

Committee Secretary

**Enquiry into the role of the Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers**

Department of the Senate  
PO Box 6100  
Parliament House

Canberra ACT 2600

**SUBJECT: RECOGNITION OF SPIRITUAL HEALTH AS AN ASPECT OF MENTAL HEALTH**

**SUBMISSION BY: Reverend Jim Pilmer PSM**

Rev Pilmer is an Anglican priest and was full-time Senior Chaplain to **Victoria Police** from 1995 – 2008. He established the current police chaplaincy unit which now consists of 2 full-time and some 60 voluntary part-time chaplains across the State of Victoria. This network includes representatives of most Christian denominations, and Muslim, Sikh, Jewish and Aboriginal spirituality representatives also.

Upon retirement as Senior Chaplain Rev Pilmer was chaplain to the Homicide Squad and Major Collision Investigation Unit for a further 8 years until December 2015.

He is currently Honorary State Chaplain to **St John Ambulance Australia (Victoria)** and maintains a role as voluntary police chaplain in the Boroondara Police District, Melbourne.

In 2017 he published a book entitled *Every Contact Leaves a Trace*, part of which expands upon the issue of **inclusive spiritual support** for police and other first responders as distinct from a specifically religious approach to recovery after confronting or traumatising experiences.

## SUBMISSION:

My primary point for consideration is that in supporting first responders, not only after traumatic incidents but in their daily work, we freely acknowledge psychological and emotional factors but generally ignore or devalue the spiritual effects on a person's mental health.

Confronting circumstances and their impact on spiritual/mental health come in various forms for first responders.

For example:

- 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.

Each of us carries a set of values, ethics, morals and beliefs with us into daily life. They may arise from a specific religious background or be encompassed within a broad philosophy of life but, either way, they are vitally important to the way we function as individuals. They provide the framework in which we define and express ourselves. They contribute to our sense of purpose and vocation and largely provide the reason for getting up in the morning. They provide inner security. **In particular, we take those facets to work with us.** What traumatic incidents do to first responders is damage or delete those reference points which they need to give meaning to an event or to cope with its effects.

Spiritual trauma is not about religion, although one's religious beliefs may well be amongst the facets attacked. It is about the damage to, or erasing of, meaning in the life of the individual concerned. The pillars that surround the individual, which normally provide resilience, are removed. The past needs reinterpreting. The future takes on a different complexion.

I give one example of spiritual trauma. In January 2009 [redacted] was thrown from the [redacted] by her father. She was attended to rapidly by Water Police and Paramedics but she died that afternoon in the [redacted] Hospital. The fact that a father had done that to one of his own children had an incredible impact on those who attended. I counselled police members that afternoon and in following days. The

effects were not only those where officers saw a confronting sight of a little girl's body in the water or that they were emotionally upset. The issues expressed to me were complex. They were about meaning and the attack on their personal belief system, and about a whole range of things from religious doubt to the abhorrent behaviour of a father towards his own child. Many other tasks, relatively routine for first responders, strike deep at their faith in a grand scheme of things which has certain limits, even if undefinable.

Generally speaking professional boundaries delineate the areas into which doctors, psychologists and other counsellors are comfortable to go. This often means that affected first responders fall between the professional cracks when finding a way to restore spiritual balance after traumatic incidents.

Trained and accredited chaplains are often able to identify the areas in which a traumatised person is vulnerable. Such identification has the potential to make a valuable contribution to that person's mental health, regardless of whether they have a religious background or none. Such an approach complements the psychological support provided and combines pastoral care with skilful and often informal follow-up. This can be made available without the first responder going through formal support procedures if the recipient does not want to be identified as traumatised or unable to cope.

**CONCLUSION.** Currently emergency services chaplaincy is treated as a low priority for funding and relies heavily on volunteers to provide a much needed service. Staffing and priorities vary greatly from State to State. Chaplains also have the potential to provide educative programs on preventative strategies for emergency services staff which are inclusive and respectful of diversity.

The Armed Forces have appreciated the value of spiritual support for many years. A holistic approach to mental health gives weight to the spiritual dimension as well.