance workers face unique issues, including treating personally-known patients, working alone and long response times. This study also found that rural and regional ambulance personnel experience high levels of fatigue and

⁷⁵ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 9.

⁷⁶ Mr Patrick O'Dal, Ambulance paramedic, Western Australia, *Committee Hansard*, 30 August 2018, p. 25.

⁷⁷ Mr Patrick O'Dal, Ambulance paramedic, Western Australia, *Committee Hansard*, 30 August 2018, p. 25.

⁷⁸ Mr Patrick O'Dal, Ambulance paramedic, Western Australia, *Committee Hansard*, 30 August 2018, p. 25.

emotional trauma at work while an earlier study reported increased levels of fatigue and depression, anxiety and stress, and poor quality sleep. Rural and remote communities also have a widely acknowledged disadvantage when it comes to accessing mental health services, due to geographical barriers, maldistribution of medical professionals and unique circumstances surrounding stigma in such communities. In particular, access to specialists, such as psychiatrists, may be limited.⁷⁹

- 2.74 A submission from Code 9, a peer-to-peer online support group for first responders with PTSD, agreed:

Country service is incredibly difficult. With less staffing, there is a higher incidence of every street intersection to be a reminder of an incident, every member of the community knowing the victims, possibly being called to an incident involving your family or friends. In cases of incidents involving multiple locations, debriefing with all the necessary members is near-impossible and often isn't conducted.⁸⁰

- 2.75 Mr John Richardson, a former intensive care paramedic from Tasmania, recalled one such incident, which occurred when he started out as a volunteer:

I still vividly remember my first night on road as a volunteer with very limited training where I was called out with an ambulance officer to a single vehicle crash. Five young people from my local community had rolled their car several times and the occupants were all ejected from the vehicle. Four of the patients were critical with head injuries and one with serious injuries. Due to limited resources I spent the next hour at the scene attempting to manage two of these patients before back up arrived and we moved the patients to hospital. The long term outcome of this crash is three of the patients died and the two remaining recuperated after extensive hospital stays. It wasn't just being at the crash site which was distressing it was also being part of the grieving community and knowing these people and their families. This was the first of many cases that had a profound long term effect on my psychological wellbeing.⁸¹

- 2.76 The Australian Counselling Association described a 'distinct lack' of services for first responders in rural and regional areas. The submission pointed to over 5000 registered counsellors Australia-wide who the organisation believes could be a valuable support and resource for first responders in rural and regional areas.⁸²

- 2.77 Others highlighted the particular difficulties faced by volunteer first responders. Mr Richard Elliot, a Unit Manager with a Tasmanian State Emergency Service (SES) comprised entirely of volunteers, set out a number of factors which compound the effect of traumatic experiences for volunteers:

⁷⁹ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 6, citations omitted.

⁸⁰ Code 9, *Submission 119*, p. 2.

⁸¹ Mr John Richardson ASM, *Submission 149*, p. 1.

⁸² Australian Counselling Association, *Submission 3*, [p. 11].

- (1) Volunteers are called upon from rest. When volunteers are called to attend call outs they are undertaking their usual daily activities as well, they may be at work or at home with their families or perhaps asleep. They are then asked to attend a high stress scenes when moments ago they were at rest. They are not given the opportunity to mentally prepare for a traumatic event.
- (2) There is a lack of training for SES volunteers on how to deal with potential traumatic scenes that may affect their mental health. There appears to be an effort in initial training to down play the responsibility that lies with being a first responder, while the management of this unit try and minimise the exposure to new members to traumatic scenes there is none the less some degree of exposure. This practice of course exposes the more experienced members to more traumatic scenes, this may also be harmful.
- (3) Volunteers are called to assist people they know. The nature of volunteering for emergency services is that volunteers are used where there is insufficient workload to justify full time responders, this generally means volunteer first responders are from rural areas. As a result of sourcing first responders from a small community there is an increased likelihood of having to respond to incidents involving people known to volunteers. It is common place for this to occur, particularly for road accident rescue call outs. Kentish SES volunteers have had to respond to fatal motor vehicle accidents where members of the unit have been killed.
- (4) Volunteers are treated as replaceable. While I work hard to keep as many volunteers in the SES unit I manage there is a general culture within the Tasmanian SES that volunteers are replaceable. That is, volunteers do leave the organisation for a number of reasons and sometimes this is unavoidable, however, because of this some volunteers feel undervalued and that they do not play an important role in the organisation. This can result in a feeling of worthlessness when couples with a traumatic event this can be enough to cause mental health problems for volunteers.⁸³

2.78 Mr Elliot pointed out that a notable difference between volunteer first responders and paid staff is the volunteers' ability to leave the service if they feel they are developing mental health problems. While this is an advantage, it also means these individuals do not receive support once they leave.⁸⁴

⁸³ Mr Richard Elliot, *Submission 10*, pp. 1–2.

⁸⁴ Mr Richard Elliot, *Submission 10*, p. 2.

- 2.79 The committee notes the findings of Beyond Blue's large-scale study on mental health and wellbeing in police and emergency services, which found that volunteers generally have lower levels of psychological distress and probable PTSD than employees, and their levels are comparable to those found in the general population.⁸⁵

Personal background vulnerability

- 2.80 RANZCP submitted that individual psychological risk factors linked with childhood and family origin may impact how first responders manage the stress and trauma inherent in their roles:

An individual's experience of a potentially traumatogenic stressor may vary according to a range of factors including genetics, developmental stage, previous life experiences, cultural beliefs and available social supports.⁸⁶

- 2.81 RANZCP stated that consistency in pre-employment testing varies among organisations.⁸⁷
- 2.82 An individual's susceptibility to mental illness may also be impacted by personal stressors such as relationship or family problems, however this is 'difficult to manage from an organisational perspective'.⁸⁸
- 2.83 Some submitters added that physical health plays a part in mental health. As put by Ms Caoimhe Scales, an exercise physiologist, the nature of the job impedes first responders' ability to lead a healthy lifestyle:

It is important to note that mental health and physical health go hand in hand. There is an expectation that emergency service workers are physical healthy and have high levels of fitness in comparison to that of other occupations, however this is often not the case. First responders and emergency service workers experience extended periods of sedentary time (sitting, driving, lying down, low-activity), with intermittent bouts of vigorous physical tasks. They can also have difficulty 'winding down' or 'switching off' and may experience inconsistent sleep patterns or sleep disorders.

Due to their variety of working hours, inability to predict the duties of the day ahead, and inability to have planned meal times, first responders may also have poor eating habits. In isolation and combination, poor eating habits, poor sleep quality, and sedentary behaviour can contribute to poor physical health. Poor physical health is strongly associated with poor

⁸⁵ *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, available at: <http://resources.beyondblue.org.au/prism/file?token=BL/1874> (accessed 22 January 2019).

⁸⁶ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 6.

⁸⁷ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 6.

⁸⁸ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 6.

mental health. Equally, those with poor mental health, or mental illness, are likely to experience poor physical health.⁸⁹

- 2.84 Furthermore, RANZCP also noted that first responders appear to have inadequate social support when they are no longer working in their profession, whether that is due to sick leave or being medically retired:

The police in particular, feel isolated from the community and once they are no longer operational or are retired, often become extremely isolated from community support and the support of colleagues.⁹⁰

- 2.85 Likewise, first responders are known to have little support from the broader community while in service:

Emergency services personnel often have poor support from the general community, poor understanding from their command and poor support from their ultimate employers, the various state, territory and Federal governments.⁹¹

- 2.86 This social isolation is heightened when first responders are not working, whether they are on sick leave, restricted duties or retired:

The police in particular, feel isolated from the community and once they are no longer operational or are retired, often become extremely isolated from community support and the support of colleagues.⁹²

- 2.87 Research from Beyond Blue, however, indicates high levels of two-way social support between first responders working together.

Figure 2.6 – Level of two-way social support in employees and volunteers, by sector⁹³

⁸⁹ Ms Caoimhe Scales, *Submission 11*, [p. 3].

⁹⁰ Royal Australian and New Zealand College of Psychiatrists, *Submission 15*, p. 6.

⁹¹ Dr Brian White, *Submission 13*, p. 2.

⁹² Dr Brian White, *Submission 13*, p. 3.

⁹³ *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, 2018, p. 71.

Social support	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Employees					
High giving and receiving	87.2	85.2	82.9	90.6	84.0
High giving and low receiving	5.0	5.9	5.5	4.4	5.5
Low giving and high receiving	5.7	5.9	8.5	3.7	7.6
Low giving and low receiving	2.1	3.0	3.1	1.2	2.9
Volunteers					
High giving and receiving	90.4	88.4		87.2	88.3
High giving and low receiving	4.1	3.3		6.1	3.6
Low giving and high receiving	4.5	6.7		4.9	6.4
Low giving and low receiving	1.0	1.7		1.9	1.7

Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services, 2018, p. 71.

- 2.88 Beyond Blue notes that the prevalence of probable PTSD is significantly higher among first responders who receive low levels of social support from others. Thirty per cent of this cohort is believed to have probable PTSD.⁹⁴

Training

- 2.89 The committee sought evidence on training provided to assist first responders in building mental health resilience. A representative speaking on behalf of the Australian Paramedics Association of New South Wales, Mr Stephen Pearce, Secretary, acknowledged that the ambulance service has made progress in recent years. However, the nature of the job means that it is difficult to prepare trainee workers for what they will experience with their own senses on the job:

It is the kind of role, though, that you have to do. I neglected to tell you my background; I started as a paramedic in 1989. There really isn't anything that can prepare you for what you do. However, there are support programs in place now when you begin whereas they really didn't exist way back then. That's a very good thing. Managing the staff's resilience is a subject of work that New South Wales ambulance started a couple of years ago with this health and wellbeing initiative—and that's a great thing—it's

⁹⁴ *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services, 2018, p. 71.*

just that we see it as moving along very slowly. We are really hoping that some of the bureaucracies will fall away with the higher prerogative of putting that in place so that people can work in a safe way.⁹⁵

- 2.90 The committee heard that work to prepare trainees takes place while student clinicians are still studying:

There's also a hope, aspirations, that student clinicians through their university studies are being forewarned of the type of intense workload and psychologically challenging work they're about to enter into. They do get ride-along sessions with operational paramedics reasonably regularly. I'm hoping that paramedics go into it with eyes wide open.⁹⁶

- 2.91 While this is useful, it is nonetheless difficult to tailor resilience training before trainees begin working. This is because individuals have different trigger mechanisms, meaning that it is not possible to predict with accuracy what can or will precipitate a mental health problem:

Unfortunately, the rigours of operational workload and the variability of a dynamic working environment can sometimes be significantly challenging to process psychologically. What some people may seem to think are going to be the most psychologically damaging jobs as a paramedic can sometimes be the least damaging. Every individual has different trigger mechanisms of what's going to provide the psychological stress that's going to precipitate a mental health condition over time. I think that's a real concern for us—that those little triggers aren't being picked up on as they take place because operational workload dictates how much time a manager can spend with somebody who is ticking a box that says they're not well.⁹⁷

- 2.92 Mr Bruce Perham, a mental health social worker and director of Let's Talk Differently, a group of counsellors who provide support and training for first responders and correctional workers, submitted that psychological preparation for the job is currently inadequate:

While these Organisations offer training on how to manage the practical side of First Responder work history is telling us the emotional or psychological preparation required to integrate these work place experiences into everyday life are sadly lacking. As a counsellor I get to witness firsthand the psychological complexity of First Responders trying to cognitively process what 'they see' and 'what they experience' and integrate this into living a balanced life. First Responders tell me that repeated exposure to people in traumatic situations 'does wear you down' and that their view of the world can become a 'dark place'. I have to emphasize that many First Responders see things that are really hard for

⁹⁵ Mr Stephen Pearce, Secretary, Australian Paramedics Association of New South Wales, *Committee Hansard*, 25 September 2018, p. 3.

⁹⁶ Mr Christopher Kastelan, President, Australian Paramedics Association of New South Wales, *Committee Hansard*, 25 September 2018, p. 3.

⁹⁷ Mr Christopher Kastelan, President, Australian Paramedics Association of New South Wales, *Committee Hansard*, 25 September 2018, p. 3.

most of us to even imagine let alone having the task of cognitively processing it.⁹⁸

Committee view

- 2.93 The committee is of the view that, at present, it is not possible to accurately gauge the prevalence of mental health conditions in first responders. This is primarily due to constraints and deficiencies in reporting, which lead the committee to conclude that a large number of first responders may be suffering in silence. It is worth noting that a considerable number of confidential submissions were received by the committee, highlighting the fact that many people are not comfortable disclosing their mental health struggles for fear of the repercussions.
- 2.94 What is known, however, is that exposure to traumatic experiences impacts on mental health. It is also an inescapable fact that first responders are exposed to trauma on a regular basis and far beyond that experienced by the general population. These two facts together, along with the comprehensive research conducted by organisations such as Beyond Blue, are enough to convince the committee that this cohort of workers is at a heightened risk of mental illness as a direct consequence of their work day in, day out, over time. Confronting experiences which most of us may be exposed to on a handful of occasions through life, if that, are regular events—even daily—for first responders. The committee is therefore of the view that more must be done to establish the number of first responders who suffer from mental health conditions, as well as the number who take their own lives.

Recommendation 1

- 2.95 The committee recommends that the government work with state and territory governments to collect comprehensive data on the occurrence of mental health injuries and suicide in first responders.**

Recommendation 2

- 2.96 The committee recommends that the federal government work with state and territory governments to collect data on the cause of death for first responders who die while employed or die within 10 years of leaving their service.**

⁹⁸ Mr Bruce Perham, *supplementary submission 6.1*, p. 1.

Chapter 3

Reporting and management

The risk for psychological injury for paramedics in Queensland is not limited to the exposure to the traumatic cases they attend. Their exposure is compounded by not being adequately supported to perform their duties and, at times, being treated in an unreasonable way by their employer.¹

- 3.1 As outlined in chapter 2, the nature of first responders' work inherently involves exposure to trauma, which is known to be a risk factor for developing mental health conditions. This risk of exposure cannot be avoided, and human beings—even highly trained professionals—cannot be inoculated against the psychological effects of repeat exposure to trauma. This means that the exposure risk must be mitigated, and focus placed on prevention, harm minimisation and proper management when mental health conditions do inevitably appear.
- 3.2 This chapter looks at how Australian emergency services manage the duty of care they have towards their employees. What has emerged over the course of this inquiry is that a considerable discrepancy exists between the policies in place and first responders' lived experience. This fact is inextricably linked to the stigma attached to the reporting of mental health conditions by workers, with first responders in large numbers reporting being wary of disclosing their mental health struggles for fear of repercussions. Consequently, evidence provided by submissions suggests that mental illness in first responders is likely to be significantly underreported.
- 3.3 This chapter examines why first responders may be reluctant to report psychological problems to their employers, as well as how organisations manage mental health conditions in their workers when these are identified.

Stigma

- 3.4 In late 2018, Beyond Blue released the findings of major research around mental health conditions in police and emergency service employees. The research found that first responders hold considerable levels of stigma around their own mental health, with 33 per cent reporting feelings of shame about their condition. Similarly, 32 per cent expressed shame about the burden their

¹ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association of Queensland, *Committee Hansard*, 18 July 2018, p. 1.

mental health placed on those around them, and alarmingly 61 per cent avoid telling others that they suffer from a mental health condition.²

3.5 However, when asked whether they would support colleagues suffering from a mental health condition, a significant majority responded positively. Only one per cent of first responders hold the view that individuals are to blame for their own mental health conditions, and only two per cent believe mental health problems are a burden on others.³

3.6 The research above also shows that in organisations where employees believe that organisational stigma is high, they are far less likely to report mental health concerns or seek help.⁴

3.7 Stigma around mental illness exists throughout the community, perhaps nowhere more so than in professions which are associated with bravery, physicality and strength. This culture of silence is not new:

My father grew up never discussing his war service, never wearing his decorations that he was awarded as a war veteran and refusing to be a part of any celebration of war. I'm starting to understand, as a senior firefighter, that I'm seeing that kind of behaviour amongst a lot of people: when you put the uniform on, you're 10-feet tall and bulletproof; when you take it off, you're a very vulnerable person.⁵

3.8 The Australasian Fire and Emergency Service Authorities Council (AFAC) highlighted that stigma is also related to career advancement:

Agencies are not immune to the stigma around mental health present within society. This has been evident through program evaluation that identified the level of stigma attached to mental health. There are also additional organisational and cultural factors impacting on the willingness of employees to engage with the preventative and support programs organisations have on offer. Feedback from workforces, including those championing mental health programs, has indicated that firefighters are concerned about reporting mental health or attendance at potentially traumatic events, on the basis that it will adversely impact on their careers.⁶

² *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, p. 13, available at: <http://resources.beyondblue.org.au/prism/file?token=BL/1874> (accessed 22 January 2019).

³ *Answering the call: Beyond Blue's National Mental a Health and Wellbeing Study of Police and Emergency Services*, p. 13.

⁴ Ms Patrice O'Brien, General Manager, Workplace, Partnerships and Engagement, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 6.

⁵ Mr Pat Jones, private capacity, *Committee Hansard*, 25 September 2018, p. 9.

⁶ Ms Erin Liston-Abel, Director, Operations Support, Australasian Fire and Emergency Service Authorities Council, *Committee Hansard*, 5 September 2018, p. 16.

3.9 Stigma was a common theme in submissions provided by individuals as well. An example is set out below:

Most of my mates feel replaceable, and most of my mates have some form of non-disclosed mental health issue, and I personally help them through issues every day or two, from debriefing to actually stopping “my best friend in ambulance” from killing himself. Thankfully he had the insight to ring me before he swung from that noose, and do you know what he said to me, “DON’T TELL WORK, PLEASE DON’T TELL WORK.”⁷

3.10 Given this stigma, expecting first responders to report mental ill health may in many cases be unrealistic:

For somebody who has a mental health issue, they struggle sometimes to ring us and say, 'look, I need help'. They're hardly going to report it to the commissioner's office.⁸

3.11 Beyond Blue described three types of stigma the organisation looked at in its large-scale national survey of mental health in first responders:

- Self-stigma, an assessment of perceptions about one's own mental health conditions:
 - Shame surrounding their mental health (i.e. embarrassed about their conditions and seeking support).
 - Burden their mental health conditions placed on others.
 - Experiences with others, such as being treated fairly and not being avoided.⁹
- Personal stigma, views on others' mental health, assessed in two ways:
 - Knowledge or ignorance surrounding mental health conditions (e.g. “If someone is experiencing anxiety or depression it’s a sign of personal weakness”).
 - Burden an individual’s mental health condition places on others (e.g. “I would prefer not to have someone with anxiety or depression working on the same team as me”).¹⁰
- Workplace stigma, measuring perceptions of stigma in the workplace:
 - Perceived stigma—the extent to which an employee or volunteer feels others in their workplace perceive mental health conditions to be

⁷ Quoted in Australian Paramedics Association Queensland, *Submission 73.1*, p. 19.

⁸ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association of Queensland, *Committee Hansard*, 18 July 2018, p. 4 (emphasis in original).

⁹ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 88.

¹⁰ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 88.

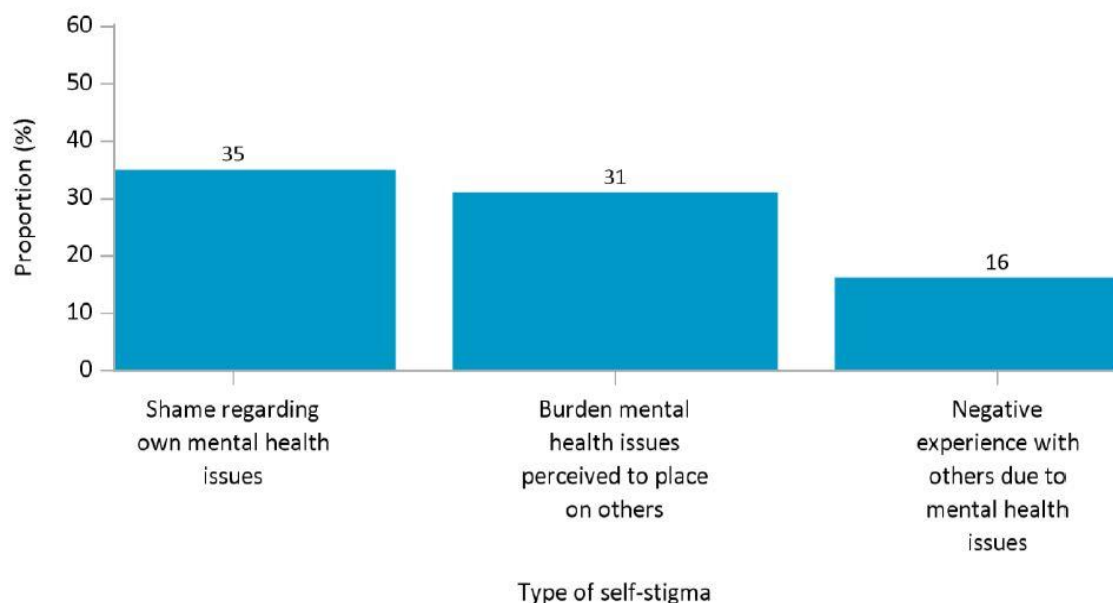
avoidable and the fault of the person experiencing them, and also a burden on others in the workplace.

- Perceived organisational commitment—whether an employee believes the organisation they are a part of is committed to and capable of enhancing the mental health of their work force.
- Structural stigma—to what extent an employee or volunteer believes their organisation should support someone with a mental health condition.¹¹

Self-stigma

3.12 While the Beyond Blue study showed that many first responders exhibited feelings of shame about their own mental health condition and the burden it places on those around them, far fewer indicated they had negative experiences involving others, such as being avoided or treated unfairly. This is illustrated below:

Figure 3.1 Proportion of employees with a mental health condition who had experienced self-stigma relating to their mental health¹²



Beyond Blue, Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services, final report, 2018, p. 88.

3.13 Data from the study also showed that self-stigma had a considerable impact on first responders:

A high number of employees indicated they avoid telling people about their mental health condition (61%), while a comparatively lower number

¹¹ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 88.

¹² Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 88.

indicated they feel embarrassed about seeking professional support (36%). A high number also indicated they should be able to pull themselves together regarding their mental health condition (61%).

Volunteers indicated lower levels of stigma surrounding their own mental health than employees. In particular, they noted less shame (23%), burden (26%) and negative experiences with others (13%).¹³

Personal stigma

3.14 The Beyond Blue study also showed that most first responders hold positive beliefs about the mental health of others. This fact notwithstanding, responses from a significant portion suggest that many would prefer not to work alongside someone with a mental health condition:

Employees held considerably less stigma regarding the mental health of others when compared with their own. A very low number believed that mental health conditions are the fault of the individual experiencing them (1%). In addition, only 2% believed that mental health conditions were a burden on others. However, while only 23% of employees were neutral regarding the extent to which mental health conditions are the fault of the person experiencing them, a much higher number were neutral regarding the extent to which they were a burden on the team (47%). This may indicate a lower desire to work with someone who has a mental health condition, although they don't blame them for their experiences.¹⁴

3.15 While 18 per cent of first responders indicated they would prefer not to work with a colleague who suffers from depression, very few (three per cent) held the view that anxiety or depression were signs of weakness, avoidable (five per cent), or something the sufferer can 'snap out of' by choice (four per cent).¹⁵

3.16 This is possibly explained by the high-intensity nature of the work, where any constraint on the ability to make decisions calmly in stressful situations can have serious consequences.

Workplace stigma

3.17 The Beyond Blue report showed that most first responders do not hold positive beliefs about their agencies' commitment to supporting those with mental health conditions, which Beyond Blue concluded may be suggestive of working environments which are not conducive to people seeking support:

Roughly a quarter of employees believed others within their organisation perceive mental health conditions as the fault of the individual experiencing them and a burden on those around them (26%). Almost two

¹³ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 88.

¹⁴ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 89.

¹⁵ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 89.

thirds of employees were neutral on the matter (i.e. neither agreed nor disagreed).

Ten per cent of employees believed their organisation was not committed to helping address stigma, and almost three quarters were neutral. Therefore, most employees were not positive regarding their agencies' commitment to supporting people with mental health conditions. This is particularly problematic as it may indicate a working environment less conducive to the wellbeing of employees and may pose a barrier to seeking support.¹⁶

3.18 The table below offers a breakdown of views across the services:

Figure 3.2 Employees' perceptions of workplace stigma¹⁷

	Ambulance	Fire and rescue	Police	State emergency service	Total
	Proportion of employees who agree (%)				
Perceived stigma:					
Hesitant to disclose a mental health related issue	57.5	59.7	71.7	50.2	67.5
Prefer not to work with someone with depression	30.0	40.1	50.5	26.3	45.5
Someone with a mental health issue cannot be taken as seriously	14.6	19.9	30.9	17.4	26.5
Organisational stigma:					
Manager is supportive of mental health issues	51.7	58.2	47.3	55.1	49.7
Colleagues are supportive	62.0	60.9	51.0	59.8	54.3
Career is unaffected by mental health issues	19.5	20.5	14.0	12.8	15.8
Organisation is committed to making changes to promote mental health and wellbeing	59.7	59.9	44.4	54.1	49.2
Organisation has the skills and resources to make changes that promote mental health and wellbeing	52.0	49.7	38.0	42.0	42.0

Beyond Blue, Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services, final report, 2018, p. 92.

3.19 These findings are reflective of evidence received by the committee directly from first responders and the mental health professionals working with them. Many expressed the belief, borne of experience, that employees reporting mental health problems would be treated punitively instead of supported. Several excerpts from publicly available evidence are set out below.

3.20 Mr Ray Karam, former police officer:

¹⁶ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 89.

¹⁷ Beyond Blue, *Answering the call: National Mental Health and Wellbeing Study of Police and Emergency Services*, final report, 2018, p. 92.

We got told, in the early days when I left, 'You're paranoid. That's just your policing,' and that sort of thing. But we had a lady just present here – and she was very lovely in how she presented it and very honest – that her son said to her: 'They're going to come after me,' and she didn't believe it. People don't believe you. They will come after you. They do come after you. Police leave for different varieties of reasons and don't speak up because there's a hierarchy that will come after you. And I don't say 'hierarchy' as in, it's just the commissioner. I feel like there's an entrenched behaviour within the New South Wales police specifically that says: 'Mental illness does not have a part and won't have a part.' They won't recognise it for what it is. They won't see it for what it is. Do we even see it for what it is? I'm not sure.¹⁸

3.21 Mr John Richardson ASM, former intensive care paramedic:

In the latter years of my career in my position as clinical support officer I was fronted with the situation of having my peers approaching me for assistance with psychological distress. They would often confide in myself of their fears and issues this sometimes including self-medication to manage their stress. I learnt early that sharing these problems with senior management in the Ambulance service resulted in targeting and subsequently getting rid of the staff rather than helping them. This caused me major psychological distress as my need to help my peers caused me to feel as though I had to support these staff in isolation and without informing senior management. This lack of Managerial support impacted on all staffs psychological wellbeing.¹⁹

3.22 Dr Matthew Samuel, Consultant Psychiatrist:

The other issue we have is that the police have got a police psychiatrist and the St John Ambulance have got a psychologist, but how many people who are going to go openly and tell the police psychiatrist, 'Hello, I've got PTSD and I need to be stood down'? They will be horrified. So we have got this issue. So they come to see me as a private psychiatrist, and then they go and see a police psychiatrist and tell an entirely different story.²⁰

3.23 Dr Jann Karp, former police officer:

The problem with specialised squads is that, if you're a specialised officer, you have a particular skill that you particularly like doing, such as being a sniper shooter, and you're very good at it. Can you say, 'I can't sniper-shoot today'? If saying that means you're off the squad, you're never going to declare it.²¹

3.24 Mr James Watkins, paramedic:

¹⁸ Mr Ray Karam, Founder, Police Are People, and private capacity, *Committee Hansard*, 25 September 2018, pp. 27–28.

¹⁹ Mr John Richardson ASM, *Submission 149*, [p. 2].

²⁰ Dr Matthew Samuel, Consultant Psychiatrist, The Hollywood Clinic, Hollywood Private Hospital, *Committee Hansard*, 30 August 2018, p. 4.

²¹ Dr Jann Karp, private capacity, *Committee Hansard*, 25 September 2018, p. 31.

It is worth nothing that I have not proceeded with the workers compensation claim, rather choosing to pay for treatment. Part of the reason for this is I was worried that Ambulance Tasmania would decide that I should no longer be working as a paramedic. Also, I volunteer with the State Emergency Service and I was worried that if I progressed the claim I would be told I was not able to volunteer with them. I volunteer with the SES not only for community involvement but this is also a social outlet and I find a lot of support in this environment, certainly it would be detrimental to my mental health to stop attending SES training.²²

3.25 Mr Bruce Perham, mental health social worker and director of Let's Talk Differently:

I feel very strongly that Mental Health conditions have a long history of stigma and even today are seen as being an inherent weakness in the individual. Clients who come to counselling are often very fearful of 'being found out' as not coping and subsequently judged by their organisation and their peers. This fosters a 'bottling up' of psychological reactions to significant trauma experiences with a façade of I am okay. We need a paradigm shift in our thinking and to come to accept and understand that psychological reactions to First Responder work is inevitable and a natural response to the passion and commitment people bring to First Responder work.²³

3.26 Mr Peter James, intensive care paramedic:

Workers with career ambitions are very reluctant to put claims in or seek help within the agency, as it is considered a career killer.

Historically workers who have sought help have even been ridiculed by some members of the Ambulance Service Management and or treated as liars by co-workers, this is an injury that cannot be seen. I myself have experienced this. Sometime after Port Arthur, a training schedule for flight Paramedics was posted on the supervisor's wall changed from transporting the Psychiatric patient, to "The psychiatric Flight Paramedic".²⁴

Committee view

3.27 The committee is extremely concerned about the prevalence of stigma around mental health conditions in the first responder environment. In one sense this is a reflection on how our broader community still views mental ill health. However, culturally-entrenched stigma in first responder organisations is particularly damaging given the heightened risk of psychological injury inherent in the job.

3.28 The committee notes that a significant number of submissions were received alleging bullying and deliberate punitive action being taken by management

²² Mr James Watkins, *Submission 28*, [p. 2].

²³ Mr Bruce Perham, *Submission 6*, attachment, p. 1.

²⁴ Mr Peter James, *Submission 20*, p. 2.

against first responders who report mental health conditions. While it is not the committee's role to investigate individual cases, the committee is nonetheless very concerned by the evidence received and believes that first responder organisations must dramatically improve their response to, and management of psychological injury in their workforce.

Evidence from first responder organisations

3.29 The committee approached first responder agencies around the country to discuss their approach to managing employees with mental health conditions, as well as to understand what steps these agencies are taking to reduce the risk of occupational trauma.

3.30 By and large first responder organisations indicated that they accept their duty of care towards their staff, responsibility for providing safe workplaces and, as put by one agency, that they understand the need to invest money into their people.²⁵

3.31 If these lessons have been learned by most agencies, however, their stated positions largely stood in stark contrast to the evidence presented by first responders themselves. The example below is from Mr Eric O'Rourke, a veteran police officer, whose description of the response from his employer suggests that this interaction was counterproductive at best and did not reflect an understanding on his employer's part of their duty of care:

Until you personally take this journey you cannot make a creditable call. It is the most painful and dreadful experience I have been through. I was fortunate in that I had accumulated years of untaken sick leave so whilst on leave my financial situation did not change. To have my credibility, my integrity and service questioned by many, many faceless, unemotional psychiatrists was below demeaning. It was a knife strike every time. This process continued for many months. Were they hoping for a different diagnosis, were they 'shopping for agreeable diagnosis' I don't know, but it certainly did nothing to help me. In fact I am sure that my possible return to work was hindered at least or perhaps removed completely by this process. Had my initial call for help been treated more kindly who knows, I may have returned to work, I may have regained my self-respect, my family may have had their father, husband, brother return from the darkness of depression and anxiety. Instead, there I was, pensioned off, unable to work with a best case prognosis and guidance of no more than 2 days a week at some less stressful job.²⁶

3.32 Evidence from first responder organisations instead largely centred on positive aspects of their engagement with staff and policies which had been or were in the process of being implemented. However, none sought to understate the nature of the work first responders do. A few examples are below.

²⁵ Mr Andrew Short, Assistance Commissioner, Human Capital Management, Queensland Fire and Emergency Services, *Committee Hansard*, 18 July 2018, p. 76.

²⁶ Mr Eric O'Rourke, *Submission 53*, p. 2.

3.33 Mr Darren Hine, Commissioner, Tasmania Police:

The Department of Police, Fire and Emergency Management is committed to providing professional support and assistance to all Tasmanian police officers, firefighters, state emergency service workers and volunteers. All emergency service workers and volunteers perform tough roles that expose them to greater risk of mental health issues, such as post-traumatic stress disorders, stress and anxiety. This risks increases with lengths of service. Emergency service workers and volunteers deserve to work in a healthy, safe and productive environment and to return home to their family and friends in the same fit state that they attended work. This is why the mental health and physical health of all of our employees remains a priority for each and every one of us.

Our department promotes a positive culture for the awareness of and assistance in managing mental health conditions. This culture is championed by our senior leaders, who believe in a work environment where police are supported and are able to seek help when they need it. Our focus is our people, and we want them to be healthy and well. With that aim, we are talking one goal one step further to attempt to proactively prevent mental health conditions through the introduction of a wellbeing program to provide support for police officers, firefighters and emergency service workers, including Ambulance Tasmania. The wellbeing program will provide a proactive, preventative and holistic approach that addresses both physical and psychological wellbeing for emergency service workers; enhance the capacity for early identification of warning signs; and provide support to our emergency service workers.²⁷

3.34 Cognisant of the fears expressed by first responders in public and confidential submissions, the committee asked first responder agencies in Tasmania whether reporting mental health problems would have negative repercussions on a person's career. Mr Hine replied:

I disagree. I don't think it's career limiting at all. In fact, that's what we want to actually tell people so that people do come along to tell us if they're suffering from mental health issues. It's not career limiting at all. In fact, if someone comes forward to get help, the earlier we can actually provide that help and get them back to where they need to be to continue on with their career the better. But, if we had that attitude, I'd be really disappointed if that attitude prevailed within our organisation because it's not career limiting at all. In fact, we need to give that person the help that they need to continue on with their career, and that's what our aim is.²⁸

3.35 Mr Neil Kirby, Chief Executive Officer of Ambulance Tasmania, accepted that a stigma does exist, but was similarly of the view that reporting mental health concerns need not have adverse effects on employees' careers:

I acknowledge that there is often concern, and the literature says there's concern, about people bringing forward their mental health issues. The approach that Ambulance Tasmania has taken is to provide as many

²⁷ Mr Darren Hine, Commissioner, Tasmania Police, *Committee Hansard*, 31 July 2018, p. 46.

²⁸ Mr Darren Hine, Commissioner, Tasmania Police, *Committee Hansard*, 31 July 2018, p. 48.

options as we can and as many pathways as we can for a person to bring that forward. We've put in place the peer support program, we have in place the Critical Incident Stress Management Program and they can access the EAP. I can tell you that officers have emailed me directly with concerns—and we've addressed those concerns—through their management line to convey it to a manager and get the support that they needed. I likewise would hope that our staff feel that they've got a number of options they can look at to bring it forward. I certainly am with the police commissioner. I don't regard it as career-limiting behaviour. I know personally of officers within our service who have a mental health issue, if I can use the broadest term there, who still work very productively for us. At times we've found specialised areas for them to work in to support us, so I wouldn't regard it as a career-limiting step.²⁹

3.36 Mr Dominic Morgan, Chief Executive of New South Wales Ambulance, detailed work his organisation has been doing since his commencement in the role in 2016. Mr Morgan stated that he undertook a listening tour around the state early in his time as Chief Executive, and was struck by the level of concern around mental health and wellbeing. A summit was subsequently held to inform a strategic approach to mental health and wellbeing, with over a quarter of NSW Ambulance staff submitting comments and suggestions:

Within six weeks of my return, I announced that we would hold the first ever Australian ambulance wellbeing and resilience summit, which occurred in July 2016. The summit was attended by every chief executive in Australia and New Zealand, and by more than 350 staff from all around the state. Many, in their own time, contributed to nearly 1,000 different ideas for the improvement of mental health and resilience for our workforce, and those ideas have been the cornerstone of our approach for the last two years or so. This has assisted in developing our strategic approach to these issues, and it may be worthwhile spending some time briefly describing the outputs.³⁰

3.37 Mr Morgan also reported that NSW Ambulance has consulted with staff, international colleagues and local industry experts, and has implanted a number of key initiatives with funding support provided by the NSW Government. Key initiatives include:

- A wellbeing workshop:

The first wellbeing workshop for all staff was held in March 2018. Since that day we've had over 913 staff go through our workshops. Over the next three years, all staff will have completed the workshop. Since August 2018, new staff—both paramedics and call-takers—have the workshop material included in induction training. The workshop is an integrated wellbeing training course, which includes an evidence based resilience and mental

²⁹ Mr Neil Kirby, Chief Executive Officer, Ambulance Tasmania, *Committee Hansard*, 31 July 2018, p. 48.

³⁰ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 67.

health component, complemented by RAW Mind Coach—an online program available to all staff which improves resilience at work. This workshop program also includes training in relation to health and fitness, manual handling and occupational violence prevention, all of which contribute to employee mental health.³¹

- A significant events register:

NSW Ambulance implemented the significant events register in July 2016, which requires all managers to record any event that may have a potentially harmful impact on the attending staff. The staff are actively followed up and offered support services. Senior managers are responsible for reviewing the register and ensuring follow-up has occurred. In May 2017, I personally wrote to all managers and educators and advised them of my expectations and their responsibilities to ensure that follow-up occurs and support is provided. I require any manager aware of any event to follow up, not just the employee's direct manager.³²

- A staff psychology service:

In February 2018, we commenced our own staff psychology service and our chief psychologist was appointed. Two additional appointments have been made recently, and we wish to roll this program out to each operational work area. These registered health professionals are on the ground and will develop a good understanding of our agency and our work, which will enable them to deliver professional assistance in a timely manner. Importantly, by knowing the staff in their work area we're optimistic that this will build trust and facilitate earlier help seeking for mental health concerns.³³

- Peer support officers:

At the beginning of 2018, 33 new peer support officers were trained, taking the total number to 209. A further 29 staff are on an eligibility list ready to commence training. In April this year [2018], we recruited a further eight chaplains, taking the team to 48. We're planning to add another 19 to our team of Christian, Jewish and Muslim pastoral carers and more evenly distribute them throughout the state. Our intention in the next few months is to combine all these services in to a staff health unit, so it is easier for every staff member and every manager to have a one-stop shop where they can go to get advice and support.³⁴

- Supporting families:

³¹ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 67.

³² Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 67.

³³ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 68.

³⁴ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 68.

Whilst the focus has been on what is directly in front of us, we're now turning our mind to those closest to them—the families. Since March 2017, the Supporting our Families program has been running. The program helps our paramedics' families to more fully understand what it is that the paramedic job entails, how they can recognise signs of stress or mental illness in their loved one and what they can do to assist them to get well, stay healthy and get appropriate help.³⁵

3.38 Notably, the service is also working to develop staff with management responsibility in order to ensure that they are equipped to deal with the complexity of mental health issues in the workplace.³⁶

3.39 The committee also notes NSW Ambulance's introduction of a therapy dog into its busy control centre. The idea, Mr Morgan informed the committee, stemmed from case studies in Canada:

There were some interesting case studies a few years ago, where the Canadians were moving to what I would describe as a 'superstation' model, and they noticed that having a dog in the workplace was really well regarded. It's very hard for people to stay angry at a dog, as you can imagine. Our Sydney control centre is the busiest Ambulance 000 call centre in the Southern Hemisphere, and it is a high-pressure environment for anyone to work in. The manager in that centre decided that it would be worthwhile to bring in therapy dogs, just for a visit, as it started. I was fortunate enough to be there the first day the therapy dogs were brought in. It was truly amazing seeing grown adults sitting on the floor in this high-pressure environment and absolutely engaging with these animals. The carers tell us that they're of the view that these dogs absolutely know the people who are in distress and know who to go for, and they target them.

The manager of the Sydney control centre is now going to care for that dog. We're going to reimburse her for the costs of that. They've organised the schedule within the Sydney control centre so that the dog will come to work every single shift and the staff will take turns caring for the dog and taking it for a walk. You can imagine what a great interrupter this is of the pressure of taking triple-0 call after triple-0 call. It's just one initiative that has been very, very successful in the eyes of the workforce.³⁷

Box 3.1 – The lived experience

We have never been satisfied with how Morgan was managed. From the first time our son, Morgan, began to experience psychological difficulties, and right up to the moment of his death from suicide in March 2009, he was comprehensively mismanaged by New South Wales Police, which led to his death. This includes how he was perceived and

³⁵ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 68.

³⁶ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 68.

³⁷ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, p. 69.

managed the year before his death and his management right up until the night he died... The police management of Morgan was always defended by New South Wales Police. No apologies for poor decisions or actions or inactions has ever been offered to us. Morgan's management by New South Wales Police was only ever investigated by the New South Wales Police themselves.

Mrs Janet and Mr Barry Hill, parents of Morgan Hill, police officer³⁸

I believe the management of my rehabilitation was appalling. I believe the management hindered any chance of recovery & actually exacerbated my condition. I believe that an independent person should oversee the process & assist in liaising between all parties whenever there are issues. The primary focus of the NSW Police & the Rehabilitation Consultant were to return me to Policing duties regardless of my condition, symptoms & medical reports that indicated I was not fit to return. My experience would have been less stressful & managed more efficiently if there was someone to make sure that my best interests were taken into account & that all parties followed Policy & Procedure.

Mr Alex Cooper, police officer³⁹

In my personal experience, they just didn't care. There was no-one from welfare who came around to check on me or my family. When I was pensioned out of the police force, that was it. I was isolated, I was alone and I had to try and survive.

Mr David O'Connell, former police officer⁴⁰

Approximately 5 years ago I started to display signs of PTSD. I started having nightmares about cases that I attended. Many nights awaking standing in the bathroom trying to wash brain matter off my hands from a job that I attended. This didn't get any better, but worse. My personality changed with my family, I began drinking heavily, became withdrawn, but when at work continued to put on the face, be the respected Paramedic that I always have been. On September 11, 2016 I had reached the end of my road...I had decided that I couldn't go on any longer and had planned to end my life at the end of the shift. I took one vial of Fentanyl from the station safe, and at the end of the shift started to inject myself intramuscular. As to why I did this, I still am unclear but I knew that I was ending my life that day...I was investigated for the missing vial of Fentanyl, and in the investigation meeting I was very candid about what had occurred on the day. I gave full disclosure about the events. I realised that I needed help, and had started to see a psychologist for assistance. I honestly believed that by being honest and open about what had happened then the QAS would assist me with my PTSD and help me move forward. I could not have been more incorrect...I was asked to show cause as to why I should still be able to work as an Advanced Care Paramedic. I was given time to put together my case' I think it was about 2 weeks. I sent my show cause response in on a Monday, and I had a reply sent back on the same day that I was being terminated after "careful consideration". The letter that was sent through was scathing and stated that they did not believe my excuse of PTSD was a contributing factor. I remember still the despair I felt on that day. To this day I am grateful for the support of my family,

³⁸ Mrs Janet and Mr Barry Hill, private capacity, *Committee Hansard*, 25 September 2018, p. 18.

³⁹ Mr Alex Cooper, *Submission 112*, p. 4.

⁴⁰ Mr David O'Connell, private capacity, *Committee Hansard*, 25 September 2018, p. 29.

psychologists, and close friends who supported me through this time. If I did not have those people around me I know I wouldn't be here now.

Anonymous, paramedic⁴¹

3.40 Mr Chris Arnol, Chief Officer, Tasmania Fire Rescue, was of the view that the days when reporting mental health concerns would jeopardise a first responder's career were, although legitimate, a thing of the past. He did however acknowledge that stigma is pervasive:

I think there is still a stigma attached to reporting, and our reporting is showing that we're not getting the reports from, perhaps, the trauma-associated psychological concerns. For example, we've currently got three people on workers comp for psychologically related issues and another 18 who are not—so it's for trips and falls and so on. But I think there is a stigma attached to it still. Whilst we're encouraging people to come forward and say, 'I've got a concern'—particularly, in SES and fire, in road crash rescue, where we see so much more trauma now than we did with just pure fire and fire death—I think it sits there and people are still hesitant. Whether it's a general societal position or not, they're still hesitant to say, 'Yes I've got a psychological issue or a stress issue,' because stress, I think, has had a bad name over time as well. So I can't say I've got research, but I've certainly got anecdotal evidence from career firefighters that they have concerns but they're not reporting them. As much as we have tried to do that—including in collaboration with the UFU, with which we are working together on this—we've had difficulty having people come and say that. We've actually got a lady firefighter that's resigning today. She's been on leave for 12 months, but I don't think she's been quite as frank as she should have been about what her issues were.⁴²

3.41 Noting that a considerable appetite for change appears to exist at the top of first responder organisations, the committee sought to understand why this did not appear to be having a marked effect, one that would be palpable for employees themselves. Mr Craig Atkins, representing Code 9 Foundation, provided valuable insights into the culture of first responder agencies:

[P]olicy is one thing, but culture overrules policy—culture trumps policy—at all times. There is a good commitment at the top. I think what's happened in Victoria Police lately, in the last 12 months, has been a fantastic move. And I think a lot of the agencies are really having a decent look at their mental health policies now, but there's a long-entrenched culture, so it will take a long time to filter through all ranks and all lifelines, basically. That will take a lot of changing—some of those middle areas where people enlisted into the agencies in the eighties when our culture was quite stoic. It will take a long time to have that new culture filter through and change... [W]e are all of an ilk: the first responder mentality is very alpha and very stiff upper lip. We don't need help; we

⁴¹ Quoted in Australian Paramedics Association Queensland, *Submission 73.1*, pp. 5–6.

⁴² Mr Chris Arnol, Chief Officer, Tasmania Fire Rescue, *Committee Hansard*, 31 July 2018, p. 48.

provide help. So it will take a long time for that culture to change. It is changing at the recruit level, in all the agencies, but there is that middle section that's going to take a long time to bust through, I think.⁴³

- 3.42 The Police Association of Tasmania described this phenomenon as a 'culture clash' in which long-embedded ways of thinking were at odds with the current cultural shift towards accepting the validity and importance of mental health:

Unfortunately, there is a cultural clash where the old meets the new. Again, as stated in the PFA submission, the old culture has been historically male dominated and encourages brute endurance and a denial of mental trauma, which leads to a fear amongst police that acknowledging distress will result in damage to their careers. The words 'Go away, drink a nice big cup of concrete and harden up' have been used many times in the past. Pockets of bullying and harassment sadly still exist in society and in workplaces in general. Policing is no different and promotion to a position of power does not necessarily make one an expert in the field of everything, particularly around mental health issues. Merely acknowledging that PTSD and/or work related mental health issues may exist means absolutely nothing if there is no real action to address the issues.⁴⁴

- 3.43 The committee sought evidence on this point from Victoria Police. Asked whether they accept that there is enormous resistance and stigma attached to reporting mental health problems and mental illness itself, as well as what the service was doing to ensure that change filtered through middle management to employees, representatives of Victoria Police stated:

I'm not sure that I accept that that is as prevalent as I guess is suggested. A mental health review, as you would be aware, was initiated in 2016, and there were 39 recommendations made as part of that mental health review. All of those recommendations have been accepted, and we are in the process of systematically working through the implementation of those recommendations. Those recommendations are also being implemented in conjunction with the VEOHRC [Victorian Equal Opportunity and Human Rights Commission] review which was undertaken in 2015 into sexual harassment, sexual discrimination and predatory behaviour in the workforce. Both of those reviews highlighted management and leadership practices as an area of concern and an area requiring further work and focus. Certainly there have been a number of initiatives that have come out of both of those reviews that are addressing the concerns raised. I think there has been significant progress made. A recent pulse survey that we have conducted as an ongoing means of monitoring the implementation of the mental health review recommendations suggests that there is improvement in people's willingness to speak up and ask for help, and there is reduction in the notion of stigma. Although I would say that we

⁴³ Mr Craig Atkins, Code 9 Foundation, *Committee Hansard*, 5 September 2018, p. 40.

⁴⁴ Mr Gavin Cashion, Vice President, Police Association of Tasmania, *Committee Hansard*, 31 July 2018, pp. 1–2.

certainly still have a long way to go, we are certainly making progress in the right direction.⁴⁵

- 3.44 Victoria Police representatives added that the organisation monitors workplace culture, engagement and issues around wellbeing through a survey, 'People Matter'. The results of this survey, the committee heard, suggest that improvements have been made. Recommendations are implemented on a regular basis, and the process is managed through a dedicated office:

We've also developed a Mental Health Strategy and Wellbeing Action Plan with significant governance around the implementation of the actions that are in the plan, which are aligned to the recommendations of the review. We've also worked through systematically to look at the content of many of the training modules that we offer, both in terms of foundation training for recruits and promotional and managerial training programs. We've aligned a lot of the content that we're delivering with partners like beyondblue, Black Dog Institute and Phoenix Australia—so we're working very much in partnership with them.⁴⁶

- 3.45 Appearing at a public hearing alongside representatives of the Code 9 Foundation, Ms Debra Purnell, from the Australian Association of Social Workers, added that as well as not filtering down from the top, policies generated by management may not necessarily be in tune with the actual needs and experiences of employees:

Our members have also suggested that often, while there may be training provided or there may be counselling or services available, sometimes it doesn't meet the needs of the people in the workplace. So it's not good enough to say, 'Let's just get this package off the shelf and deliver it, and that's ticking the box and it's meeting people's needs.' I think the feeling is that you actually need to find the response that's going to work for the individual and for their situation, and I don't think it's good enough to just say, 'Go along to a session on how to deal with trauma or how to deal with difficulties.'⁴⁷

- 3.46 The committee broached this with Victoria Police, noting that while the Code 9 Foundation had acknowledged that improvements were being made, membership numbers for Code 9 have been growing, suggesting that increasing numbers of first responders are accessing support groups for mental health conditions. Victoria Police suggested that this may not necessarily mean that mental health conditions were increasing in prevalence, and that instead people might feel more comfortable reporting a problem:

⁴⁵ Ms Gabrielle Reilly, Executive Director, Human Resources Department, Victoria Police, *Committee Hansard*, 5 September 2018, p. 62.

⁴⁶ Ms Gabrielle Reilly, Executive Director, Human Resources Department, Victoria Police, *Committee Hansard*, 5 September 2018, p. 62.

⁴⁷ Ms Debra Purnell, Australian Association of Social Workers, *Committee Hansard*, 5 September 2018, p. 40.

With the release of the mental health review and us beginning work on implementing the recommendations, we did anticipate that we would have increased reporting and that there would be more complaints made, more issues raised et cetera. In many ways, if your numbers are going up, you might consider that to be not a good sign. But in the sense of people feeling safe to speak up and as an indication that stigma is beginning to reduce we actually took that initial increase as a sign that progress was being made.⁴⁸

3.47 This is supported by other evidence, such as that pertaining to NSW Police. Although NSW Police did not wish to engage with this inquiry and declined opportunities to make a submission or appear at a public hearing, the committee noted witnesses' scepticism about policies being put into place by the service. As put by Mrs Janet Hill, whose son, a police officer, died by suicide:

[R]egardless of present welfare policies—and apparently the New South Wales Police organisation has introduced 90 welfare policies—we have observed that there still is a particular culture in the New South Wales Police organisation that has entrenched the stigma of psychological injury of post-traumatic stress in their own force. And we can elaborate anecdotally because people still come and talk to us. In the Police Force they feel that they can talk to us privately, secretly—and you heard that from some of the other people. We still hear those stories, and one of the reasons we are here today is that most of those people find it extremely difficult to give a voice themselves. We feel that, while we are being a voice for Morgan, we are at the same time being a voice for all of those whose voices are silenced for one reason or another. Because they are suffering, they cannot come to something like this and speak about what is going on. And it is not just because of the triggering effect, but also because they fear management.⁴⁹

3.48 Mr Ray Karam, a former police officer with NSW Police, concurred:

We're great at recreating things and making it look like we're doing something, but I'm looking at mates around my home town that aren't doing well, still. And how can we have post-traumatic stress on the rise? If we've had 90 policies implemented just in the last few years, that shouldn't be happening. If there are more people committing suicide, that can't be happening, because we're over it, aren't we? Police will be saying—and I'll just speak about New South Wales—'No. We've got 90 policies here. We're over it. We have to be handling it.' But if it's increasing, then they're missing it.⁵⁰

⁴⁸ Ms Gabrielle Reilly, Executive Director, Human Resources Department, Victoria Police, *Committee Hansard*, 5 September 2018, pp. 62–63.

⁴⁹ Mrs Janet Hill, private capacity, *Committee Hansard*, 25 September 2018, p. 18.

⁵⁰ Mr Ray Karam, Founder, Police Are People and private capacity, *Committee Hansard*, 25 September 2018, p. 27.

3.49 This suggests that, in some services at least, the policies in place do not add up to produce results for people on the ground. The committee notes a salient point made by Mr Rosario (Ross) Fusca, a former AFP officer and current welfare officer assisting firefighters in Victoria. Mr Fusca observed that the ability to report mental health problems in a work environment has a lot to do with trust:

Another issue that needs to be addressed is: employers need to gain the trust of their employees so that there's a relationship to provide the appropriate support.⁵¹

3.50 A submission from the United Firefighters Union of Queensland (UFUQ) collated members' responses when asked about lack of trust in their employer's willingness or ability to manage the reporting of psychological injury. The lack of trust was found to be based on a number of factors, including:

- (i) lack of progressive, proactive capacity in QFES [Queensland Fire and Emergency Services] to handle the management of psychological injuries, and
- (ii) lack of confidentiality within QFES management and a repeated inability to handle the sensitive nature of psychological injury in a reasonable and appropriate way, and
- (iii) a zero-tolerance approach to any type of injury within QFES firefighting and fire communication centre employees, with a total focus on reduction of employer risk and a risk averse attitude to managing employees with injuries, and
- (iv) the over-reliance by QFES on referral to assessment of fitness for duty as the first step in their injury management processes, drawn from the availability within the *Queensland Fire and Emergency Services Act 1990* for forced medical retirement of employees who are assessed as unfit for duty, and
- (v) assumptions about the cause of injury and the defensive risk averse approach of QFES and an unfortunate focus on minimisation of that risk to the detriment of true consideration of the duty of care to employees, and
- (vi) many other factors, such as QFES regional variability in the organisational maturity and capacity to handle injury management.⁵²

3.51 The committee notes that the issue of trust has not escaped senior management in some organisations. Notably, representatives from QFES acknowledged the failures of the past and the hard work required to rebuild trust:

We're very careful, more so than ever before now, to make it a human intervention and not a bureaucratic, heartless, clinical interaction. That's a

⁵¹ Mr Rosario Fusca, private capacity, *Committee Hansard*, 25 September 2018.

⁵² United Firefighters Union of Queensland, *Submission 72*, [p. 3].

move that I think is happening right across our industry. It's the hardest thing to actually get large organisations to not immediately act heartlessly, so that's a work in progress for us. What goes hand in hand with that is the notion of people trusting the system and that if they do put their hand up they're not going to end up being thrown out. In our earlier history – we're probably not the only agency in our industry around the country – you were either good to go 100 per cent or you were asked to go.⁵³

3.52 These sentiments were echoed by the Queensland Police Service (QPS):

They're good people; they're very, very good people [QPS staff]. We have pockets of incredibly good practice across this state. We have some pockets of very poor practice. We're on a journey. I don't profess for one moment that we're perfect, but we're very, very committed to making a difference and changing in this space. There are people who would say they've been treated appallingly – and they have been, obviously and usually through the ignorance of the person they're speaking to it about. But you will also see some incredibly positive stories of genuine support. In the latest union journal, which has never been backward in criticising the QPS more generally when it's not agreed with things, there is a letter to the editor that made my heart sing. It was an officer telling his story of sitting in a car crying, hidden away from his colleagues, because the impact of his psychological demons had just taken its toll on him. He was so fearful of going back to his officer in charge because of his traditional notion and perhaps because he feared that he would not be listened to... The wonderful letter showed the sympathy, the empathy and the support that he got from his officer in charge. That's what we're planning as our future. We've got a long way to go. We've had some horror stories of what some people have experienced. But, if you then start looking at the statistics, they're a relatively small number compared with the 15,000 that are there. But I'd be the first to say that even that small number is probably a very big underrepresentation of the people who suffer with these conditions.⁵⁴

3.53 In contrast to this frank and honest account, the committee again notes that the New South Wales Police service declined the opportunity to engage with this inquiry.

Privately owned first response organisations

3.54 A number of submitters expressed serious concerns about the management of employee wellbeing by St John Ambulance (SJA), a not-for-profit organisation not part of the state government, but instead contracted by the state government to provide ambulance services in Western Australia. One such submission, from Sirens of Silence, described breaches of confidentiality by

⁵³ Mr Andrew Short, Assistant Commissioner, Human Capital Management, Queensland Fire and Emergency Services, *Committee Hansard*, 18 July 2018, p. 76.

⁵⁴ Mr Brian Codd, Assistant Commissioner, Queensland Police Service, *Committee Hansard*, 18 July 2018, pp. 78–79.

management, bullying and intimidation, as well as the practice of performance managing mentally ill staff out of the organisation.⁵⁵

- 3.55 Sirens of Silence cited no less than six reviews of SJA conducted in eight years, once of which concluded:

The Independent Oversight Panel (IOP) review released August 2016 'St John Ambulance WA Health and Well Being and Workplace Culture' revealed that the panel reported that "submissions and hearings illustrated a culture where bullying appears to be systemic, if not condoned, and that it does not appear to be consistently addressed. One officer in a management position reported being told they need to be more aggressive when dealing with Paramedics."⁵⁶

- 3.56 Another witness, Mr Patrick O'Donnell, Assistant Branch Secretary of United Voice WA, pointed out that part of the problem is that ambulance services are not legislated in WA. As a result, SJA's contract with the state government does not specifically set out the employer's responsibilities in terms of staff health and wellbeing:

[T]here is no ambulance legislation in WA. Many states do have legislation or their service is legislated. There's no recognition of ambulance as an essential service, there's no policy you can point to that just talks about the service in WA as an essential service. Essentially it's run between a contract between St John and the state. That contract is really very simple and it sets very basic KPIs around attendance at jobs, but that's about it. It doesn't go on to put into the contract the responsibilities that we would expect the employer to have, or the government to take, on service provision to the community, the quality of care provided and the health and wellbeing of the workforce, and we think this is something that needs to be addressed.⁵⁷

- 3.57 The committee raised these concerns with SJA. Representatives of the organisation told the committee that SJA had accepted 26 out of 27 recommendations made by three reviews:

The organisation's been very transparent—developed an operational plan and shared that with the organisation.⁵⁸

- 3.58 The committee noted, however, that SJA did not accept a key recommendation around key performance indicators relating to psychological risk and care of

⁵⁵ See Sirens of Silence, *Submission 66*.

⁵⁶ Sirens of Silence, *Submission 66*, p. 8.

⁵⁷ Mr Patrick O'Donnell, Assistant Branch Secretary, United Voice (WA), *Committee Hansard*, 30 August 2018, p. 23.

⁵⁸ Ms Deborah Jackson, Director, People and Culture, St John Ambulance WA, *Committee Hansard*, 30 August 2018, p. 31.

the workforce operating under SJA's contract with the state government. SJA did not explain why this recommendation was not agreed.⁵⁹

- 3.59 The committee notes that oversight of outsourced first responder organisations is necessary to ensure that these comply with standards to be defined by the Commonwealth-led national action plan and recommendations contained within this report.

Recommendation 3

- 3.60 The committee recommends that federal, state and territory governments work together to increase oversight of privately owned first responder organisations.**

Work with external organisations

- 3.61 Beyond Blue established a police and emergency services program in 2014, with the objective of promoting mental health for both current and former workers in the emergency services, volunteers and their families. The purpose of the program was to reduce these individuals' risk of suicide:

Our first significant activity in this space was really finding out what was going on, looking across agencies and across each of the particular disciplines of the sector to really see what they were doing to protect mental health and prevent suicide. That led to the development of a good practice framework for mental health and wellbeing in first responder organisations, which we launched in 2015. As with all of our work in the space, we partnered with police and emergency services agencies and their staff to develop the framework. It has now been applied in several agencies as they develop their own mental health strategies. We also worked very closely with Ambulance Victoria last year to develop their training program, Mental Health Matters @AV. The program has been delivered to over 6,000 operational and non-operational staff. An independent evaluation found that it had a significant impact on knowledge and attitudes among Ambulance Victoria staff and extremely high levels of satisfaction.⁶⁰

- 3.62 Noting this initiative and the work done by organisations such as Beyond Blue and the Black Dog Institute, as well as a range of smaller support organisations, the inquiry revealed considerable inconsistency across agencies around the country.

⁵⁹ See discussion with St John Ambulance WA, *Committee Hansard*, 30 August 2018, pp. 31–32. Although SJA provided the committee with a copy of its new contract with the WA state government, the organisation did not sufficiently address public concerns about its support for staff health and wellbeing. See SJA, answers to questions on notice, 30 August 2018 (received 20 September 2018).

⁶⁰ Ms Georgina Harman, Chief Executive Officer, beyondblue, *Committee Hansard*, 5 September 2018, p. 1.

3.63 Services in some states reported noticeable shifts in culture and practice following the rollout of projects intended to improve the response to mental health problems. In South Australia, for example, the South Australian Fire and Emergency Services Commission (SAFECOM) has sought out training through Mental Health First Aid Australia. The organisation reported positive feedback from employees:

Culturally, I think we are getting somewhere. It's early days still, but in some of the feedback that's come through—if you'll allow me to read it out—one person said: 'Very good course that will improve over time. Mental health is such a diverse subject, but what was covered was worthwhile. I certainly feel more compassionate towards people with mental health and also now equipped with basics to assist people in need.' Other comments we've got are: 'very important that the officers of the emergency services, especially the volunteers, are aware of these issues', 'very informative and valuable to both personal and CFS operations', 'useful', 'recommended that all CFS brigade officers undergo this training', 'excellent value for people who are managing people in high-stress environments', and: 'I was excited to tell my brigade and workplace about it, encouraging people at both places to do it. It opened my eyes and gave me a deeper understanding. Thanks.'⁶¹

3.64 Work done by SAFECOM is revealing that greater numbers of first responders may be feeling comfortable enough to disclose mental health concerns to other, colleagues at least:

The other interesting thing is that we are doing our own evaluation of the program. As part of that, we are doing a pre and post survey to see if there are any changes in people's attitudes. Preliminary data is that there is a shift, but what was really interesting is that 56 per cent of our people are actually recording that they're having access to or they're dealing with fellow brigade members or unit members who they believe possibly have a mental health condition. That's actually been quite surprising for us and something that we probably need to explore further because that's quite a high number coming through already.⁶²

3.65 Some, however, take the issue very seriously yet lack the resources required to implement optimal mental health strategies. SAFECOM for example, pointed to recent studies the South Australian Country Fire Service has taken part in which identified links between first responder occupations and mental health conditions:

- *Group critical incident stress debriefing and emergency services personnel*, 2014;
- *Prevalence and predictors of mental health in firefighters*, 2016; and

⁶¹ Mrs Louise Hincks, Mental Health and Wellbeing Project Officer, South Australian Fire and Emergency Services Commission, *Committee Hansard*, 29 August 2018, p. 17.

⁶² Mrs Louise Hincks, Mental Health and Wellbeing Project Officer, South Australian Fire and Emergency Services Commission, *Committee Hansard*, 29 August 2018, p. 17.

- *National mental health and wellbeing study of police and emergency services, 2017 (report 2018).*⁶³

3.66 Witnesses speaking on behalf of South Australian fire services were cognisant that more needed to be done, but noted that limited resources force the prioritisation of critical areas:

As a service, we need the resources to implement the recommendations resulting from the findings of these studies. We need to track our brigades and units who have had high exposure to trauma, and put strategies in place to support these people. We need to talk to our volunteers more to educate them on mental health and provide them with strategies to increase their health and resilience in their volunteer career. We've already started this process, but we need to continue that. We need to continue to provide mental health first aid training to our senior volunteers and staff, as these are the people who are dealing with volunteers experiencing mental health issues, and they are often under a lot of pressure themselves. We need to increase the capacity of our volunteer peer support team to assist in providing stress and trauma education to volunteers and their families. We need to promote our services more broadly through online programs, including information that increases awareness through various mediums such as our training modules, posters, pamphlets, et cetera. We need to also promote our mental health and wellbeing message to rural and remote volunteers.

However, our largest barrier to providing the full complement of necessary mental health services to our volunteers is staff resourcing. As mentioned in the submission, we have one full-time equivalent position, which is mine, and there is no capacity to implement the additional initiatives required to provide volunteers and staff with a broader program. With only one position, much of the mental health response is primarily focused on those areas considered to be critical.⁶⁴

Rostering

3.67 Available research suggests that prolonged shift work can in itself be detrimental to health and wellbeing.⁶⁵ The committee noted that better rostering has also been identified as a significant opportunity for mitigating the risk inherent in shift work for first responder agencies.

3.68 Improved rostering practices which foster a healthier work-life balance, however, require more funding:

The areas that we believe are of most importance and relevance to PAT [Police Association of Tasmania] members, and that provide relief and

⁶³ Ms Jane Abdilla, Health and Wellbeing Coordinator, South Australian Fire and Emergency Services Commission, *Committee Hansard*, 29 August 2018, p. 15.

⁶⁴ Ms Jane Abdilla, Health and Wellbeing Coordinator, South Australian Fire and Emergency Services Commission, *Committee Hansard*, 29 August 2018, p. 16.

⁶⁵ Mr Gavin Cashion, Vice President, Police Association of Tasmania, *Committee Hansard*, 31 July 2018, p. 2.

proactive responses to PTSD, include roster reforms—roster reforms that provide a greater work-life balance for all shift workers. These have been resisted historically by police management, as they require more police to run these types of rosters. Better rosters equals more police, which equals more funding. If we were to go down the path of looking at some of these rosters, we believe that the money spent on recruiting more police would be offset in the long term by the reduced sick leave and higher productivity which comes from a happier workforce. Flexible work arrangements have also been mentioned in the PFA submission. These should be available to police in all areas. Sadly, all police officers at this stage can't avail themselves of these flexible work arrangements, for a number of reasons.⁶⁶

- 3.69 As put by another witness, resourcing is a big problem and may be influencing organisational attitudes towards healthier rostering practices:

[Y]ou can run out training programs and you can have barbecues and you can have R U OK?, and you can do all that, which is really useful, but it just doesn't alter the structures that these people work in. The systems are so regimented in terms of rosters and delivering services to high-needs clients that, if you actually step back and say, 'Okay, we're going to provide psychologically what first responders need,' the resources it would take would be astronomical. I hear, 'Well, if in the real world we had a bucket of money, we could do that.' But the psychological recommendations go into this—'Well, we have no resources. So, yes, it would be great if we could provide certain things, but we don't have the resources to do it.' So we're at a stalemate. An example is that often first responders will tell you how ineffectual they felt their management was; they either went to them or didn't feel they could go to them or were told: 'That's a part of the job. You knew you were going to have that when you signed up, so what are you wasting my time for?'⁶⁷

- 3.70 Dr Brian White, a consultant psychiatrist, noted that emergency services should also actively rotate staff to better manage the amount of exposure individuals have to trauma:

There is a pressing need for all emergency services to look at ways of restructuring the amount of exposure and to improve the level of support and understanding that is given to their operational personnel. This may need to include consideration of significant limitations on the number of years and the intensity of experience in operational employment. Ideally, this means that there should be an active program of rotating staff.⁶⁸

⁶⁶ Mr Gavin Cashion, Vice President, Police Association of Tasmania, *Committee Hansard*, 31 July 2018, p. 1.

⁶⁷ Mr Bruce Perham, Mental Health Social Worker, Family and Narrative Therapy, Let's Talk Differently, *Committee Hansard*, 5 September 2018, p. 23.

⁶⁸ Dr Brian White, *Submission 13*, p. 2.

Collaboration

3.71 Over the course of the inquiry it became apparent that collaboration and discussions were taking place between different first responder services around the country. The committee noted that police and fire services are generally governed by state emergency services, while ambulance services fall under state health portfolios (noting that in Western Australia and the Northern Territory, ambulance services are outsourced from the health portfolio to a private provider).⁶⁹

3.72 As part of a wider discussion around the work Beyond Blue is doing to help organisations looking to develop a mental health strategy, the committee questioned whether there was merit in establishing national guidelines on how strategies could be implemented across various emergency services. Ms Georgina Harman, Chief Executive Officer of Beyond Blue, saw potential in that approach:

I think there's something in that. As we work our way through the very, very large volume of research evidence that we're working through at the moment, we're thinking about what kinds of recommendations we should make—not only industry specific, but also things that can be progressed predominately by states. We're also asking, 'What is the Commonwealth's role?' That's an active kind of thought process for it. We haven't quite landed on a particular view yet, because, as I said, we need to let the evidence tell us what those recommendations are. But I think there is a role that the Commonwealth can play in bringing people together.⁷⁰

3.73 Such an approach would focus on the commonality between various emergency service providers rather than their differences and, the committee heard, could be a valuable way of bringing together and benefitting from data and experience collected nation-wide:

I think there is a role the Commonwealth can play, in a strong leadership sense, in binding those findings together and actually promoting and potentially even monitoring—not monitoring in a Big Brother type of way, but actually bringing people together in communities of practice, for example, to find out what's working, what didn't work so well, what we learnt from that and so what do we do next.

We're also potentially thinking about—there is lots of research and lots of research data. There's nothing yet at a population level, and we believe our research will fill that gap, but there are lots of really significant pieces of research, both qualitative and quantitative, across those sectors. Some is at a state level; some is at a service level. Bringing that together in one place

⁶⁹ See discussion with beyondblue, *Committee Hansard*, 5 September 2018, p. 4.

⁷⁰ Ms Georgina Harman, Chief Executive Officer, beyondblue, *Committee Hansard*, 5 September 2018, p. 4.

so that there's a sort of evidence hub and then using that as the single source of truth, it could be a useful role for the Commonwealth to play.⁷¹

Creating mentally healthy workplaces

3.74 When its *Answering the call* report was finalised, Beyond Blue pointed out that while the first responder agencies inherently operate in a context involving particular risk factors, they are also workplaces. This means that:

...the core components of an evidence-based approach to a mentally healthy workplace are just as relevant to them as any other workplace.⁷²

3.75 Furthermore, while different agencies differ in the type of work they perform, Beyond Blue's research highlighted common themes—many directly associated with workplace factors—which in themselves should give first responder organisations valuable insight into how best to tackle the problem:

In all agencies there was a concerning number of employees with poor mental health. All agencies had high rates of psychological distress and probable PTSD in their employees. All agencies had personnel with mental health conditions who were not seeking or receiving adequate support. All agencies had staff who perceived stigma—particularly adverse career impacts—which impacted on seeking support for mental health conditions. These themes indicated that many of the issues identified in the survey are relevant across all police and emergency services agencies. In addition, the results showed that these issues are strongly and directly associated with workplace factors.⁷³

3.76 The figure below from Beyond Blue depicts features of a resilient workplace:

⁷¹ Ms Georgina Harman, Chief Executive Officer, beyondblue, *Committee Hansard*, 5 September 2018, pp. 4–5.

⁷² *Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services*, 2018, p. 117.

⁷³ *Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services*, 2018, p. 117.

Figure 3.3 A resilient workplace⁷⁴



Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services, 2018, p. 108.

- 3.77 The Black Dog Institute stressed the importance of high quality research when it comes to managing mental health problems and implementing workplace strategies to address them. Professor Samuel Harvey cited the example of psychological debriefing, which is often cited as an important aspect of mitigating the risk of exposure to trauma:

I suppose I also wanted to make note of the fact that history gives us a warning about the risk of ignoring some of the research evidence when we think about how to respond to this problem, and I make mention in our submission of psychological debriefing... [In] brief, psychological debriefing became very popular in first responder agencies in the 1980s and 1990s. By the late 1990s there had begun to be concern amongst some academics and clinicians that it may not be helpful, but by that stage it was almost ubiquitous amongst first responder agencies around the world. By the time we did randomised control trials that looked at it and were able to bring all those together in 1998, in a landmark systematic review, what had

⁷⁴ *Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services, 2018, p. 108.*

become clear was that debriefing wasn't helpful and that there was some research evidence that suggested that, rather than preventing PTSD, first responders who got debriefing were actually at increased risk of PTSD. So really it's a salient lesson, I think, about how rolling out things that seem like a good idea and are well intentioned can have unintended consequences.⁷⁵

- 3.78 Professor Harvey informed the committee that the institute has been developing a program of research in partnership with first responder agencies. Equipping agencies to deal with mental health conditions has been at the forefront of this work, which has clearly shown the importance of managers and leaders in setting the culture of a workplace, as well as in responding when staff are unwell:

The problem we had was that no-one was clear about whether you could train managers to do that role better and, if so, what that should look like. We partnered with Fire and Rescue NSW to develop a new four-hour training program for their managers, where, based on those research studies that we had in there, we really focused on giving managers the confidence to have those discussions earlier, because that seemed to be one of the key things that was holding them back from doing that.⁷⁶

- 3.79 As pointed out by Ms Simone Haigh, Vice-President of Paramedics Australia, it is important to remember that managers in first response organisations may themselves be affected by the nature of the work and environment:

I think that managers—an on-road paramedic talking about managers—are probably forgotten in the mental health space as well. Some of this culture may also be that they're broken as well. We have to remember that this is a whole organisation thing, not just the frontline staff.⁷⁷

- 3.80 The training program benefitted from a randomised control trial in which all Fire and Rescue NSW duty commanders were split into two groups—one which received the management training and the other which did not. The results clearly supported the strength of the training course:

We followed them up for six months. What we found was that the managers who had got that training had significantly increased levels of confidence after six months, that their behaviour had changed and, perhaps most importantly, when we looked at the impact of that on the firefighters that they were managing—and the measure we had from them was their sickness absence records—that there was a substantial reduction in sickness absence amongst the teams with managers who had got that

⁷⁵ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 41.

⁷⁶ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 41.

⁷⁷ Ms Simone Haigh, Vice-President, Paramedics Australia, *Committee Hansard*, 31 July 2018, p. 38.

training. That helped to make the economic argument about how there was a 10-to-one return on investment for that type of manager training.⁷⁸

3.81 The committee notes that the Black Dog Institute has been working with the ambulance services in NSW and Victoria to roll out an online version of this manager training so that it is more broadly accessible.⁷⁹

3.82 The return on investing in mental health programs is considerable. In developing its national workplace mental health program, 'Heads Up', Beyond Blue engaged Pricewaterhouse Coopers to conduct an independent analysis of the cost to business and employers of not doing anything. Lack of action on mental health in Australian workplaces, the analysis found, translates to almost \$11 billion in lost productivity per annum.⁸⁰ Furthermore:

We know also from that research that every \$1 invested in an effective, evidence based mental health workplace initiative, action or strategy returns on average \$2.30. That ratio changes between industries—that's the average. So it is a no brainer. If organisations and employers are not doing this, they are losing money. They are losing good people.⁸¹

3.83 Considering the cost of training first responders, money invested in mental health provides a positive return on this investment. The committee received evidence on research conducted internationally:

The IAFF [International Association of Fire fighters] has done an awful lot of research into the benefits of the Wellness-Fitness Initiative [North America].⁸²

Within the Wellness-Fitness Initiative it also includes mental health, and what we find is that for every dollar you invest in it it's around \$2 to \$3 you get returned. That return is from—you have less sick time, you have quicker time for individuals being able to get back into workforce and, overall, the morale of the department goes up. So you find that there is a financial winning by putting money into the health and safety of your employees... It's an absolute tragedy when you lose a firefighter or paramedic. But when you look at it from an educational standpoint, if you have a firefighter or a paramedic who has 20 years of education that they've put in there, and they're an officer, and then you lose that person,

⁷⁸ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 42.

⁷⁹ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 42.

⁸⁰ Ms Georgina Harman, Chief Executive Officer, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 7.

⁸¹ Ms Georgina Harman, Chief Executive Officer, Beyond Blue, *Committee Hansard*, 5 September 2018, p. 7.

⁸² Mr Ken Block, Fire Chief, Edmonton Fire Rescue Services, City of Edmonton, Alberta, Canada, *Committee Hansard*, 18 July 2018, p. 63.

tragically, you've lost all that funding that you've put into that person, because he still has 10 years left to be an officer. So that is a cost in itself.⁸³

3.84 In terms of the effect of investment in mental health on workplace morale, the committee heard the benefits are incalculable:

I would suggest it even contributes to the esprit de corps of the department. The women and men of the fire service are the greatest asset of the fire service, and they're willing to go above and beyond whenever they're called upon. The very right thing to do is to be there for them when they need assistance. That goes a long way to establishing this tremendous esprit de corps within the service. I think you can't put a price on that.⁸⁴

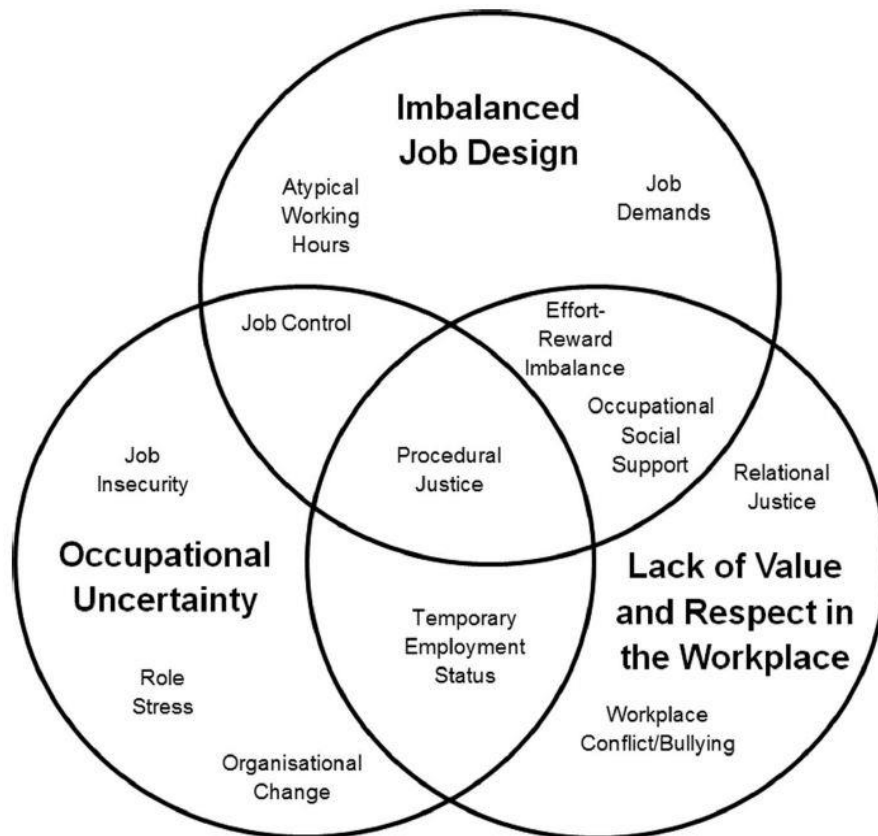
3.85 The committee similarly notes that the Black Dog Institute has put forward a proposed model of how various factors at work, which are not directly related to exposure to trauma, may overlap and intersect with one another. This model is based on a meta-review the institute published in 2017, which looked at all available international literature linking work situations to mental ill health:

Figure 3.4 Black Dog Institute proposed model of the interaction between non-trauma workplace risk factors for mental health⁸⁵

⁸³ Mr Alex Forrest, President, United Firefighters of Winnipeg; and Canadian Trustee, International Association of Firefighters, *Committee Hansard*, 18 July 2018, pp. 63–64.

⁸⁴ Mr Ken Block, Fire Chief, Edmonton Fire Rescue Services, City of Edmonton, Alberta, Canada, *Committee Hansard*, 18 July 2018, p. 64.

⁸⁵ Black Dog Institute, *Submission 94*, p. 6.



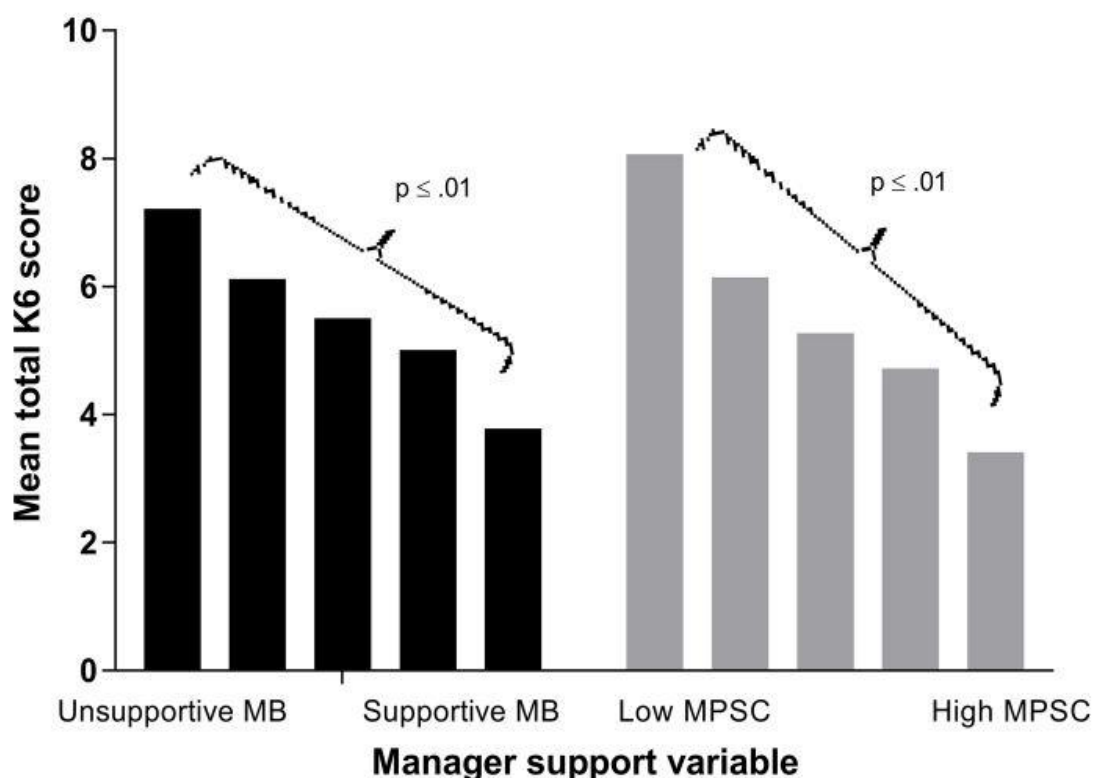
Black Dog Institute, Submission 94, p. 6.

- 3.86 The figure above shows that the level of perceived value and respect in the workplace can be a predictor of workers' mental health. The Black Dog Institute submitted that this was demonstrated by a survey looking at military veterans returning from deployment in the 2003 war in Iraq, which found that both morale and senior support in units were strong predictors of the likelihood of veterans developing PTSD.⁸⁶
- 3.87 A recent study looking at paramedics' experience of leadership and its influence on staff mental health, also conducted by the Black Dog Institute, clearly shows that paramedics who feel supported by management report fewer mental health problems.⁸⁷
- 3.88 This is illustrated below, where manager behaviour (MB) and manager psychological safety climate (MPSC) are plotted, showing the link between the level of support and mental ill health symptoms as measured by the K6 score on the left.

⁸⁶ Black Dog Institute, *Submission 94*, p. 7.

⁸⁷ Black Dog Institute, *Submission 94*, p. 7.

Figure 3.5 Data from Black Dog Institute study of ambulance personnel showing links between management behaviour, psychosocial safety in the workplace and symptoms of mental ill health⁸⁸



Black Dog Institute, Submission 94, p. 7.

Mental health management overseas

3.89 The committee benefitted from a submission from Executive Fire Chief Officer Ken Block, based in Edmonton, Canada. The submission outlines the Edmonton Fire Rescue Services mental health program, a joint program between the service and the Edmonton Fire Fighters Union. The program is confidential, voluntary and non-punitive. Its aim is to improve fire fighters' quality of life whilst demonstrating the value of investing resources into wellness:

With the positive engagement from preliminary mental health programming efforts, a Mental Health Coordinator was hired in 2016. At the time, Edmonton was the first major municipal fire department in North America with a full time Mental Health Coordinator.

Once the Edmonton Fire Rescue Services mental health task force was formed, it was delegated with three initial areas of focus:

- To increase awareness of and educate staff members on issues related to mental and behavioural health specifically affecting those within the emergency services.

⁸⁸ Black Dog Institute, *Submission 94*, p. 7.

- To lead a shifting of the organizational culture within Edmonton Fire Rescue Services with respect to dealing with issues related to mental and behavioural health.
 - To research best practices regarding mental health training programs suitable and appropriate for emergency services personnel.⁸⁹
- 3.90 This work has led to the development and rollout of two training programs for Edmonton Fire Rescue Services staff in 2016. Both of these were endorsed by the Mental Health Commission of Canada.⁹⁰
- 3.91 The first program, Mental Health First Aid, teaches staff how to recognise the signs and symptoms of a mental health condition, how to provide initial help and how best to guide the affected person towards appropriate professional help. It is not intended to transform staff into therapists. The second program, Road to Mental Readiness, aims to reduce the stigma of mental illness and increase awareness of mental health and resilience. A number of other programs and initiatives are in development.⁹¹
- 3.92 A submission was also received from Mr Alex Forrest, a Canadian firefighter and health and safety advocate with 15 years' experience on the issue of PTSD and related legislation, as well as the International Association of Firefighters (IAFF) Canadian Trustee.
- 3.93 Mr Forrest's submission sets out treatment programs in place internationally, such as the IAFF Centre of Excellence located in Maryland in the United States. The centre is a residential rehabilitation centre purpose-built to treat firefighters:
- [The centre] is a 60-bed unit that delivers treatment programs backed by scientific research and is headed by qualified clinicians with a wealth of experience in behavioral health and health care.
- Located in Maryland just outside Washington DC, the facility is designed like a fire house and builds on the comradery that firefighters experience and value when at work with each program unique to the firefighter's needs. The center includes a fully equipped gym, volley ball and basketball courts, reflection areas, outdoor walking trails, yoga and writing therapy spaces.⁹²
- 3.94 The submission also provides valuable insight into how presumptive legislation can be introduced to help first responders suffering from PTSD. This topic is addressed in the next chapter.

Committee view

⁸⁹ Fire Chief Ken Block, *Submission 49*, p. 6.

⁹⁰ Fire Chief Ken Block, *Submission 49*, p. 6.

⁹¹ Fire Chief Ken Block, *Submission 49*, p. 7.

⁹² Mr Alex Forrest, *Submission 50*, p. 5.

3.95 In the immediate future, the committee is persuaded that greater oversight needs to be applied to ensure that first responder organisations make the mental health and wellbeing of their staff a priority. Most first responder organisations fall under the jurisdiction of state and territory governments, with the Commonwealth Government only having jurisdiction over the AFP. However, given that the common mental health challenges faced by first responder agencies across the nation, the committee sees considerable opportunity for the Commonwealth to play a valuable leadership role in a long-term, nationally coordinated commitment to addressing and protecting the mental health of our first responders.

Recommendation 4

3.96 The committee recommends that a Commonwealth-led process involving federal, state and territory governments be initiated to design and implement a national action plan on first responder mental health.

3.97 Evidence strongly suggests that many first responders resist reporting concerns about their mental health due to pervasive stigma around mental illness in the community broadly and within first responder organisations specifically. There is a genuine fear—in many cases supported by first hand or anecdotal experience—of being subjected to ridicule, bullying and discrimination if problems are reported. The committee believes that it will take dedicated and proactive work by first responder agencies to change this organisational culture.

3.98 The committee recognises the importance of providing evidence-based training packages to first responders aimed at reducing workplace stigma, improving self-identification of symptoms and supporting colleagues.

Recommendation 5

3.99 The committee recommends that compulsory first responder mental health awareness training, including safety plans, be implemented in every first responder organisation across Australia.

3.100 The committee also notes the work already underway in some first responder organisations. In particular, the committee recognises that managers and leaders in these workplaces are primarily responsible for workplace culture, and must therefore be adequately trained to ensure they are equipped to manage the people they lead in a healthy way.

Recommendation 6

3.101 The committee recommends that compulsory management training focusing on mental health, such as that developed by the Black Dog Institute, be introduced in every first responder organisation across Australia.

3.102 The committee is also of the view that management training and mental health support services should be extended to all volunteer first responders and services as well.

Recommendation 7

3.103 The committee recommends that mental health support services be extended to all first responder volunteers.

Chapter 4

Workers' compensation

The onus has always been on the officer to identify their problem and seek help. The issue with mental health is that much like noticing a freckle on your arm, you have no idea when it first appeared or how long it has been there. It does not present itself like a broken arm. It slowly eats away until one day you awake and find everything about you has changed.¹

My experiences with the AFP when I suffered a mental illness were that my managers didn't want to believe that someone like me could be ill. When I put my WorkCover claim in, they refuted it. In the process of refuting it, they emptied out my gun locker and excluded me from entry into my workplace. So, clearly someone thought that I was mentally unwell but they were opposing my claim... Anyway, that was resolved sometime down the track and, having to relive the incident over and over and over, having to convince people that something did occur to me and finally having the claim accepted was justification for what I'd done.²

- 4.1 For first responders, accessing workers' compensation is subject to laws and processes in place across federal and state jurisdictions. These can vary; however, submitters report that none are straightforward to navigate for the injured first responder.
- 4.2 Many describe an adversarial system seemingly predicated on keeping the number of accepted claims to a minimum. Evidence suggests that the process may even aggravate mental injuries, impede recovery and inhibit reporting.
- 4.3 This is summed up by Adjunct Associate Professor Ray Bange:

Demonstrating work-related mental harm can be an onerous process for someone who is already in jeopardy. One of the constant refrains has been a concern at the compensation processes, with delays, multiple assessments, and invasions of privacy. Paramedics have said that the stigma involved in declaring distress and gaining recognition of harm, and the perceived difficulties in obtaining redress through external mechanisms such as workers compensation, tend to inhibit reporting and contribute to overall stress.³

Workers' compensation insurers

- 4.4 The workers' compensation insurer for most Australian government agencies and the ACT Government is Comcare. It is also the work health and safety regulator for these agencies, along with a number of others. In practice, this

¹ Anonymous, quoted in Australian Paramedics Association of Queensland, *Submission 73*, supplementary submission, p. 22.

² Mr Rosario Fusca, private capacity, *Committee Hansard*, 25 September 2018, p. 10.

³ Adjunct Associate Professor Ray Bange, *Submission 60*, p. 24.

complex system means that Comcare only has insurance coverage for the Australian Federal Police (AFP), Airservices Australia and the ACT Emergency Services Agency. The following occupations *within those agencies* are covered:

- Ambulance officers
- Emergency services workers
- Firefighters
- Fire and emergency workers
- Intensive care ambulance paramedics
- Police officers.⁴

4.5 First responders who are not with the AFP or the ACT Emergency Services Agency, that is, the vast majority of first responders around the country, are covered by a host of providers, including but not limited to:

- Allianz Australia Insurance (Allianz)
- CGU
- Jardine Lloyd Thompson (JLT)
- Gallagher Bassett
- Xchanging

4.6 In addition to these private sector providers, some state agencies are covered by their respective state-based public sector insurer, such as:

- icare in New South Wales;
- South Australian Fire and Emergency Services Commission in South Australia;
- Riskcover in Western Australia; and
- WorkCover in Queensland.

4.7 The committee notes that police officers in Western Australia are not deemed to be employees under the *Workers' Compensation and Injury Management Act 1981 (WA)*, and as such are not covered by the workers' compensation act. Instead, the WA Police Force operates an in-house, self-funded workers' compensation scheme.⁵

Duties of employers and workers

4.8 The Department of Jobs and Small Business (the department) submitted that the primary duty of care for work health and safety under the *Work Health and Safety Act 2011 (WHS Act)* rests with persons conducting a business or undertaking (PCBUs):

⁴ Ms Jennifer Taylor, Chief Executive Officer, Comcare, *Committee Hansard*, 7 November 2018, p. 15.

⁵ Mr Tony Clark, Acting Director of Human Resources, Western Australia Police Force, *Committee Hansard*, 30 August 2018, p. 27.

They must ensure the physical and mental health and safety of workers while they are at work, wherever they work and whatever work they do.⁶

4.9 This places responsibility on PCBUs to eliminate risks to health and safety in as far as practicable or, where they cannot be eliminated, minimise them as far as is reasonably practicable. This is particularly difficult to achieve in hazardous work environments, such as those first responders operate in.⁷ Nonetheless, an obligation on the part of first responder organisations remains, and 'reasonably practicable' can be measured by looking at:

- The likelihood of the hazard or risk occurring;
- The degree of harm that may result from the hazard or risk;
- What the person concerned knows, or ought reasonably to know, about:
 - the hazard or risk; and
 - the ways to eliminate or minimise the risk;
- The availability and suitability of ways to eliminate or minimise the risk; and
- Lastly, the cost associated with the available ways to eliminate the rest, including whether the cost is grossly disproportionate to the risk.⁸

4.10 This requires first responder organisations to be 'actively involved in identifying, assessing and controlling work hazards' which pose a threat to workers' physical and psychological health.⁹

4.11 For their part, under the WHS Act workers are required to take reasonable care for their own health and safety and comply with instructions which allow compliance with the WHS Act.¹⁰

4.12 The committee notes that, as explained by the department, this 'places a limit' on employers' duty:

- it places a reasonable limit on a PCBU's duty to manage risks to a worker's mental health, such as in situations where a worker has more control over or knowledge and understanding of the risks to their mental health.
 - For example, this may be the case where a worker fails to notify a PCBU of an existing mental health condition and their inability to cope with their work.¹¹

⁶ Department of Jobs and Small Business, *Submission 82*, p. 5.

⁷ Department of Jobs and Small Business, *Submission 82*, p. 5.

⁸ Department of Jobs and Small Business, *Submission 82*, p. 5.

⁹ Department of Jobs and Small Business, *Submission 82*, p. 5.

¹⁰ Department of Jobs and Small Business, *Submission 82*, p. 6.

¹¹ Department of Jobs and Small Business, *Submission 82*, p. 6.

- 4.13 The committee notes the complexity of the above arrangements in the context of significant workplace stigma associated with mental ill health in first responders.

Wariness of the system

- 4.14 Many first responders with diagnosed post-traumatic stress disorder (PTSD) reported having considerable difficulty accessing workers' compensation and encountering an adversarial system when attempting to do so. The demands and impacts of this battle on a person already suffering from a serious mental health condition cannot be understated. A few representative examples from first responders and their representatives are listed below.

- 4.15 Mr Eric O'Rourke, a veteran police officer submitted:

In December, 1975 I took an oath to "well and truly serve" etc etc and did just that for near on 30 years. They were the best 28 years of my life! Admittedly I am responsible for how I ended up, to some extent. I am intelligent, insightful and would regularly do a personal stock take on where I was and who I was. I was at the sharp end of modern day serious organized crime investigations and the risks were high, but the rewards of success were equally as high. I succumbed to PTSD in 2004 and was 'let go'—better described as pushed out—two years later. In the interim two years when I was on sick leave I was treated as a leper. Little, or no contact with my management team, dealing with their lies and manufactured evidence regarding the cause of my injury and finally the 'wigfest' battle for compensation and appropriate treatment. All of this when I had trouble with the most base of human relations.¹²

- 4.16 Mr Steven Fraser, Vice President and Ambulance Councillor of the Health Services Union submitted:

The majority of our members who have been through the workers compensation process find the process more damaging than the actual injury at times. It's described to us that they become more damaged by the process of making a claim. Those stories make others tend to shy away from reporting and self-reporting.¹³

- 4.17 Mr Jim Arneman, Project Officer with the National Council of Ambulance Unions submitted:

In the last couple of days, we've received news of another colleague of ours who has apparently taken his own life. That's really put a very strong focus for me on what's happening here today. This is really personal for us. It's our workplace friends and colleagues that we're here to talk about. It's particularly personal for me. In 2014, in May, my wife, who is a paramedic, had a knife pulled on her in the back of an ambulance. She was working with a graduate student at the time, caring for her as well as for herself.

¹² Mr Eric O'Rourke, *Submission 53*, p. 1.

¹³ Mr Steven Fraser, Vice President and Ambulance Councillor, Health Services Union, *Committee Hansard*, 7 November 2018, p. 3.

She drew on all of her 15 years of experience to convince that person, who had a psychiatric injury, to exit the ambulance. She secured the ambulance and she called for help by pressing a duress button. Help didn't come. There was a breakdown in procedures. There were all sorts of problems with the response of police, and that wasn't due to the police's fault in any way. I'm raising it here because the struggle she went through is really emblematic of the struggle that a lot of our members have gone through when they end up with psychological injuries, from the breakdown in work practice and communications, to the initial difficulties of lodging her claim, to the adversarial process that she struck when she ended up in the workers compensation system, to the difficulties she had in finding relevant treatment professionals who understood first responders' issues, to the problems that she has had with rehab and making people understand her skills as a paramedic, to the difficulties she is now facing where she has had to realise that she can't come back to a career that she has loved because her treatment professionals have told her it's not in her best interests as there are too many triggers there for her to continue.¹⁴

- 4.18 The Australian Paramedics Association Queensland told the committee that engaging with the existing workers' compensation system is simply too traumatic for many people struggling with PTSD:

What I do see is that paramedics are reluctant to put in a WorkCover claim. If we're relying on the number of WorkCover claims as the figure for the amount of mental health illnesses there are in QAS, it's not going to be correct. It's not going to be correct because paramedics really struggle to put in these claims—because for them, throwing their hands in the air and going, 'I need out'—it's like, the paperwork itself can be hard to get through.¹⁵

- 4.19 Dr Jann Karp, a former police officer, echoed this through her own experience:

PTSD is an ongoing injury about one third (common knowledge) of sufferers have active symptoms. The symptoms are ongoing/chronic. So if I tell the insurance company that I am being treated but am still unwell then the insurer concludes the treatment is not working. If the doctor provides a report then that report is deficient because the doctor has not fixed the problem as in the physiotherapist report that was provided for me. So this cycle of responses is across the injury board. So then the insurer will cut off my payments for a reason. How do I respond? I am at risk and I have PTSD. It is very difficult to get medical costs for treatment. Do I fight the insurer in court? It is very expensive or do I commit suicide?¹⁶

- 4.20 Although the committee did not receive research on this point, Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute,

¹⁴ Mr Jim Arneman, Project Officer, National Council of Ambulance Unions, *Committee Hansard*, 7 November 2018, p. 2.

¹⁵ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association Queensland, *Committee Hansard*, 18 July 2018, p. 4.

¹⁶ Dr Jann Karp, *Submission 108*, pp. 6–7.

agreed that the existing workers' compensation process can impede individuals' recovery from mental health conditions:

It's not something we've published any research about, but, as a clinician, I would absolutely agree that there is something about the process of workers compensation claims that can get in the way of individuals recovering. We need to do whatever we can to reduce that, while making sure that we have appropriate scrutiny around diagnosis and treatment. I agree that the process itself becomes quite damaging in many of the cases I see.¹⁷

4.21 Some of the impediments to first responders accessing workers' compensation are set out below.

Accessing workers' compensation

4.22 A typical experience for a first responder putting in a mental health claim was broadly set out for the committee by Mr Danny Hill, General Secretary of the ambulance branch of United Voice, Victoria. It is summarised below:

- (1) A worker performs his or her job well for years. This could be 10, 20, 30 years.
- (2) Gradually, 'the wheels start falling off'; they are late, their paperwork is incomplete, or they may start to clash with a colleague.
- (3) This triggers a performance management process. Workers in this situation will often try to transfer to a less busy location, where they are more isolated.
- (4) Members will approach their union already involved in a disciplinary process at work.¹⁸

4.23 This, the committee heard, means that the symptoms of mental health conditions often only begin to be visible when they impact on performance:

We sit down and talk with them, and we realise that they're actually really suffering. The reason they're keeping away from their managers and pushing people away is, 'I just can't cope with it anymore.' They're not interested. They don't have the time or the mental fortitude to be put under the spotlight or put under the scrutiny that a paramedic is normally put under, which is a huge amount of pressure.¹⁹

4.24 From the employer's perspective, they are dealing with a staff member on the basis of poor performance, and the response is deemed to be 'reasonable

¹⁷ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 47.

¹⁸ Mr Danny Hill, General Secretary, Ambulance, United Voice, Victoria, *Committee Hansard*, 5 September 2018, pp. 44–45.

¹⁹ Mr Danny Hill, General Secretary, Ambulance, United Voice, Victoria, *Committee Hansard*, 5 September 2018, p. 45.

management action'. Reasonable management action is a recognised defence to claims of alleged psychological injury which makes it difficult for affected workers in this position to successfully make a workers' compensation claim.²⁰

4.25 Mr Hill cited a recent example:

Someone who recently fitted that exact description told me about a history of cases that he'd been to. This guy's grandmother had hung herself, his father had hung himself and then he had a son who he feared would hang himself because he had a drug addiction. He was an average paramedic. In my time, in about 10 years in emergency on the road, I went to maybe three or four hangings. This guy had been to about 15. So it was in his mind and he started to play the things out in his mind. He started to visualise. I said, 'Mate, you're clearly not well. Have you had help for it?' He said, 'No. The issue isn't me. I'm coping with that fine. It's all the performance stuff; it's management scrutinising me.' Sure enough, that person has now gone to get the help he needs and he's in the program to get the treatment for his PTSD, but it takes a real shift in thinking for both the member and also the organisation to say, 'This isn't someone who's just acting up because he doesn't give a damn about his job anymore. He's actually suffering. He's got a very serious underlying problem that he doesn't even know about.'²¹

Competing priorities for employers

4.26 The Health and Community Services Union, Tasmania, made the point that first responder organisations have two interests which are diametrically opposed: minimising workers' compensation claims and supporting their staff. The union described this situation as problematic and called for changes which would require employers to put the interests of their staff first:

Currently, employers have an interest in both minimising claims via the workers compensation system and supporting staff. These two things are diametrically opposed. You can't be minimising your legal and financial position whilst you're supporting a staff member, and that's really problematic in the overall workers compensation system, so we seek that the Senate recommends ways in which employers must be advocates for their employees in the first place. If the workers comp system or the workers comp liability were handled by an independent body away from the workplace, something of that nature might be beneficial. Certainly a concept of liability minimisation isn't in the interests of the worker.²²

²⁰ Mr Danny Hill, General Secretary, Ambulance, United Voice, Victoria, *Committee Hansard*, 5 September 2018, p. 45.

²¹ Mr Danny Hill, General Secretary, Ambulance, United Voice, Victoria, *Committee Hansard*, 5 September 2018, p. 45.

²² Mr Christopher Kennedy, Industrial Officer, Health and Community Services Union Tasmania, *Committee Hansard*, 31 July 2018, p. 17.

Deliberate stalling

4.27 Mr Craig Atkins of the Code 9 Foundation informed the committee that the foundation's members are wary of insurance companies, which they believe employ 'deny and delay' tactics to protract the application process and thereby frustrate the process:

My insurance company, for example, has a customer service charter where they are to reply to any written correspondence within three days. Last time I sent them something was on 25 July [spoken on 5 September]. I sent them a follow-up last night. I'm still waiting to hear back from them. That was for a letter from my doctor saying that he needs these two pieces of medical equipment. It's just their standard tactic.²³

4.28 This 'deny and delay' tactic is, the committee heard, unwritten but assumed.²⁴

4.29 Witnesses representing the ambulance branch of United Voice, Victoria, concurred.²⁵

4.30 The committee notes that some agencies gave evidence on work they were doing to reduce waiting times. Ms Jennifer Taylor, Chief Executive Officer of Comcare, described how her organisation was working with the AFP to streamline claims processes:

Over the last few years we've been working, particularly with the AFP, on processes to improve our claims processing services and our claims management. When there is an injury, what we require is a claim. For a claim, we have a claim form, a statement from the employee, a statement from the employer and a diagnosis from an appropriately qualified medical practitioner. What we've tried to put in place with the AFP is a streamlined process—or a fast track, if you like. If we have all of those things and the statement from the employer concurs with the employee—'Yes, they were at work. Yes, this happened,' or 'This is their service, et cetera. Yes, they were exposed to whatever'; and I'm talking particularly about psychological claims here—then that all comes to us. We will process it and go through it, hopefully, in a fast-track way. Have we been entirely successful in that? No. Can we improve and keep improving? Yes. And we continue to talk with the AFP, particularly.²⁶

4.31 The committee noted that Comcare had more than halved its processing times for reaching a determination in accepting psychological injury claims. The average times went from 125 days in 2007-08 to 54 days in 2016-17 despite an increase in the number of claims made.²⁷

²³ Mr Craig Atkins, Code 9 Foundation, *Committee Hansard*, 5 September 2018, p. 39.

²⁴ Mr Craig Atkins, Code 9 Foundation, *Committee Hansard*, 5 September 2018, p. 39.

²⁵ See Mr Danny Hill, General Secretary, Ambulance, United Voice, Victoria, *Committee Hansard*, 5 September 2018, p. 44.

²⁶ Ms Jennifer Taylor, Chief Executive Officer, Comcare, *Committee Hansard*, 7 November 2018, p. 15.

²⁷ See discussion with Comcare, *Committee Hansard*, 7 November 2018, pp. 16–17.

4.32 At the same time, the committee noted quite a high claim withdrawal rate in some years, also noting that Comcare does not follow up with psychologically injured workers who withdraw their claims.²⁸

4.33 However, the committee is cognisant of the view that some insurers use deliberate stalling and delays specifically in order to turn the pressure up on claimants, increasing the chances that some will withdraw their claims out of sheer frustration. However, as one witness pointed out this process has a tendency to force the first responder to relive various traumatic events, thereby exacerbating their situation:

With that whole independent medical examination system, I still support one fellow. I think he holds the world record for going to 12 independent medical examinations to tell his story. When he goes to his own psychologist and tells his story, there is a treatment component in that. And this was a very complex man. When he's going to these guys, he's reliving that story because they've got no paperwork in front of them that says what the story is, so he starts it all again. He brings up all the deaths; he brings up all the trauma... He brings up a lot of that sort of stuff and relives it. He relives it with this guy over here who's trying to get him to move on and with this bloke over there who isn't interested. This one here signs a cheque, and this one here doesn't. Eventually he got through it, but it took two years and they basically settled on the steps of the court before it went to a hearing. Those are the sorts of tactics they do. It's all part of a system that if you—and I've seen it happen time and time again. If you delay someone, if you deny someone, eventually there's a chance they'll give up. And, if they give up, you save the insurance companies a lot of money.²⁹

4.34 The effects on the individuals who are already mentally unwell, as well as their families, can be significant and manifest in a further cycle of violence and destructive behaviour:

What it does to the individual is it destroys them and it destroys their families. It gets them to the stage where—and I know this for a fact—there are incidents of domestic violence that you cannot in any way, shape or form say you understand because you don't. But, because of the way that they're that unwell, there's domestic violence; there's alcohol abuse; there's drug abuse; there's prescription abuse; there's non-prescription abuse. There are all these risky behaviours. There are suicide attempts, and it's all because of an absolute shit system. That system can be changed, but, in this state, right now, Daniel Andrews and Lisa Neville, the police minister, will not entertain that change. If we don't get that change, in five years' time we'll be sitting here saying exactly the same thing. And that's why I said before that, if you guys can do it federally, it's a game changer.³⁰

²⁸ Ms Jennifer Taylor, Chief Executive Officer, Comcare, *Committee Hansard*, 7 November 2018, p. 17.

²⁹ Mr Michael Cummins, private capacity, *Committee Hansard*, 5 September 2018, p. 14.

³⁰ Mr Michael Cummins, private capacity, *Committee Hansard*, 5 September 2018, p. 14.

Independent medical examiners

- 4.35 Insurers hire independent medical examiners (IMEs) to assess whether employees are fit for work. It is an integral part of most mental health claims that a person must be assessed by an IME, usually a psychiatrist, in order to prove the validity of their claim. In theory, these are professionals providing an independent assessment of the claimant's mental health.
- 4.36 The committee heard evidence from around the country indicating that workers' compensation claimants do not trust IMEs. One witness, Mr Michael Cummins, a police officer who left Victoria Police when he was unwell—taking a job as a private contractor security trainer in Iraq instead, as this seemed a safer option—summed up this view, describing IMEs as 'opinions for hire':

The independent medical examiners are not interested in getting you better. They're interested in denying liability. If it's in Sydney it might be EML. If it's in Melbourne it might be Gallagher Bassett, and there are the other insurance companies. They're paid by the insurance company. Some of them have been paid since the OH&S Act came in in the mid-eighties for Victoria. Some of those have been on the gravy train since then. You're not going to give a report that is supporting me and what I'm saying to someone who gives you \$1,100 per assessment.³¹

- 4.37 Others agreed, explaining that first responders quickly come to the view that IMEs are not there to help them:

You think that they're there to help you. After you walk out of there, then you twig. On the second one, you walk in and you're already on the back foot, because you're like: 'They're not here to help me. I'm being sent there because this person wants to—not get me better; they just want me to go back to work so that WorkCover can cut my payments off.'³²

- 4.38 Ms Jeannie Van Den Boogaard, a medically retired former employee of the Victorian Emergency Services Telecommunications Authority (ESTA), described how her former employers seemingly 'shopped around' until an IME provided the report necessary to terminate her compensation payments:

The thing that I found amazing was that the first three or so that I was sent to all came back the same—that I had PTSD, that I had severe depression and anxiety and that I was not fit to work for X amount of time. But, within that time, I'd be sent to someone else who would then say exactly the same thing, and I was not fit to work for, say, six months. But, within four months, I was sent to someone else. When I was sent to this one woman—who I didn't like at all from the start; she was not a nice person; for someone with PTSD, treat me a little bit more gently than what you are—she originally agreed with everyone else, and her report said that I had PTSD, I had severe depression and I was not fit to work for the next six months. CGU, who was WorkCover, then asked her, within I think it was

³¹ Mr Michael Cummins, private capacity, *Committee Hansard*, 5 September 2018, p. 15.

³² Ms Jeannie Van Den Boogaard, private capacity, *Committee Hansard*, 5 September 2018, p. 13.

not even two months, to write a supplementary report. She didn't even see me, so without seeing me she wrote the supplementary report. I can't remember the exact words, but the gist of it was that I'd made a miraculous recovery and was okay to return to work. What did they do? They cut my payments. Bingo. They found her. So then I had to spend four months fighting them and going to medical panels. In the meantime, I had no income. So what did I have to do? I had to go to Centrelink and fill out more forms, which created more stress, and go through all of their stuff.³³

- 4.39 The committee discussed the use of IMEs with witnesses representing the Australian Psychological Society (APS). Dr Louise Roufeil, Executive Manager of Professional Practice with the APS, confirmed that her organisation has significant concerns with the practice of sending claimants into a confrontational situation with IMEs.³⁴
- 4.40 The committee also discussed the use of IMEs with a number of insurers and agencies.
- 4.41 Pre-empting the question, CGU Insurance (CGU) outlined work underway to re-evaluate how mental health injury claims are handled. Recognising the detrimental effects of IME involvement on persons already suffering from mental health conditions, part of CGU's five-phased approach to re-engineering its processes was the introduction of strategies to avoid the use of IMEs:

Phase 4 was the introduction of a pilot program with a clinical psychologist, aimed at disrupting the cycle of certification for mental health claims, focusing on coaching and guidance for the treating health practitioner to better support the needs of injured workers with mental health challenges. The intent was to also avoid the use of independent medical examinations by gathering information directly from the worker, their employer and their treating health practitioner, because the process of attending an IME, for a person with mental health issues, often exacerbated the mental health condition.

This specialist approach supported the treating health practitioner, in most cases the family GP, to help them understand the condition, how best to treat and how best to support a return to work where appropriate. Where a change in certification was identified, in most cases an occupational rehabilitation consultant was engaged to develop a return-to-work plan in conjunction with the injured worker and their GP.³⁵

- 4.42 CGU reported that this shift is having positive effects both in terms of assisting injured persons to return to work, and reducing premiums:

³³ Ms Jeannie Van Den Boogaard, private capacity, *Committee Hansard*, 5 September 2018, pp. 13–14.

³⁴ Dr Louise Roufeil, Executive Manager, Professional Practice, Australian Psychological Society, *Committee Hansard*, 5 September 2018, p. 32.

³⁵ Mr Colin Ahern, Executive Manager, Workers Compensation, CGU Insurance, *Committee Hansard*, 7 November 2018, p. 21.

What we saw through our pilot program that we ran last year was that we were able to get a change in certification for 40 per cent of the claims where there was a full return to work. And that return to work came with conditions, which is why, in over 90 per cent of cases, we engaged an occupational rehabilitation consultant to assist with return to work. We also saw a change in certification on 82 per cent of claims. So if we are getting people back to work, even though some of it might be in a part-time capacity, it will actually transfer from the cost of mental health claims and reduce premiums. Over the last three years the claims of the Country Fire Authority here in Victoria, who we represent, have reduced. They had eight claims in 2016, five claims in 2017 and only three claims in 2018...³⁶

- 4.43 As mentioned earlier, Comcare has worked with the AFP to fast-track PTSD claims, in part by removing the need for an independent medical examination as long as there is a supporting diagnosis from a treating psychiatrist:

For operational AFP officers, that involves the acceptance of the claim without the need for an independent medical examination where there is a diagnosis supported by the treating psychiatrist... I think that where we do have that right information up-front we're able to fast-track the acceptance of the claim and without the need for that independent medical examination.³⁷

- 4.44 In situations where Comcare does use IMEs, the agency stated that such reports only form part of the evidence relied upon to assess a claim:

The reports that we would receive from an independent medical examiner are balanced against the other evidence that exists on the claim: statements from the employer, statements from the employee, reports from treating practitioners. The claims manager will make a determination based on the balance of evidence; however, one of the processes that Comcare are now establishing is reviewing our entire framework for the use of independent medical examiners and looking to make sure that the standards that we have in place are appropriate.³⁸

- 4.45 IMEs will be selected on the basis of their expertise, for example in PTSD, Comcare added. The committee notes that finding IMEs with expertise in PTSD is not straightforward.³⁹

- 4.46 By contrast, Allianz and JLT, both giving evidence on the same day as CGU and Comcare, confirmed that they continue to rely on IMEs to make

³⁶ Mr Colin Ahern, Executive Manager, Workers Compensation, CGU Insurance, *Committee Hansard*, 7 November 2018, p. 23.

³⁷ Mr James McKenzie, Acting General Manager, Claims Management Group, Comcare, *Committee Hansard*, 7 November 2018, p. 16.

³⁸ Mr James McKenzie, Acting General Manager, Claims Management Group, Comcare, *Committee Hansard*, 7 November 2018, p. 18.

³⁹ See discussion with Comcare, *Committee Hansard*, 7 November 2018, p. 18.

assessments. Both were asked how they ensure that IMEs are not incentivised to delay or reject claims.

- 4.47 Mr Noel Catchpole, speaking on behalf of Allianz, explained that he was not aware of this as a problem and had a hope that IMEs would not be biased:

For IMEs in general, I would hope that all IMEs that we use are not biased and provide valued opinions in respect of the same things for treatment, return to work and liability. I'm not sure exactly; I haven't come across too many situations where we've actually had complaints about bias in respect of IME assessments. I've been around a long time; historically there are obviously specialists that, from a plaintiff lawyer's perspective, may provide a report that slants a certain way, and similarly with insurers. As far as Allianz goes in Western Australia—and, I'm assuming, across the country—biased or one-sided opinions are not something that we condone, and they certainly won't be condoned by WorkCover WA, if you have a dispute.⁴⁰

Stepdown provisions

- 4.48 The stepdown provisions involved in a long-term illness or condition were identified as a critical factor for some first responders.

- 4.49 The Police Association of Tasmania described how these provisions cost first responders financially and add to the stress of an already difficult situation:

The conditions that our members are currently subjected to reduce their salary from 100 per cent after 26 weeks on workers compensation. Their salary drops to 90 per cent, from 27 to 78 weeks, and then to 80 per cent thereafter until such time as they return to full-time work. That creates another level of stress for a member who happens to be off on an accepted workers compensation claim.⁴¹

- 4.50 Representatives from the association noted the current Tasmanian Government's commitment to exempting Tasmanian Police from these step-down provisions.⁴²

- 4.51 Other witnesses found this commitment from the current Tasmanian Government to be lacking as it does not cover other Tasmanian first responders:

[W]e just find it quite bizarre that the government might announce a policy for reducing or essentially getting rid of step-down provisions for one element of its workforce given what we know, particularly about the front line—that is, nurses in emergency departments, ambulance workers, fireys

⁴⁰ Mr Noel Catchpole, Manager, Western Region, Workers Compensation, Allianz Australia Insurance Ltd, *Committee Hansard*, 7 November 2018, p. 26.

⁴¹ Mr Gavin Cashion, Vice President, Police Association of Tasmania, *Committee Hansard*, 31 July 2018, p. 3.

⁴² Mr Gavin Cashion, Vice President, Police Association of Tasmania, *Committee Hansard*, 31 July 2018, p. 3.

et cetera—as to why there would be some favouritism applied in those circumstances, particularly given that the statistics in relation to PTSD in ambulance are that it is higher in our space. So there doesn't seem to be any science around that decision at all. So it's quite concerning and upsetting for us that that's the approach that the state government's taken.⁴³

Trigger events and management action

4.52 The committee noted that the complexity of PTSD means that a person may not always be aware of a point in time when their exposure to trauma began affecting them, but may instead respond to a trigger. For some employees, this can unfortunately result in a rejected compensation claim:

I know of many paramedics who have lodged claims and their claims have not been approved. The reason, usually, is based on 'reasonable management action'. So for the paramedic, they may have attended a case many years ago and it has affected them in a certain way, but more recently the way they've been treated by their employer has compounded that. So when they put in a WorkCover claim, they will put in the management action that they feel has affected them, and then the employer will provide a response and say, 'well, that's all reasonable'—and the claim doesn't get approved.⁴⁴

4.53 A rejected claim can further demoralise an employee suffering a mental injury, leading them to take sick leave because they cannot cope with being at work but have few other options. This can lead to management actions which are ultimately detrimental to recovery and arguably contribute to stigma around seeking help:

When a claim doesn't get approved, they will then access all of their sick leave, and then they will resign—because once you're on unpaid leave for a period of time, the Queensland Ambulance Service will say: 'Right, you are directed to go and see an independent medical examiner.' I'm not sure if it's in the submissions that you saw, but there is a circumstance where a paramedic was on leave—on QSuper, which is the salary continuance—and QAS was disciplining him for his inability to attend an independent medical examination. That type of management conduct is what creates the culture.⁴⁵

4.54 However, looking for a single trigger effect can at times be reflective of a poor level of understanding of how PTSD can develop and manifest:

There's also very little understanding, and this has been compounded by the Diagnostic and statistical manual of mental disorders, fifth edition,

⁴³ Mr Timothy Jacobson, Branch Secretary, Health and Community Services Union Tasmania, *Committee Hansard*, 31 July 2018, p. 19.

⁴⁴ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association Queensland, *Committee Hansard*, 18 July 2018, p. 4.

⁴⁵ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association Queensland, *Committee Hansard*, 18 July 2018, p. 4.

diagnosis of post-traumatic stress disorder, which has changed. It is changed all the time. The compounding is that work cover insurers seem to be invested in the trigger event. They want the single event. I have police officers who are off on sick leave and self-harming because they have been asked to write down everything that has happened to them in their service, which in some cases is 35 years. On occasion, these people have come quite close to committing suicide. The lack of understanding of that just seems most peculiar.⁴⁶

- 4.55 Furthermore, Mr James Gilbert, Occupational Health and Safety Officer with the Queensland Nurses and Midwives Union, explained that the workers' compensation claims process places disproportionate emphasis on injuries arising out of management action. This is problematic for mental health injuries and can arguably contribute the claims being rejected:

In the claims process there appears to be an obsession with the section of the Workers' Compensation and Rehabilitation Act in Queensland that deals with injuries arising out of management action. So it might be that the person was exposed to a traumatic event or an assault or something, and they'll invariably get asked, 'How did your employer respond?' or 'How did your managers respond?' Quite often people are aggrieved that they've been injured and they will talk about how horrible or how lacking the support they got was. So immediately their claim is subsumed by the management action section of the act, which is a discriminatory section deliberately put in there to knock out workers compensation claims.⁴⁷

Systemic discrimination by insurers

- 4.56 A submission from Adjunct Associate Professor Ray Bange cites research which points to systemic discrimination on the basis of mental health on the part of insurers:

The evidence shows clients have been refused cover, had their claims declined or faced unreasonably broad exclusions and significant additional premiums as a result of disclosing a mental illness or a history of mental illness, including short episodes of anxiety or depression.⁴⁸

- 4.57 The submission reiterated the distress the claim process causes people with mental injuries and stated that psychological health must be included in definitions of health. Addressing this, the submission concluded, requires:

...a sea-change in attitudes, not only within the service environment and among colleagues but also a much greater awareness and understanding of mental health by those dealing with treatment, insurance and compensation issues.⁴⁹

⁴⁶ Mr Stephen Heydt, Clinical Psychologist, Healthy Minds Clinical Psychologists, *Committee Hansard*, 18 July 2018, p. 10.

⁴⁷ Mr James Gilbert, Occupational Health and Safety Officer, Queensland Nurses and Midwives Union, *Committee Hansard*, 18 July 2018, p. 17.

⁴⁸ Adjunct Associate Professor Ray Bange, *Submission 60*, p. 25.

⁴⁹ Adjunct Associate Professor Ray Bange, *Submission 60*, p. 25.

- 4.58 Adjunct Associate Professor Bange also called for the use of private insurers to be examined:

The use of private insurers for compensation issues needs consideration of their ethical and probity standards under a business model which appears aligned to profit and cost (claim) minimisation rather than 'neutral' underwriting outcomes. This concern extends to the conflicts of interest, moral risks and fraud and corruption opportunities created by a system where financial rewards and penalties drive performance, and unreasonable decisions may result in people being injured again by the system.⁵⁰

Presumptive PTSD legislation

- 4.59 A number of witnesses and submitters called for presumptive legislation to be introduced, allowing first responders with PTSD to access compensation without first having to prove that their condition is work-related.
- 4.60 The basis of presumptive PTSD legislation would reverse the onus of proof, instead requiring first responder organisations to prove that an employee's PTSD *is not* caused by their job. Effectively, the burden of proving or disproving a fact would no longer be borne by a person simultaneously struggling to cope with a serious mental health condition. It would, the committee heard, mean that the affected first responder is 'on an even playing field'.⁵¹
- 4.61 Mr Stephen Heydt, representing Healthy Minds Clinical Psychologists, told the committee that presumptive PTSD legislation would streamline the chaotic existing system:

The other aspect, though, getting back to work cover, is that we have such different work cover systems across the eastern seaboard—of which I am familiar—that it is almost impossible to encapsulate it in one. In Queensland, Queensland Police pays \$30 million to another arm of the Queensland government called the WorkCover insurer, who then gives the dividends back to the government, very speculatively, which presumably then funds police again to pay WorkCover—all of which sounds really strange to me. I do not think anyone has ever stood back and really looked at what is necessary here and what is going on. There have been so many reports and so many inquiries. We almost need a no-fault work cover, as we have no-fault car insurance, where, if something happens to you in the job, it is assumed to be caused by the job you are doing.⁵²

- 4.62 Another witness, Mr Scott Fyfe, a paramedic with 35 years' experience appearing in a private capacity, suggested that introducing presumptive

⁵⁰ Adjunct Associate Professor Ray Bange, *Submission 60*, p. 25.

⁵¹ Ms Efthimia Voulcaris, Industrial Relations Adviser, Australian Paramedics Association Queensland, *Committee Hansard*, 18 July 2018, p. 4.

⁵² Mr Stephen Heydt, Clinical Psychologist, Healthy Minds Clinical Psychologists, *Committee Hansard*, 18 July 2018, p. 10.

legislation for PTSD in first responders would encourage those who need workers' compensation to seek it:

Governments need to accept, in my view, that cumulative exposure to traumatic events is a known reason for PTSD for its workers, and this should be presumptive in workers compensation legislation.⁵³

Presumptive legislation would mean that the challenge of going through a workers compensation [claim]—the trials and tribulations that many paramedics I know have had to go through—is almost too difficult for them to consider, so they would prefer not to. I certainly know of a couple of colleagues who have not done that because they found it too hard, to adversarial, to actually go through it all. That is probably the single biggest thing that would change about how we address mental health, certainly within ambulances across Australia.⁵⁴

- 4.63 The moral case for presumptive legislation is strong. The public has an expectation that first responders will go headfirst towards danger when this is needed:

The community owes these men and women a huge debt. We expect them to be ready and available at all times day and night and in all circumstances. The least we, as community members, can do in return is listen to what they are telling us and support initiatives that will allow our them to stay healthy and capable of continuing to do the demanding job we ask of them.⁵⁵

- 4.64 Presumptive legislation in the first response context is not without precedent in Australia, with legislation enacted by Parliament in 2011 relating to occupational cancers in firefighters, following a Senate committee inquiry into the matter. The inquiry concluded:

The committee has carefully examined the large amount of evidence with which it has been presented. Study after study has pointed to a higher risk of cancer for firefighters than the general population. Science has confirmed what firefighters suspected for decades: that a disproportionate number of them in the prime of their lives are brought down with illnesses usually reserved for the old and the infirm.

The committee recognises that cancer is an illness that touches many fit, healthy people in the non-firefighter population as well. In many cases it is unpredictable and incomprehensible, due to genetics or factors we do not yet understand. But when the science tells us that a particular group of people who are routinely exposed through their service to the community to known carcinogens are at higher risk of developing certain types of cancer, then the response becomes clear.

The committee recognises that when a person spends their professional career inhaling and absorbing known—and probably some as yet

⁵³ Mr Scott Fyfe, private capacity, *Committee Hansard*, 31 July 2018, p. 24.

⁵⁴ Mr Scott Fyfe, private capacity, *Committee Hansard*, 31 July 2018, p. 29.

⁵⁵ Australia21, 'When helping hurts: PTSD in first responders', *Submission 89*, p. 29.

unknown—carcinogens in the course of public service, it is the moral duty of the community to enable them to seek compensation should they fall ill as a consequence.⁵⁶

Tasmania

4.65 In September 2018, the Tasmanian Government announced the findings of a statutory review into workers' compensation provisions relating to PTSD. The review did not find a need for presumptive legislation for first responders who seek to access workers' compensation. This was justified on the basis of a reported low dispute rate for PTSD-related claims.⁵⁷

4.66 The authors did, however, acknowledge a significant shortcoming of the review:

A limitation of the review, was the current state of the data held in respect of the Tasmanian workers compensation system, particularly factors influencing its accuracy, which in turn does not permit any meaningful assessment or analysis of particular aspects of the scheme or for conclusions to be drawn. Of particular relevance to this review, the reviewers were unable to determine with certainty, the total number of claims for compensation that involved a diagnosis of PTSD. Claims for compensation when made are coded in a manner that describes the description of injury (disease) and the circumstances in which the injury (disease) was suffered. This initial coding of information remains as such for the duration of the claim. The data therefore does not permit a determination of those cases where an initial diagnosis of a mental illness is later changed to one of PTSD, or initially the claim is made for a physical injury but at some later time PTSD emerges either as a result of that injury or as a result of the incident in which the injury was suffered.⁵⁸

4.67 Despite the report's recommendation against amending the *Workers Rehabilitation and Compensation Act 1988 (Tas)*, on the basis of compelling evidence, the state government announced the introduction of a presumptive legislative provision which reverses the onus for public sector

⁵⁶ Senate Education, Employment and Workplace Relations Legislation Committee, *Inquiry into the Safety, Rehabilitation and Compensation Amendment (Fair Protection for Firefighters) Bill 2011*, final report:

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_Employment_and_Workplace_Relations/Completed_inquiries/2010-13/firefighters/index (accessed 6 February 2019).

⁵⁷ Tasmanian Government, 'Ministerial Review Relating to Establishing Entitlements under the Workers Rehabilitation and Compensation Act 1988 for Workers Suffering PTSD', *Additional information*, received 8 October 2018, p. 44.

⁵⁸ Tasmanian Government, 'Ministerial Review Relating to Establishing Entitlements under the Workers Rehabilitation and Compensation Act 1988 for Workers Suffering PTSD', *Additional information*, received 8 October 2018, p. 44.

workers to prove that their diagnosed PTSD is a result of their employment.⁵⁹ In announcing the new policy, the Minister for Building and Construction, the Hon Guy Barnett MP outlined the government's reasoning for committing to presumptive legislation:

...the introduction of a legislative presumption is the right thing to do to support our first responders...suffering from PTSD.

It will remove a potential source of stress for those who are suffering with PTSD, and highlight the importance of helping people return to meaningful work.

Claiming workers compensation can be a daunting, challenging or stressful process, particularly if the claim is mental health related.

PTSD and other psychological conditions are different to other diseases and injuries, in that they can be difficult to diagnose and can be secondary to an initial injury...

PTSD is a particularly complex condition to diagnose, especially where it is a result of cumulative exposure to incidents, which can be the case for emergency service personnel and first responders.

As such, it may be difficult for workers to navigate the workers compensation process to have PTSD claims approved.

The presumption will help in removing any barriers people may be experiencing in making an actual claim.

In addition, the legislative presumption will go a long way in helping to reduce the stigma that is often associated with mental health, which may impact on the decisions of workers to disclose their symptoms leading to under-diagnosis of conditions such as PTSD.

It has been recognised that there has been a significant shift in attitudes over the past few decades in adopting preventative measures in identifying and addressing mental health issues, including PTSD.

However, more can be done to bring about the cultural change needed where workers will be confident enough in putting their hands up to say they are struggling, without fear of any reprisal.

This legislation is a step in the right direction.⁶⁰

4.68 The committee notes that, at present, no other Australian jurisdiction has taken legislative action to introduce a presumptive provision for PTSD suffered by first responders.

⁵⁹ See Minister for Building and Construction, the Hon Guy Barnett MP, ministerial statement, 25 September 2018, available at: www.premier.tas.gov.au/releases/ministerial_statement_-_ptsd (accessed 30 January 2019).

⁶⁰ See Minister for Building and Construction, the Hon Guy Barnett MP, ministerial statement, 25 September 2018, available at: www.premier.tas.gov.au/releases/ministerial_statement_-_ptsd (accessed 30 January 2019).

Western Australia

4.69 In Western Australia, the WA Department of Fire and Emergency Services (DFES) explained that its insurer, RiskCover, has for over six years accepted liability for all PTSD claims made by first responders, and funded preventive therapies, on a without-prejudice basis before determining liability.⁶¹

Part of that is based on the fact that the insurer and DFES have a very clear idea about who is responsible for doing what. We don't get involved in any determination of liability. We leave that as a matter for the insurer... Through the relationship that we have with...the [DFES] workers' compensation and injury management branch and their counterparts at RiskCover, it has been a process whereby we're educating the RiskCover personnel about the occupational prevalence of exposure to trauma and what that might mean. We are also working with them around the claims process. On most occasions now, there is not a requirement for a factual investigation. We had found previously that the factual investigations were actually quite distressing for the claimant, as they were having to often relive or justify their injury.⁶²

The Canadian experience

4.70 Canada leads the world on many health and safety issues for firefighters.⁶³

4.71 In Canada, the province of Alberta was the first to amend its *Workers' Compensation Act* in 2012 giving first responders—including firefighters, police officers, sheriffs and paramedics—an entitlement to compensation for PTSD without being required to prove that their condition is work related. The legislation was updated in 2018 to include correctional officers and emergency dispatchers.⁶⁴

4.72 A submission from Fire Chief Ken Block, from the City of Edmonton, Alberta, highlighted the main features and benefits of Alberta's presumptive legislation:

- For a worker employed in any of the occupations listed and diagnosed with PTSD by a physician or a psychologist, WCB [Workers Compensation Board] will presume the condition was caused by the employment, unless the contrary is proven.
- A diagnosis of PTSD by a medical or psychological professional must be made using current criteria established in the Diagnostic and Statistical

⁶¹ Ms Karen Roberts, Director, Human Resources, Department of Fire and Emergency Services, Government of Western Australia, *Committee Hansard*, 30 August 2018, p. 28.

⁶² Ms Karen Roberts, Director, Human Resources, Department of Fire and Emergency Services, Government of Western Australia, *Committee Hansard*, 30 August 2018, p. 30.

⁶³ Mr Alex Forrest, President, United Firefighters of Winnipeg; and Canadian Trustee, International Association of Firefighters, *Committee Hansard*, 18 July 2018, p. 60.

⁶⁴ Fire Chief Ken Block, *Submission 49*, p. 12.

Manual of Mental Disorders (DSM), published by the American Psychiatric Association.

- The presumption allows injured workers to receive workers' compensation coverage and treatment for PTSD as soon as possible.⁶⁵

4.73 Since then five out of ten Canadian provinces have introduced presumptive legislation relating to PTSD.⁶⁶ Mr Alex Forrest, a Canadian firefighter, President of the United Firefighters of Winnipeg and the International Association of Firefighters Canadian trustee, submitted that the extent of presumptive legislation varies across provinces:

The specific scope of the law does fluctuate from province to province—legislation from Alberta only covers police, fire, and ambulance whereas the Manitoba legislation is more widely scoped.⁶⁷

4.74 Mr Forrest has had input into drafting presumptive PTSD legislation, and has spoken on the issue around the world. He explained that the introduction of presumptive legislation addresses the inherent problems with having to prove the cause of a workplace injury like PTSD:

[T]his issue is as complicated as the human mind. When I sit down, I look at the legislation and ask, 'How are we going to fix this legislation?' It has to provide a safe place for emergency workers to go, because you have to understand the nature of what PTSD is. PTSD basically removes you from society and you lose trust. If you don't have an environment that's culturally aware of what you're going through, people will turn away from treatment and they'll turn away from the possible compensation. It usually ends in very tragic circumstances. Members need support and treatment; they do not need a questioning and justifying environment where they have to justify why they're even there to put in the claim for PTSD.⁶⁸

4.75 The Canadian example is instructive. In many provinces, in order to qualify as traumatic mental stress an illness had to result from an acute reaction to a particular, unexpected traumatic event. Such a clear and identifiable event was not necessarily compatible with the development of PTSD by reason of cumulative exposure to trauma. To address this, PTSD was dealt with uniquely, with Canadian Provinces including specific provisions for the condition.⁶⁹ This means that an acute reaction to a particular, identifiable event no longer needs to be established.

⁶⁵ Fire Chief Ken Block, *Submission 49*, p. 12.

⁶⁶ Mr Alex Forrest, *Submission 50*, p. 4.

⁶⁷ Mr Alex Forrest, *Submission 50*, p. 4.

⁶⁸ Mr Alex Forrest, President, United Firefighters of Winnipeg; and Canadian Trustee, International Association of Firefighters, *Committee Hansard*, 18 July 2018, p. 61.

⁶⁹ Tasmanian Government, 'Ministerial Review Relating to Establishing Entitlements under the Workers Rehabilitation and Compensation Act 1988 for Workers Suffering PTSD', *Additional information*, received 8 October 2018, p. 42.

Committee view

- 4.76 Claiming workers' compensation can be a daunting process, particularly if the injury concerned relates to mental health. At present, in most states first responders suffering PTSD are required to navigate this complex and adversarial system at a time when their mental health may be impeding their ability to navigate even basic daily interactions. The committee received substantial evidence which demonstrates that the process to make a claim for compensation—where first responders are required to relive their traumatic experiences, often on multiple occasions—has a tendency to exacerbate their psychological injury. The committee is in principle persuaded by evidence supporting the introduction of presumptive legislation covering PTSD and is of the view that the benefits of a coordinated, national approach should be fully considered. It is vital that any new, national initiative builds on progress already made in this direction by some states, and that this progress is not stalled while the recommendations below are implemented.
- 4.77 The committee also notes that reversing the burden of proof from first responders to employers would not introduce new entitlements. Instead it would allow affected workers easier and more timely access to necessary assistance and compensation, whilst leaving the opportunity for evidence-based rebuttal open to employers to dispute claims.
- 4.78 Furthermore, the committee agrees with arguments put forward against a system of workers' compensation driven by profit and the objective of minimising payouts. Instead the committee calls for a concerted effort to ensure that first responders have access to a fair compensation system based on early intervention and optimising their prognosis and prospects of a successful return to work.
- 4.79 The committee is firmly of the view that compensation law pertaining to psychological injury in first responders should be harmonised across all Australian jurisdictions.

Recommendation 8

- 4.80 The committee recommends that the Commonwealth Government establish a national stakeholder working group, reporting to the COAG Council of Attorneys General, to assess the benefits of a coordinated, national approach to presumptive legislation covering PTSD and other psychological injuries in first responder and emergency service agencies. This initiative must take into consideration and work alongside legislation already introduced or being developed in state jurisdictions, thereby harmonising the relevant compensation laws across all Australian jurisdictions.**

Recommendation 9

4.81 The committee recommends that the Commonwealth Government, in collaboration with the states and territories, initiate a review into the use of independent medical examiners (IME) in workers' compensation.

Recommendation 10

4.82 The committee recommends that the Commonwealth Government establish a national register of health professionals who specialise in first responder mental health.

Chapter 5

Return to work and post-retirement support

These are profound life experiences, I think they're transformational. We see them as illnesses, and part of it is, but that's not all of it. I think the whole picture is the transformation, so I say to anyone who's been through it, advocate for that and have the courage to speak it.¹

- 5.1 Many first responders spoke of a deep regret at no longer being able to pursue their chosen career due to unresolved psychological injuries. Despite some horrific experiences and bleak times struggling with mental health conditions, the sense of community spirit and desire to help others was a striking feature of the large number of public and confidential submissions the committee received directly from first responders. Put simply, many of them are people who love their jobs and serving their communities, but are failed by a system incapable of providing the help which is needed when mental health is compromised.²
- 5.2 This chapter looks at the support for first responders wishing to return to work and those who are retired.

Turning the corner

- 5.3 For some first responders, turning the corner towards mental health recovery means accepting that a problem exists and that it is at that point in time overwhelming. As put by one former first responder, Mr Peter Kirwan:

The two hardest conversations I have ever had relate to my mental illness. The first was when I sat my two children down and told them I was sick. My son was about 10 and my daughter was eight. I explained to them that I was unwell and that, if I was being unreasonable, just to walk away from me. I knew by that stage I'd become a bad dad.

My second hardest conversation was with my psychologist. The psychologist I clicked with was not my first psychologist; she was my third. My initial consultation was supposed to be 40 minutes, but it ran for an hour and 40 minutes. I walked out of the session both physically and emotionally drained, but it was the start of my recovery. I've also seen both sides of the mental health journey.³

- 5.4 Some first responders, like Mr Kirwan, heal over time:

We would make allowances: if someone has to come back to work and they've got a crook leg and they need a wheelchair ramp, we make

¹ Cited in Australia21, 'When helping hurts: PTSD in first responders', *Submission 89*, Attachment 1, p. 28.

² See for example Mr Malcolm Babb, *Submission 25*.

³ Mr Peter Kirwan, private capacity, *Committee Hansard*, 25 September 2018, p. 9.

reasonable allowances for those employees. But sometimes people may come back and they may say, 'Well, for me to come back to work I need to work with a peer who is the same level as me. I don't want to be working with a graduate. I don't want to be working with a volunteer. I need another advanced life support paramedic sitting beside me so I can build my confidence, and I know that I'm not going to take any action that's going to affect the patient,' or, 'I'd like to be working at my branch.' Things like that, reasonable allowances, things that we would say should be facilitated quite easily by the employer, seem to be very difficult. And it's, 'You're either coming back to work or you're not,' 'Are you fit to come back to work or are you not coming back to work?' And they get into a bit of a stand-off, where people even end up in a fitness for duty assessment and they are sent off for an independent medical examination. And that process, the return to work process—people actually tell us that that's often as stressful as the original incident that caused them harm.⁴

- 5.5 Some first responders also receive support, including support from their employer. Mr Brendan Maccione, a police officer in Western Australia, spoke of his diagnosis and treatment, as well as the support he received from his employer:

In 2017 I was referred to a psychologist for management of my anxiety and PTSD symptoms—specifically, intrusive thoughts from attending multiple serious and fatal vehicle crashes in my capacity as a police officer. My referral was initiated due to my need and desire for additional care, independent from and external to the police force, that would help me progress forward from my PTSD symptoms of stress, fatigue, intrusive images, depression and anxiety... Through acknowledging my symptoms and my early intervention I've been well-supported by my immediate family, I've been well supported by my colleagues but I've been especially well supported by the Sirens of Silence Charity and Lyn and Ian Sinclair. I've lost long-term friends but, equally, I've made some amazing new friendships through peer support, the community network and trauma-room mental health workshops that I've attended.

My symptoms have improved with treatment and I've linked some of my traumatic experiences to patterns of interpersonal relationships in my early life. The police have been extremely supportive of my recovery. I acknowledge the support of my colleagues, my supervisors and my officers in charge, both past and present, who've supported me through my duty so far. I accept that the story is different and you've heard differently from many others who have made submissions and spoken of the lack of support they've received.⁵

- 5.6 In this context, the committee looked at return to work arrangements available to first responders who experience a psychological injury, receive treatment and feel able to continue working.

⁴ Mr Danny Hill, General Secretary, Ambulance, United Voice Victoria, *Committee Hansard*, 5 September 2018, p. 46

⁵ Mr Brendan Maccione, Committee Member, Sirens of Silence Charity Inc, *Committee Hansard*, 30 August 2018, pp. 14–15.

Return to work

- 5.7 In some situations, a first responder's mental health condition can leave them feeling unable to function:

I'm not a violent person. I never have been. I've always been a protector. That's the way I did my job as a police officer. Helping people, saving lives—that's the sort of work ethic I had. I was so stressed. When I walked into Civic station one day to start work, another police officer made a smart Alec comment to me. Not being able to get off my chest what I needed to get off, with everything that had happened to me, the urge to go 'bang' was so strong that it scared the living hell out of me. I walked into that office, put my paperwork in my briefcase and walked out. They sent another police officer after me: 'Stop, come back. Come back to work.' I said: 'No, that's it, mate. I'm finished. I can't do any more. I can't. That's it.' I went home and broke down.⁶

- 5.8 Such situations, where officers have to leave their job because of conditions such as PTSD, represent a failure of the system to deal with the injury in its earlier stages.⁷
- 5.9 Conversely, helping first responders who have suffered from a mental health condition return to work is part of their recovery. A successful return to work indicates that treatment is working.⁸
- 5.10 Often however, psychologically injured first responders who are on a workers' compensation return to work program are unable to access meaningful work while they recover. The committee heard that being able to engage in mentally stimulating, meaningful work is important:

'Meaningful tasks' are the two words that scream out to me. Anybody in the ambulance service—I can't speak for WAPOL or fireys—who is on a workers compensation return to work program at the moment, whether it's from a cut finger, a broken leg, surgery or mental health issues, are grouped together, put in a little office at the bottom of the building and if they're given any tasks they are given menial tasks of folding this, envelope-stuffing this, running an errand here or delivering medications and drugs to some of the depots around the metro area. They're not meaningful tasks. They're not engaging. They're not mentally stimulating at all and, for someone with mental health issues, there could be nothing worse. So, yes, some meaningful tasks and overseeing of that return-to-work process by professional people—and that immediately says to me that the professional people should be external to the relevant organisations so that people are getting the right help not only for their cut finger but for their mental health as well.⁹

⁶ Mr David O'Connell, private capacity, *Committee Hansard*, 25 September 2018, p. 29.

⁷ See discussion with Dr Jann Karp, *Committee Hansard*, 25 September 2018, p. 31.

⁸ Mr Douglas Brewer, Psychologist Clinical Coordinator, Trauma Recovery Programs, The Hollywood Clinic, Hollywood Private Hospital, *Committee Hansard*, 30 August 2018, p. 4.

⁹ Mr Ian Sinclair, Secretary, Sirens of Silence Charity Inc, *Committee Hansard*, 30 August 2018, p. 14.

- 5.11 An absence of meaningful work can exacerbate a worker's psychological injury, as can expectations which don't take the nature and source of the injury into consideration:

The real danger here is the increased isolation and lack of meaningful work for that injured worker, which then exacerbates their injury... That broader scope of work has also already been cleared by their nominating treating doctor. This work needs to be meaningful. An example of that could be an activity that the worker has experience in outside of his or her paramedical expertise or even some accelerated training in another role. Also, there's pressure brought to bear—I don't know that it's overt—when the injured worker is expected to try to do things that may also exacerbate their injury in order to meet the conditions of a return-to-work plan, even if that activity doesn't appear on the plan.¹⁰

- 5.12 The committee heard that trend of returning staff not being given meaningful duties can stem from managers' lack of awareness of how to handle mental health conditions.¹¹
- 5.13 One organisation aiming to address this, the WA Department of Fire and Emergency Services, described its approach to assisting returning staff, which involves ongoing education of line managers and supervisors about supporting injured workers for a favourable return to work.¹²

The role of rehabilitation counsellors

- 5.14 The Australian Society of Rehabilitation Counsellors (ASORC) stressed the complexity involved in returning to work following exposure to trauma. Many organisations rely on return to work coordinators to facilitate the process of injured workers gradually re-engaging with their jobs, however these coordinators may not have sufficient training and expertise to deal with the complexities inherent to this process:

Most of the time a return-to-work co-ordinator is somebody who's participated in somewhere between two and nine days worth of training... I guess one of the things that I see a lot in practice is that a return-to-work coordinator doesn't necessarily have the inherent understanding of behavioural science and the knowledge and expertise to identify what the suitable duties are likely to be for a particular worker in their particular diagnosis with the particular triggers that they present with.¹³

¹⁰ Mr Stephen Pearce, Secretary, Australian Paramedics Association New South Wales, *Committee Hansard*, 25 September 2018, p. 3.

¹¹ Mr Christopher Kastelan, Australian Paramedics Association New South Wales, *Committee Hansard*, 25 September 2018, p. 3.

¹² Ms Karen Roberts, Director, Human Resources, Department of Fire and Emergency Services, Government of Western Australia, *Committee Hansard*, 30 August 2018, p. 30.

¹³ Mrs Kelly Alderson, Director, Australian Society of Rehabilitation Counsellors, *Committee Hansard*, 25 September 2018, pp. 36–37.

- 5.15 Rehabilitation counsellors are specialist health professionals who assist people experiencing a health condition, disability or social disadvantage to participate in employment and education. ASORC set out a series of broad factors which can impede recovery from mental health conditions in, and successful return to, the workplace. These are broken down into medical and treatment factors, workplace factors, health behaviours and personal patient factors.¹⁴
- 5.16 ASORC advocates returning to work as soon as possible, stressing the need for maintaining daily activities (including work) whilst acknowledging that this must be balanced with symptom management and 'avoiding reinforcement of the belief that work is bad for the patient and should be avoided.'¹⁵
- 5.17 This approach, ASORC submitted, is particularly challenging in the context of first responders due to the nature of their work:

If we consider the common mental health condition anxiety, which often forms part of a diagnosis when a mental health condition arises out of a workplace injury, (either as part of the primary diagnosis or as a comorbidity), many psychological treatment approaches or management tools are directed towards graded exposure/ or developing strategies to help manage the physiological manifestation which occur with anxiety. Some commonly prescribed psychological treatments are aimed at removing the threat value of stimuli and discourage avoidance. In the case of first responders, it can be difficult to gradually expose a worker to their pre-illness role and as such, many workers with diagnosed mental health concerns remain absent from the workforce to 'recover' and remove the triggering stimulus.¹⁶

- 5.18 Rather than helping aid a person's recovery, for some people extended absences can have a counterproductive effect:

...extended periods of time away from work may inadvertently confirm the belief that work is dangerous and should be avoided by the patient. The longer the period of incapacity the more difficult it can be to challenge this belief. Therefore, we suggest that it is imperative that goal-oriented therapies be employed by clinicians in order to prevent long term disability and worklessness. Much like medical practitioners educate their patients as to their diagnosis, we believe that this education should extend to patient's recovery for all activities, including returning to work in a timely and safe manner.¹⁷

- 5.19 To address this, ASORC suggested that qualified rehabilitation counsellors should be used to assist workers, employers and treating practitioners with:

- psychoeducation, in terms of recovery and the importance of maintaining activities of daily living, including work;

¹⁴ Australian Society of Rehabilitation Counsellors, *Submission 36*, pp. 6–8.

¹⁵ Australian Society of Rehabilitation Counsellors, *Submission 36*, p. 7.

¹⁶ Australian Society of Rehabilitation Counsellors, *Submission 36*, p. 8.

¹⁷ Australian Society of Rehabilitation Counsellors, *Submission 36*, p. 8.

- supporting adherence to medical and other recommended treatment regimens;
 - identification of suitable duties preferably within the pre-injury employer;
 - return to work, and where this is not possible initially, arranging suitable work placement for the purpose of:
 - Graded exposure to work relationships / situations
 - Opportunities to practice treatment management techniques
 - Note: This strategy should be monitored closely and return to pre-injury employment should be implemented as soon as practicable (i.e. ensuring that it is safe, durable and sustainable);
 - assisting the worker with helpful 'patient centred' strategies to manage return to work obstacles, as required;
 - education for employers, as necessary, on what is required from them;
 - management of relationships between the stakeholders;
 - assistance with complex communications, as required, and
 - acknowledge the unique nature of the work first responders undertake as part of any recovery process.¹⁸
- 5.20 ASORC added that rehabilitation counsellors are impartial, and their role is to support both the injured worker and the employer through the return to work process.¹⁹
- 5.21 The referral process differs from state to state, and impartiality may be maintained when referrals are made by general practitioners, rather than the employer or insurers:

Depending on the state or territory, the scheme that you operate in can depend on where the referral actually comes from. There are not many states in Australia or jurisdictions in Australia where a GP can actually make a referral to rehabilitation services, which amazes me. I've worked in Western Australia and South Australia for most of my career. In WA a GP can make a referral. In South Australia a GP cannot make a referral to our services. The only person with the authority to make that referral is the insurer, which is essentially a third-party administrator of the regulator. So, that's how referrals will come.

Just on that note, I should say, going back to my experience in Western Australia, where the referrals are coming through the GP, that one of the things that does is remove any sort of question about whose side we're on.²⁰

¹⁸ Australian Society of Rehabilitation Counsellors, *Submission 36*, p. 8, citation omitted.

¹⁹ Mrs Kelly Alderson, Director, Australian Society of Rehabilitation Counsellors, *Committee Hansard*, 25 September 2018, p. 35.

²⁰ Mrs Kelly Alderson, Director, Australian Society of Rehabilitation Counsellors, *Committee Hansard*, 25 September 2018, p. 37.

5.22 Once a referral is obtained, rehabilitation counsellors typically allow the affected worker an opportunity to share as much or as little of their situation as they are comfortable with, letting the person know that background information has been received. From there, individual obstacles to returning to work may be identified:

So, we look at the trauma history. We also look at some of the psychosocial risk factors—how they're functioning and their activities of daily living, how they're interacting with their family, what their sleep routines are like—a whole raft of different things—and what the barriers to return to work are, and that will be partly from discussion with the person and partly our own formation in terms of what we feel is happening. Part of that process will also then be meeting with the employer to talk about what their experience is as well, because our role is very much, as I touched on before, impartial. We're supposed to be there to help support the worker—the person experiencing the mental health condition—but also the employer in terms of making sure that they can meet that person somewhere that's reasonable. So, we'll meet with the employer and talk to them about what we have found through our assessment, obviously with the person's consent. Part of that conversation will be what sorts of work accommodations you can provide, what alternative duties might be available within the particular service that the person comes from.²¹

Committee view

5.23 The process of gradual return to work is an important facet of recovery from mental ill health. The committee is of the view that engagement with health professionals with expertise particular to the return to work process would be of benefit to all first responder organisations around Australia. However, the committee notes that early intervention and engagement of rehabilitation counsellors is pivotal yet, as seen in chapter 3, extremely difficult while ever people fear for their jobs if they report concerns about their mental health. In the committee's view therefore, a noticeable cultural shift will need to occur in most first responder organisations in tandem with early intervention strategies devised to minimise the impact of mental ill health on individuals and their ability to work.

5.24 The committee is however cognisant of the importance of impartiality, particularly of the perceived biases associated with professionals appointed by employers or insurance companies. For this reason, the committee supports referrals to rehabilitation counsellors to be solely made by independent general practitioners.

²¹ Mrs Kelly Alderson, Director, Australian Society of Rehabilitation Counsellors, *Committee Hansard*, 25 September 2018, p. 37.

Recommendation 11

- 5.25 **The committee recommends that a consistent approach to referrals to rehabilitation counsellors be developed across states and territories, requiring referrals to be made by general practitioners not associated with employers or insurers.**
- 5.26 The committee also notes the importance of early intervention in terms of PTSD prevention, and calls on first response agencies to collaborate in identifying and developing effective strategies to mitigate the risks inherent to their workplaces.

Recommendation 12

- 5.27 **The committee recommends that early intervention mental health support services be made available to all employees of first responder organisations with the aim of preventing, or reducing the severity of mental health conditions.**

Post-retirement

- 5.28 Lack of support is a significant struggle facing retired first responders and those transitioning into retirement. Mr Pat Jones, a senior firefighter in the ACT, described his feelings of uncertainty about his upcoming retirement:

For me, what I do as a firefighter defines me. I don't know what I'm going to do when I retire in 16 months—I really don't know. There's no process or system or anything that employs second-hand, broken down firefighters or paramedics. What do I do? I can't go to another jurisdiction's fire service and work there. I've made a really conscious career decision, putting 30 years into becoming the best firefighter that I can be for the territory that I work for. But when that ends, there's nothing at the other end; there's nothing at the end of the tunnel.²²

- 5.29 For some, even the timing of that process is taken out of their hands when recovering from psychological injury requires them to end their career prematurely and abruptly:

I joined the police for what reason? To be a police officer. Was there any thought of retirement or getting out? No way! I was in there for the career. That was it. That was my job. All I wanted to do was to be in the police. So I was there for the long term. It got me 13 years in. I was probably busted up about five years in. I don't know how I squeezed another eight years out of it; I'm not sure.²³

Box 5.1 — The lived experience

In mid-2015 I identified I was struggling with day to day work and home issues, the issues included:

²² Mr Pat Jones, private capacity, *Committee Hansard*, 25 September 2018, p. 16.

²³ Mr Ray Karam, private capacity, *Committee Hansard*, 25 September 2018, p. 28.

- Heightened irritability with peers/family
- Withdrawn from peers/family
- Constant anxiety heightened at emergency responses and in day to day function
- Inability of trust
- Graphic reliving of case workload (smells, sounds and visual) over past 40 years
- Inability to get proper sleep due to all of the above
- Depressive moods and thought patterns
- 40 years of shift work

Unfortunately I did not identify these signs (I had been informed by the management a noticed personality change in the previous 12 months, no action pursued by them)... I felt I needed to take extended leave... I approached my immediate manager and pleaded for my leave owing e.g. long service leave, accrued leave and annual leave. My manager took my request to the Director who refused my request for leave stating that if I "gave a firm resignation date, he would approve" (I had not intended to resign in the immediate future) the leave... I refused to submit a resignation date and the leave was refused... I appealed to my industrial body that also failed to act on my behalf... I appealed to a relief Director some weeks later who then approved my leave, prior to my taking the allocated leave I attended my G.P. who insisted I take some sick leave as I was not fit for work... I commenced leave in June of 2016 and remained on leave until April of 2017 where I still had ongoing issues, my G.P. referred me to an in-service counselling service and again placed me on sick leave... I was diagnosed with P.T.S.D. and remained on sick leave informing the organization of the same... I was not offered any support and was directed to retirement, with no post resignation support and was regarded as a problem to the organization.

Mr Malcolm Babb, former Ambulance Officer and Critical Care Paramedic²⁴

Until you personally take this journey you cannot make a creditable call. It is the most painful and dreadful experience I have been through. I was fortunate in that I had accumulated years of untaken sick leave so whilst on leave my financial situation did not change. To have my credibility, my integrity and service questioned by many, many faceless, unemotional psychiatrists was below demeaning. It was a knife strike every time. This process continued for many months. Were they hoping for a different diagnosis, were they 'shopping for agreeable diagnosis' I don't know, but it certainly did nothing to help me. In fact I am sure that my possible return to work was hindered at least or perhaps removed completely by this process. Had my initial call for help been treated more kindly who knows, I may have returned to work, I may have regained my self-respect, my family may have had their father, husband, brother return from the darkness of depression and anxiety. Instead, there I was, pensioned off, unable to work with a best case prognosis and guidance of no more than 2 days a week at some less stressful job.

Mr Eric O'Rourke, veteran police officer²⁵

²⁴ Mr Malcolm Babb, *Submission 25*, p. 2.

²⁵ Mr Eric O'Rourke, *Submission 53*, [p. 2].

- 5.30 Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute, told the committee that little is known about what retirement means for first responders:

We don't know enough about retiring first responders and what that process of retirement means for their mental health. Those are research questions that we could absolutely answer with funding, but it's very difficult to get funding for a group like first responders through those standard research schemes, because one of the responses you get is: 'Well, this is a very focused research question on a very focused group of workers. Is that really the role for a general scheme?' So I suppose I would conclude by raising the prospect of whether your committee may be able to think about ways in which we can try to get some targeted research funding to answer some of those unanswered questions that I've tried to summarise in our submission.²⁶

- 5.31 However, anecdotal evidence cited by the Black Dog Institute suggests that retired emergency workers may be at particularly high risk of developing mental health conditions, such as PTSD.²⁷

- 5.32 The committee received a submission from the Australian National Audit Office (ANAO), which makes reference to a recently published report titled *Managing Mental Health in the Australian Federal Police*.²⁸ While the ANAO report did not make specific reference to post-retirement support, witnesses representing the agency at a public hearing discussed potential areas of improvement:

The Comcare data [examined in the ANAO report] highlighted...that since 1989 there have been these sorts of periods where psychological claims from former employees have increased and then been addressed, but most recently they've increased to a substantial high of around 12 per cent of the total. We recommended that the AFP look at its exit interview or departure processes. This was a key theme that came through in the submissions as well. We got a number of submissions through the public facility from former employees saying that as part of their exit process they would have loved to have received information on what they can access post their AFP career. The AFP provides ongoing services that that these individuals can access post their career.²⁹

²⁶ Professor Samuel Harvey, Chief Psychiatrist, Black Dog Institute, *Committee Hansard*, 25 September 2018, p. 42.

²⁷ Black Dog Institute, *Submission 94*, p. 14.

²⁸ See Australian National Audit Office, *Submission 71*.

²⁹ Mr Paul Bryant, Executive Director, Performance Audit Services Group. Australian National Audit Office, *Committee Hansard*, 7 November 2018, p. 41.

5.33 The ANAO found that, although the AFP does have services that former employees may access, these did not reach the level of support provided in, for example, the Defence environment.³⁰

5.34 Witnesses speaking on behalf of the AFP admitted that more needs to be done to support retired former employees:

In terms of retired members, and particularly those who are medically retired, I think it's fair to say we've got a lot of work to do towards improving our transition processes... In the last 12 months, we've recognised that our retired members need more. We've opened up our employee assistance provider to provide support to all former members.³¹

5.35 A submission from the Australian Paramedics Association of Queensland (APA Qld) informed the committee that the Queensland Ambulance Service (QAS) offers peer-support counselling services for 12 months following a paramedic's retirement or medical retirement.³² This was echoed by the Council of Ambulance Authorities Australia:

Employees and their families can access the free, confidential counselling before and after retirement. Members of the QAS Retired Officers Association (ROA) can make strong connections and have access to free confidential counselling through the Peer Support and Resilience Advisory Committee, a subset of the ROA.³³

5.36 However, APA Qld explained that this does not apply when employment is terminated due to certain conditions, including mental illness:

APA Qld is informed that with respect to paramedics who are terminated from their employment as a result of mental health and drug conditions (including paramedics who have attempted suicide) or for any other disciplinary matter, QAS does not provide those employees with any mental health support or counselling beyond their termination date. For employees who find themselves in this situation, they feel incredibly isolated as they identify as a paramedic and their support network are quite often other paramedics who they then feel ashamed to be in contact with.³⁴

5.37 In South Australia meanwhile, the SA Ambulance Service has programs featuring seminars on the transition to retirement and ongoing support through its Retired Officers Association.³⁵

³⁰ Mr Paul Bryant, Executive Director, Performance Audit Services Group. Australian National Audit Office, *Committee Hansard*, 7 November 2018, p. 41.

³¹ Dr Katrina Sanders, Chief Medical Officer, Australian Federal Police, *Committee Hansard*, 7 November 2018, p. 58.

³² Australian Paramedics Association of Queensland, *Submission 73*, p. 17.

³³ Council of Ambulance Authorities Australia, *Submission 51*, p. 9.

³⁴ Australian Paramedics Association of Queensland, *Submission 73*, p. 17.

³⁵ Council of Ambulance Authorities Australia, *Submission 51*, p. 10.

- 5.38 The committee sought input on support available for retired officers from other witnesses, such as the Police Federation of Australia (PFA). Witnesses informed the committee that while some services do have limited programs in place, a nationally coordinated strategy does not exist:

There's nothing nationally consistent. In our own state of South Australia, the police association which I run has put together a police support group for serving and retired officers and their families. It meets monthly for people who need to come and talk and get clinical advice. It's convened by a psychologist and other people involved in the mental health space. It's to get people to try to talk about their experiences, try to understand them and try to move on from them. There is a real bitterness and depression with a lot of officers who leave after 30 or 35 years because we haven't addressed the issues for them during their service. So we as unions are all aware of it, but I think the police departments across Australia have got a bit of a way to go to catch up.³⁶

In New South Wales there is a program called BACKUP for Life which is run by New South Wales Police Legacy and being funded by the New South Wales government. But, again, this is where it comes back to COAG to coordinate. These programs in New South Wales have started being evaluated. If they are best practice, they should roll them out across the other states. BACKUP for Life solely looks after retired police officers or those officers who are just about to retire and makes sure they have a long retirement or that they can find another job if they have to progress somewhere else.³⁷

- 5.39 The committee notes recent efforts to support retired first responders, such as 'NSW Ambulance Legacy', a program created in 2017 to support retired NSW Ambulance staff:

Its role is to assist members who have separated, retired or are retiring by providing support, enduring social connections and events, an ongoing sense of belonging and real, continuing involvement with NSW Ambulance colleagues. Peer support officers and chaplains will also be available to NSW Ambulance Legacy members following the official launch later this month.³⁸

- 5.40 It is clear that first responders around the country would benefit from a less haphazard approach to adequate support in their retirement if required. Due to the nature of their jobs, longer service is not the answer:

I think they have a use-by date. The difficulty is telling them that. I see police who've had multiple traumas who are, for all intents and purposes, limited functionally in a very limited way. I always talk to them, and the

³⁶ Mr Mark Carroll APM, President, Police Federation of Australia, *Committee Hansard*, 7 November 2018, p. 48.

³⁷ Mr Scott Weber, Chief Executive Officer, Police Federation of Australia, *Committee Hansard*, 7 November 2018, p. 48.

³⁸ Mr Dominic Morgan, Chief Executive, New South Wales Ambulance, *Committee Hansard*, 7 November 2018, pp. 68–69.

term I use is: 'You need a plan B. What are you going to do next?' The other thing is that typically we hope they're going to retire. Most of our police in Queensland and NSW retire at 60. What are they going to do for the next 25 years of their lives? They can't even conceive it. Part of that is, again, down to this double bind: they're extremely well remunerated and they don't see any other area where, with their skills, they can match the remuneration. I agree: it was said earlier, whether it's for paramedics in health, for police or for the public service elsewhere, we need transition plans for them, but we don't have those and we've never had them. I agree that they can't do 35 years. They are burnt out at that point.³⁹

- 5.41 Notably, Mr Jim Arneman, speaking on behalf of the National Council of Ambulance Unions, saw that retiring first responders have a valuable role and critical skills which may go to waste unless harnessed in the later part of their service:

I see it as an opportunity actually to be using people with advanced skills and experience to mentor and coach in those later years. One of the things which I liked was a paper from Griffith University in which Professor Townsend talked about reliability-seeking organisations. He was talking about changing the focus of how ambulance services set themselves up. There has been this ongoing focus on performance; it's all about response times and getting cars out there and the next job and all that—performance and productivity. He talked about changing that to these reliability-seeking organisations where we look at reliability, safety and resilience as the focus. They're not incompatible to me. If you look at reliability, safety and resilience and set that up in an organisation, you'll get the response and the performance, because you'll have happy people. That's where these experienced people have a role to play—in mentoring and coaching and bringing people along so that just gets embedded into a culture.⁴⁰

Committee view

- 5.42 The committee notes that insufficient data exists on the prevalence of mental health conditions in retired first responders. However, anecdotal evidence suggests that this cohort may be at even higher risk of suffering from conditions such as PTSD than colleagues who are still working. This may be due to the combined effects of prolonged cumulative exposure to trauma and abrupt loss of any existing support from colleagues and possibly management. The committee is particularly concerned about this in light of the recent discussion about increases to the retirement age, which could add to the already considerable pressure cumulative exposure to trauma places on first responders. The committee is of the view that urgent attention should be given to funding the collection of national data on the prevalence of mental health

³⁹ Mr Stephen Heydt, Clinical Psychologist, Healthy Minds Clinical Psychologists, *Committee Hansard*, 18 July 2018, p. 13.

⁴⁰ Mr Jim Arneman, Project Officer, National Council of Ambulance Unions, *Committee Hansard*, 7 November 2018, p. 5.

conditions in retired first responders, and that strategies must be put in place to ensure that first responders are not simply forgotten when they do eventually retire.

- 5.43 The committee also received disturbing evidence relating to individual cases, where employers have allegedly attempted to force officers into early retirement through bullying and intimidation. The committee notes material contained in a supplementary submission from Justice 4 Workers Queensland relating to the Queensland Police Service.⁴¹ As was the case with allegations raised in a number of individual submissions the committee pursued with the employers in question, the service was offered an opportunity to address the allegations raised, however no response was received.

Recommendation 13

- 5.44 The committee recommends that the Commonwealth Government make funding available for research into the prevalence of mental health conditions in retired first responders.**

⁴¹ Justice 4 Workers Queensland, *supplementary submission 61.1*.

Recommendation 14

5.45 The committee recommends that ongoing and adequate mental health support services be extended to all first responders who are no longer employees of first responder organisations around the country.

**Senator Gavin Marshall
Chair**

**Senator Anne Urquhart
Substitute Member**

**Senator Deborah O'Neill
Member**

**Senator Rachel Siewert
Substitute Member**

Coalition Senators' Additional Comments

- 1.1 Coalition Senators acknowledge and honour the work done by first responders and emergency service workers and volunteers across Australia.
- 1.2 Society owes a great debt to those who serve in what are extremely stressful and high pressure work environments and circumstances.
- 1.3 Without our ambulance officers, fire fighters, police officers and all the emergency response professionals and volunteers, our society would be much poorer and less safe.
- 1.4 Those who suffer illness and injury in the course of this work and in volunteering should be supported.
- 1.5 While Coalition Senators are supportive of the intent of this report and a vast majority of recommendations, we believe a few additional points need to be considered.
- 1.6 Coalition members of the Committee believe there is a need for greater focus on early intervention and prevention mechanisms.
- 1.7 Coalition Senators understand evidence clearly shows that mental health issues, such as PTSD, are difficult to diagnose and treat.
- 1.8 We also believe that it is important that first responders, emergency service workers and volunteers are able to access treatment before a workers' compensation claim is accepted. As such, the Coalition government has previously sought to amend legislation to give effect to this.¹
- 1.9 Additionally, within highly stressful environments, it is important to help workers and volunteers build resilience through improved core training programs and support structures in emergency organisations.
- 1.10 It should be noted that state and territory governments have the primary role in employing first responders and delivering emergency services.
- 1.11 Workers' compensation arrangements are also, largely, the responsibility of state and territory governments.
- 1.12 Additionally, there are significant differences between Commonwealth, state and territory workers' compensation arrangements.
- 1.13 Therefore, state and territory governments should have a key role in addressing and implementing the recommendations and improvements identified in this report.

¹ The Safety, Rehabilitation and Compensation Amendment (Improving the Comcare Scheme) Bill 2015.

1.14 Careful consideration will also need to be given to which governments and agencies would be appropriate to address a range of those recommendations.

Senator Slade Brockman
Deputy Chair

Senator James Paterson
Member

Appendix 1

Submissions and Additional Information

Submissions

- 1 Mr Pat Jones
- 2 Audit Office of NSW
- 3 Australian Counselling Association
- 4 Mr Rosario Fusca
- 5 Mr Terry Flanders
- 6 Mr Bruce Perham
 - 6.1 Supplementary submission
- 7 Mr Bruce Sutton
- 8 Reverend Jim Pilmer PSM
- 9 Healthy Minds Clinical Psychologists
- 10 Mr Richard Elliott
- 11 Ms Caoimhe Scales
- 12 Behind the Seen
- 13 Dr Brian White OAM
- 14 Retired Ambulance Association of Victoria
- 15 Royal Australian and New Zealand College of Psychiatrists
- 16 Community Mental Health Australia
- 17 *Confidential*
- 18 Mr Matt Ray
- 19 Mr Michael Cummins
- 20 Mr Peter James
- 21 Mr John Rathbone
- 22 Australasian Fire and Emergency Service Authorities Council
 - 22.1 Supplementary submission
- 23 South Australian Metropolitan Fire Service
- 24 *Confidential*
 - 24.1 Confidential
- 25 Mr Malcolm Babb
- 26 Mr Ray Karam
- 27 *Confidential*
- 28 Mr James Watkins
- 29 South Australian Fire and Emergency Services Commission (SAFECOM)
- 30 Safe Work Australia
- 31 *Confidential*
- 32 *Confidential*
- 33 *Confidential*

- 34 Health and Community Services Union Tasmania
- 35 Northern Territory Police, Fire and Emergency Services
- 36 Australian Society of Rehabilitation Counsellors
- 37 Queensland Nurses and Midwives' Union
- 38 Queensland Fire & Rescue Senior Officer Union of Employees
- 39 *Confidential*
- 40 *Confidential*
- 41 *Confidential*
- 42 *Confidential*
 - 42.1 Confidential
- 43 Department of Fire and Emergency Services Western Australia
- 44 Australian Paramedics Association (NSW)
 - 44.1 Supplementary submission
- 45 Australian Nursing & Midwifery Federation
- 46 Centre for Traumatic Stress Studies - University of Adelaide
- 47 Fire Brigade Employees' Union of NSW
- 48 *Name Withheld*
- 49 Fire Chief Ken Block
- 50 Mr Alex Forrest
- 51 Council of Ambulance Authorities
- 52 Ms Sally Jones
- 53 Mr Eric O'Rourke
- 54 Mr Peter Kirwan
- 55 Mr Grant Edwards
- 56 Ms Sarina and Mr Kevin Laidler
- 57 Paramedics Australasia
- 58 Australian Council of Trade Unions
- 59 Australian Capital Territory Emergency Services Agency
- 60 Adjunct Associate Professor Ray Bange
- 61 Justice 4 Workers Queensland
 - 61.1 Supplementary submission
- 62 beyondblue
 - 62.1 Confidential
- 63 Queensland Police Union
- 64 Dr Tim White
- 65 Mental Health Commission of New South Wales
- 66 Sirens of Silence
- 67 *Confidential*
- 68 *Confidential*
- 69 *Confidential*
- 70 United Firefighters Union of Australia
- 71 Australian National Audit Office

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- 72 United Firefighters Union of Queensland
73 Australian Paramedics Association Queensland
74 Queensland Government
75 Mr Liam Steger
76 Western Australia Police Force
77 Ambulance Employees Australia Victoria
78 Victorian Government
79 National Council of Ambulance Unions
80 Police Federation of Australia
81 *Confidential*
82 Department of Jobs and Small Business
83 Australian Association of Social Workers
84 Ms Jen Van Den Boogaard
• 84.1 Supplementary submission

86 United Voice Western Australia
87 Australian Federal Police
88 Tasmanian Government
89 Australia21
90 Retired Police Association of New South Wales
91 Ms Jan Robinson
92 *Confidential*
93 *Confidential*
94 Black Dog Institute
95 School of Medical and Health Sciences, Edith Cowan University
96 *Confidential*
97 *Confidential*
98 Mr Mark Folkard MLA
99 Mr Steven Isles
100 Mrs Janet and Mr Barry Hill
101 St John Ambulance Western Australia
102 Queensland Law Society
103 Australian Psychological Society
104 *Confidential*
105 *Confidential*
106 *Confidential*
107 *Confidential*
108 Dr Jann Karp
109 Medically Retired Western Australian Police Officer's Association
110 Ms Kristen Hamling
111 Ambulance Employees Association of South Australia
112 Mr Alex Cooper
113 Dr Mathew Samuel
114 Mr David O'Connell

- 115 United Voice, Industrial Union of Employees, Queensland
- 116 *Confidential*
- 117 Australian Federal Police Association
- 118 *Confidential*
- 119 Code 9 Foundation
- 120 Mr Richmond Heath
- 120.1 Supplementary submission
- 121 *Confidential*
- 122 Ambulance for Tocumwal Steering Committee
- 123 Mr Andrew Picker
- 124 *Name Withheld*
- 125 Dr Julia Yeatman
- 126 *Confidential*
- 127 *Confidential*
- 128 Mr Lindsay Ostrofski
- 129 *Confidential*
- 130 Dr Lynda Crowley-Cyr and Mr James Hevers
- 131 *Confidential*
- 132 *Confidential*
- 133 *Confidential*
- 134 Ms Carmel O'Sullivan
- 135 *Confidential*
- 136 *Confidential*
- 137 Mr Glen Keane
- 138 Connect: 10-4
- 139 Mr Steve McDowell
- 140 *Confidential*
- 140.1 Confidential
- 141 *Confidential*
- 142 *Confidential*
- 143 *Confidential*
- 144 Ms Narelle Fraser
- 145 *Name Withheld*
- 146 Mr Glenn Pullin
- 147 *Confidential*
- 147.1 Confidential
- 148 *Confidential*
- 148.1 Confidential
 - 148.2 Confidential
 - 148.3 Confidential
 - 148.4 Confidential
 - 148.5 Confidential

- 148.6 Confidential
- 148.7 Confidential
- 148.8 Confidential
- 148.9 Confidential
- 148.10 Confidential
- 148.11 Confidential

149 Mr John Richardson ASM

150 *Name Withheld*

151 Dr Andrew Paterson

152 Ms Ilinka Todorovski

153 *Confidential*

154 Ms Julie Severin

155 Ms Kylie Walls

156 Mr Graham Smeallie

157 *Confidential*

158 Mr Greg Robinson

159 Picking up the Peaces

160 Ms Kathleen Maudsley

161 *Confidential*

Additional Information

- 1 The Country Ambulance Strategy: Driving Equity for Country WA – Final Draft by Ernst and Young for the WA Country Health Service, September 2018, provided to the committee on 8 October 2018.
- 2 Ministerial Review Relating to Establishing Entitlements under the Workers Rehabilitation and Compensation Act 1988 for Workers Suffering PTSD by Mr Stephen Carey and Dr Jacqui Triffitt for the Tasmanian Government, July 2018, provided to the committee on 8 October 2018.

Answer to Question on Notice

- 1 Answers to questions on notice by the Queensland Government, asked at a public hearing in Brisbane on 18 July 2018; received 6 August 2018.
- 2 Answers to questions on notice by the Northern Territory Police, Fire and Emergency Services, asked at a public hearing in Brisbane on 18 July 2018; received 7 August 2018.
- 3 Answers to questions on notice by the Queensland Ambulance Service, asked at a public hearing in Brisbane on 18 July 2018; received 8 August 2018.
- 4 Answers to questions on notice by the United Firefighters Union of Australia, asked at a public hearing in Brisbane on 18 July 2018; received 23 August 2018.
- 5 Answers to questions on notice by the Western Australia Police Force, asked at a public hearing in Fremantle on 30 August 2018; received 10 September 2018.
- 6 Answers to questions on notice by Ms Sally Jones, asked at a public hearing in Hobart on 31 July 2018; received 10 September 2018.

- 7 Answers to questions on notice by the Royal Australian and New Zealand College of Psychiatrists, asked at a public hearing in Melbourne on 5 September 2018; received 20 September 2018.
- 8 Answers to questions on notice by St John Ambulance WA; asked at a public hearing in Fremantle on 30 August 2018; received 20 September 2018.
- 9 Answers to questions on notice by Beyond Blue, asked at a public hearing in Melbourne on 5 September 2018; received 5 October 2018.
- 10 Answers to questions on notice by the Australian Psychological Society, asked at a public hearing in Melbourne on 5 September 2018; received 9 October 2018.
- 11 Answers to questions on notice by Fire and Rescue NSW, asked at a public hearing in Sydney on 25 September 2018; received 19 October 2018.
- 12 Answers to questions on notice by the Western Australia Department of Fire and Emergency Services; asked at a public hearing in Fremantle on 30 August 2018; received 19 October 2018.
- 13 Answers to questions on notice by the ACT Emergency Services Agency; asked at a public hearing in Canberra on 7 November 2018; received 16 November 2018.
- 14 Answers to questions on notice by the Australian National Audit Office; asked at a public hearing in Canberra on 7 November 2018; received 23 November 2018.
- 15 Answers to questions on notice by Comcare; asked at a public hearing in Canberra on 7 November 2018; received 23 November 2018.
- 16 Answers to questions on notice by the Department of Jobs and Small Business; asked at a public hearing in Canberra on 7 November 2018; received 27 November 2018.
- 17 Answers to questions on notice by the ACT Emergency Services Agency; asked at a public hearing in Canberra on 7 November 2018; received 16 November 2018.
- 18 Answers to questions on notice by Safe Work Australia; asked at a public hearing in Canberra on 7 November 2018; received 30 November 2018.

Tabled Documents

- 1 Opening statement tabled at a public hearing in Brisbane on 18 July 2018 by Mr Stephen Heydt, Clinical Psychologist with Healthy Minds.
- 2 Media article tabled at a public hearing in Brisbane on 18 July 2018 by Mr Peter Marshall, National and Victorian State Secretary with the United Firefighters Union of Australia.
- 3 Opening statement tabled at a public hearing in Adelaide on 29 August 2018 by Ms Jane Abdilla, Health and Wellbeing coordinator with the South Australian Fire and Emergency Services Commission.
- 4 Position description tabled at a public hearing in Fremantle on 30 August 2018 by Mr Patrick O'Donnell, Assistant Branch Secretary with United Voice WA.

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- 5 Workload analysis tabled at a public hearing in Fremantle on 30 August 2018 by Mr Patrick O'Donnell, Assistant Branch Secretary with United Voice WA.
 - 6 Independent Oversight Panel Report tabled at a public hearing in Fremantle on 30 August 2018 by Mr Patrick O'Donnell, Assistant Branch Secretary with United Voice WA.
 - 7 Phoenix report tabled at a public hearing in Fremantle on 30 August 2018 by Mr Patrick O'Donnell, Assistant Branch Secretary with United Voice WA.
 - 8 Chief Psychiatrist Review tabled at a public hearing in Fremantle on 30 August 2018 by Mr Patrick O'Donnell, Assistant Branch Secretary with United Voice WA.
 - 9 Mental health strategy report tabled at a public hearing in Melbourne on 5 September 2018 by Ms Georgina Harman, Chief Executive Officer with Beyond Blue.
 - 10 Report excerpt tabled at a public hearing in Melbourne on 5 September 2018 by Reverend Jim (James) Pilmer.
 - 11 Various documents tabled at a public hearing in Sydney on 25 September 2018 by Mr Pat Jones.
 - 12 Various documents tabled at a public hearing in Sydney on 25 September 2018 by Mr David O'Connell.
 - 13 Opening statement tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 14 Article 1 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 15 Article 2 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 16 Article 3 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 17 Article 4 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 18 Article 5 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 19 Article 6 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 20 Article 7 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 21 Article 8 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 22 Article 9 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 23 Article 10 tabled at a public hearing in Sydney on 25 September 2018 by Professor Samuel Harvey, Chief Psychiatrist with the Black Dog Institute.
 - 24 Opening statement tabled at a public hearing in Canberra on 7 November 2018 by Mr Dominic Morgan, Chief Executive with NSW Ambulance

- 25 Document tabled at a public hearing in Canberra on 7 November 2018 by Ms Vivien Thomson AFSM.

Appendix 2

Public Hearings and Witnesses

Wednesday, 18 July 2018

Committee Room 1

Parliament of Queensland

Corner of George and Alice Streets

Brisbane, Queensland

Australian Paramedics Association Queensland

- Ms Efthimia Voulcaris, Industrial Relations Officer

Healthy Minds Clinical Psychologists

- Mr Stephen Heydt, Psychologist

Queensland Nurses and Midwives' Union

- Mr James Gilbert, Occupational Health and Safety Officer

Adjunct Associate Professor Ray Bange, Private capacity

Justice 4 Workers Queensland

- Ms Kate Rasmussen

Australian Counselling Association

- Dr Phillip Armstrong, Chief Executive Officer
- Mr Thomas Parker, Industry Liaison Officer

Northern Territory Police, Fire and Emergency Services

- Mr Mick Willis, Executive Director of Operational Support

United Firefighters Union of Australia

- Mr Peter Marshall, National Secretary

Queensland Police Union

- Mr Ian Leavers, General President and Chief Executive Officer

Fire Chief Ken Block, Private capacity

Mr Alex Forrest, Private capacity

Queensland Government

- Ms Janene Hillhouse, Executive Director, Workers' Compensation Policy and Services, Office of Industrial Relations

Queensland Police Service

- Assistant Commissioner Brian Codd, Assistant Commissioner, State Crime Command
- Mr Colin Anderson, Director, Safety and Wellbeing

Queensland Ambulance Service

- Mr Michael Metcalfe, Deputy Commissioner, Executive Director, Corporate Services

Queensland Fire and Emergency Services

- Mr Andrew Short, Assistant Commissioner, Human Capital Management
- Dr Bernie Scully, Manager, Clinical Services and Organisational Development

Tuesday, 31 July 2018

Gretel Room

Hobart Function and Conference Centre

1 Elizabeth Street Pier

Hobart, Tasmania

Police Association Tasmania

- Mr Pat Allen, President
- Mr Gavin Cashion, Vice President

Council of Ambulance Authorities

- Mr David Waters, Chief Executive Officer

Volunteer Ambulance Officers Association of Tasmania

- Mr Jack Van Tatenhove, Treasurer

Health and Community Services Union Tasmania

- Mr Timothy Jacobson, Branch Secretary
- Ms Lauren Hepher, President, Ambulance Employee Sub Branch
- Mr Anthony Heiermann, Vice President, Ambulance Employee Sub Branch
- Mr Christopher Kennedy, Industrial Officer

Ms Sally Jones, Private capacity

Mr Scott Fyfe, Private capacity

Tasmanian Volunteer Fire Brigades Association

- Mr Robert Atkins, State President
- Mr Lyndsay Suhr, State Fire Commission Representative

Paramedics Australasia

- Ms Simone Haigh, Vice President
- Mr David Dawson

Tasmania Fire Service

- Mr Chris Arnol, Chief Officer

Tasmania Police

- Commissioner Darren Hine, Commissioner of Police

Ambulance Tasmania

- Mr Neil Kirby, Chief Executive Officer

Wednesday, 29 August 2018

Hindley Room 1

Hotel Grand Chancellor

65 Hindley Street

Adelaide, South Australia

Ambulance Employees Association of South Australia

- Mr Phil Palmer, General Secretary

School of Medical and Health Sciences, Edith Cowan University

- Dr Amanda Devine, Professor, Public Health and Nutrition and Director of Public Health
- Dr Lisa Holmes, Lecturer and Researcher

South Australian Fire and Emergency Services Commission (SAFECOM)

- Mrs Louise Hincks, Mental Health and Wellbeing Project Officer
- Ms Jane Abdilla, Health and Wellbeing Coordinator
- Mr Andrew Stark AFSM, Deputy Chief Officer, South Australian Country Fire Service

South Australian Metropolitan Fire Service

- Station Officer Glen Cook, Project Officer, Wellness and Safety Department
- Commander Eero Haatainen, Project Officer, Executive Services

Thursday, 30 August 2018

King Sound Room

Esplanade Hotel

Corner of Marine Terrace and Essex Street

Fremantle, Western Australia

Dr Mathew Samuel, Private capacity

Mr Douglas Brewer, Private capacity

Mr Mark Folkard MLA, Private capacity

Sirens of Silence

- Mr Ian Sinclair
- Mr Brendan Maccione

United Voice Western Australia

- Mr Patrick O'Donnell, Assistant Branch Secretary

Department of Fire and Emergency Services Western Australia

- Ms Karen Roberts, Director, Human Resources
- Ms Anneleise Smith, Manager, Wellness Branch
- Mrs Lindsay McCabe, Manager, Workers' Compensation and Injury Management

Western Australia Police Force

- Mr Tony Clark, Acting Director of Human Resources
- Inspector Jane Higgins, Inspector, Health and Safety Division

St John Ambulance Western Australia

- Ms Deborah Jackson, Director, People and Culture
- Mrs Donna Lawrence, Wellbeing and Support Manager

Wednesday, 5 September 2018

Balmoral Room

Stamford Plaza

111 Little Collins Street

Melbourne, Victoria

Beyondblue

- Ms Georgie Harman, Chief Executive Officer
- Ms Patrice O'Brien, General Manager Workplace, Partnerships & Engagement

Ms Jen Van Den Boogaard, Private capacity

Mr Michael Cummins, Private capacity

Australasian Fire and Emergency Service Authorities Council

- Ms Lorna O'Dwyer, Manager of Human Resources
- Ms Erin Liston-Abel, Director of Operations Support

Mr Bruce Perham, Private capacity

Reverend Jim Pilmer PSM, Private capacity

Community Mental Health Australia

- Ms Amanda Bresnan, Chief Executive Officer

Australian Psychological Society

- Dr Louise Roufeil, Executive Manager
- Dr Tony McHugh, Senior Project Officer

Australian Association of Social Workers

- Ms Deborah Parnell, Manager of Social Policy and Advocacy
- Ms Angela Scarfe, Social Policy Advocate

Code 9 Foundation (no submission)

- Ms Megan Bridger-Darling, Member
- Mr Robert Atkins, Member
- Mr Mark Thomas, Member

Ambulance Employees Australia Victoria

- Mr Danny Hill, Secretary

United Voice

Royal Australian and New Zealand College of Psychiatrists

- Dr Peter Jenkins, Board Director

Victorian Government

- Mr Shane O'Dea, Executive Director, Insurance Business Unit, WorkSafe Victoria
- Mr Paul Fowler, Acting Executive Director, Health and Safety, WorkSafe Victoria

Victoria Police

- Ms Gabrielle Reilly, Executive Director, Human Resource Department

Ambulance Victoria

- Mr Michael Stephenson, Executive Director Emergency Operations

Tuesday, 25 September 2018

Kent Rooms 1 & 2

Fraser Suites

488 Kent Street

Sydney, New South Wales

Australian Paramedics Association (NSW)

- Mr Christopher Kastelan, President
- Mr Stephen Pearce, Secretary

Mr Peter Kirwan, Private capacity

Mr Pat Jones, Private capacity

Mr Ross Fusca, Private capacity

Mrs Janet and Mr Barry Hill, Private capacity

Dr Jann Karp, Private capacity

Mr Ray Karam, Private capacity

Mr David O'Connell, Private capacity

Australian Society of Rehabilitation Counsellors

- Ms Cristina Schwenke, Chief Executive Officer
- Ms Kelly Alderson, National Deputy Chair and Board Director

Black Dog Institute

- Professor Samuel Harvey

NSW Fire and Rescue

- Deputy Commissioner Malcolm Connellan, Executive Director, People and Culture
- Ms Alison Donohoe, Director of Health and Safety

Wednesday, 7 November 2018

Committee Room 2S1

Parliament House

Canberra, Australian Capital Territory

National Council of Ambulance Unions

- Mr Jim Arneman, Project Officer

Health Services Union

- Mr Steven Fraser, Vice President and Ambulance Councillor
- Mr Michael Callinan, State Councillor, NSW Ambulance Division
- Mr Mick Grayson, State Councillor, NSW Ambulance Division
- Mr Terence Savage, North Coast Councillor, NSW Ambulance Division

Australia21

- Mr Paul Barratt, Chair
- Ms Lyn Stephens, Director
- Mr Mick Palmer, Director Emeritus

Comcare

- Ms Jennifer Taylor, Chief Executive Officer
- Mr Justin Napier, General Manager, Regulatory Operations Group
- Mr James McKenzie, A/g General Manager, Claims Management Group

Allianz Australia Insurance

- Mr Nicholas Scofield, Chief Corporate Affairs Officer
- Mr Noel Catchpole, Manager, Western Region, Workers Compensation

Jardine Lloyd Thompson

- Mrs Sarsha Neal, Divisional Manager
- Mrs Maria Kozak, Senior Consultant Workers Compensation

CGU

- Mr Colin Ahern, Executive Manager, CGU Workers Compensation

Australian Capital Territory Emergency Services Agency

- Mr Dominic Lane, Commissioner

ACT Ambulance Service

- Mr Howard Wren, Chief Officer

Australian National Audit Office

- Ms Lisa Rauter, Group Executive Director, Performance Audit Services Group
- Mr Paul Bryant, Executive Director, Performance Audit Services Group

Police Federation of Australia

- Mr Mark Carroll APM, President
- Mr Scott Weber, Chief Executive Officer
- Mr Mark Burgess, Consultant

Australian Federal Police

- Commissioner Andrew Colvin APM, OAM
- Ms Sue Bird, Chief Operating Officer
- Dr Katrina Sanders, Chief Medical Officer
- Mr Peter Crozier, Commander, A/g National Manager of People, Safety, Security

Department of Jobs and Small Business

- Ms Jody Anderson, Group Manager, Work Health and Safety Policy Group
- Mr Adrian Breen, Branch Manager, Work Health and Safety Policy Branch
- Mr David Cains, Branch Manager, Workers' Compensation Branch

Safe Work Australia

- Ms Michelle Baxter, Deputy Chief Executive Officer
- Ms Amanda Johnston, A/g Deputy Chief Executive Officer
- Ms Anthea Raven, A/g Branch Manager, Strategic Policy Branch
- Mr Kris Garred, Director, Evidence

NSW Ambulance

- Mr Dominic Morgan, Chief Executive

Ms Vivien Thomson AFSM, Private capacity