

Retired Ambulance Association of Victoria Incorporated

Submission to Senate Inquiry into the high rates of mental health conditions
experienced by first responders, emergency service workers and volunteers

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Inquiry into The high rates of mental health conditions experienced by first responders, emergency service workers and volunteers

1. Mental Health of Retired First Responders

There is no clear documentation with reference to Mental Health in Retired Emergency Services First Responders.

It is well documented that there is are general links between personal wellbeing and health with;

- the effects of abnormal and long working hours
- trauma associated with responding to life threatening and dangerous situations
- on-going exposure to antisocial behaviours such as personal verbal abuse and violence as evidenced by recent court cases in Melbourne.

The sudden cessation of employment associated with the above key points, can and does, at times lead to delayed Post Traumatic Stress Disorder and other mental health issues.

A recent survey was conducted by The University of Western Australia and Beyond Blue in conjunction with Emergency Services Agencies, Unions and other key groups to establish evidential links around the issues affecting mental health and wellbeing of emergency services first responders other than the anecdotal and personal reflections.

2. Actions that have led to Mental Health disorders within retired first responders.

Over the years there have been many factors which have been seen as indicators in the lead up to mental health disorders and poor wellbeing in retired first responders.

These can clearly be working conditions, as outlined above and includes continuing contact with severely injured and/or traumatised time critical patients and situations.

Bad workplace practices that have forced “unstable” first responders to not seek effective mental health and wellbeing treatment or counselling.

Bad management practices of workplace conditions, that have led to the responders having to “hide” their condition or situation from management and the perceived “don't care” attitude of senior management, to assist first responders to recognise that these issues should have be addressed more appropriately.

Lack of sensitivity to the needs of first responders who may show that the work environment is causing ongoing instability with no assistance or guidance in seeking ongoing management of their mental health and wellbeing issues.

3. Onset of Mental Health Disorders

Mental health and on-going wellbeing issues have been observed in several of Retired Ambulance Association of Victoria (RAAV) Members over the past 5 years.

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Over the past 3 to 4 years, several RAAV Members have been managed locally, on an ad hoc basis, to require ongoing clinical mental health assessments and support.

This ad hoc approach has resulted in limited documentation as to actual numbers, underlying clinical themes, advice provided and outcomes achieved.

Throughout the preceding years there has been considerable change within Ambulance Victoria structure, which has caused many emergency first responders and senior management staff to be redeployed or removed from the Service.

This has caused many to seek assistance from organisations outside Ambulance Victoria due to a total lack of support, both actual and perceived.

Many former emergency first responders have been left with undiagnosed clinical conditions, with little or no assistance or involvement from any organisation be it RAAV, Ambulance Victoria or other outside Agency.

Efforts to make contact with many of these people is difficult. At times this contact has been totally rejected by either the individual concerned, their families or friends because of their individual circumstances and experiences.

4. Ongoing Services.

A collaboration between RAAV and Ambulance Victoria has resulted in a Pilot Program, "Retired and Former Employees Peers Support Program" (RAFE Peer Support) to identify extent of mental health and wellbeing concerns amongst this group of previous Ambulance employees.

The 12-month RAFF Peer Support pilot program commenced on 23 May 2018 following the appointment of RAFF Peer Support Coordinator and Peer Responders.

The pilot study identified establishment costs, which including the recruitment and training of RAFF Peer Responders and pilot study on-going costs, all of which have been totally absorbed by Ambulance Victoria.

There will need to be a follow up on these costings, to ensure there is an adequate ongoing and sustainable funding model for the continuation of the RAFF Peer Support Program.

The data collected from this pilot study will be evaluated by an independent authority to identify the actual need for Mental Health support amongst this cohort.

In addition to the Pilot Study, RAAV has appointed a Welfare Officer whose role is to coordinate the assessment of ongoing care and support through the provision of contacts via organisations such as local government services, Red Cross, Salvation Army and similar organisations.

To assist any Member or family member to access support in health and life style matters not associated with the RAFF Peer Support Program.

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This may include a simple “chat” over the telephone, a visit to them or a recommendation to the above-mentioned services.

There is also a clear need to ensure that all Members and families have the ability to remain in contact with our Association and not become socially isolated particularly those who are unwell and/or in nursing care either at home or an ongoing nursing facility.

5. Continuing Services

Following the 12-month trial and evaluation of the RAFF Peer Support Program it is envisaged that a permanent structure will be provided for all Members of our RAAV and those outside RAAV such as previous employees who were not necessarily emergency first responders.

Further research and evaluation will need to be conducted to ensure that all emergency services first responders are able to access full Mental Health and Psychiatric services and support on a 24-hour basis.

The ongoing cost for such a service will need to be fully costed and may need to be funded from a variety of sources.

6. Follow up and Support Services.

There is also the need for a Welfare Support style service to assist RAAV Members of advancing years and/or their families to adjust to more health needs and support from, not only the Association, but other emergency service providers.

The need for this service may also be required for RAAV Members if they have been injured or suffering from illness whilst on duty and have been forced to retire early due to such injury or illness. If unaddressed these conditions could lead to Mental Health issues in the ensuing years, as previously stated.

7. Recommendations

A broad based financial system to ensure all retired first responders do not need to have “Out of pocket expenses” in accessing mental health or other related services. This could be through a Partnership style arrangement with mental health organisations, Beyond Blue, Lifeline etc.

A better understanding of the onset of such mental health conditions and early recognition and support to be available on 24 hour basis.

Better contact with and between Members who may have had mental health issues or may seem to be in a position to acquire mental health problems. Peer Support being the best option and an ongoing service for these Members.

All Members to be made aware of the need to support any Member who may show signs of mental health problems and guide them towards gaining assistance from Peer Support or psychiatric services.