



Senate Education and Employment References Committee Inquiry into the high rates of mental health conditions experienced by first responders, emergency services workers and volunteers

Community Mental Health Australia (CMHA) would like to thank the Senate Education and Employment References Committee for the opportunity to make a submission to the inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers, and will make a brief submission.

CMHA is a coalition of the eight state and territory peak community mental health organisations. CMHA, through its state and territory bodies, has a direct link and contact to mental health organisations delivering services at the community level. CMHA provides a unified voice for approximately 800 community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

CMHA promotes the recovery of people living with a mental health condition so that they are contributing citizens and included in all the economic and social aspects of their community. The organisation presents a united and representative voice for the community managed mental health sector who work every day on mental health issues and have the expertise through a specialised workforce, including a peer workforce and lived experience.

The central issues CMHA would like to raise is that due to the lack of community based mental health services, many people with complex mental health conditions, particularly those who experience a crisis, will typically be seen by first responders – such as police, ambulance and paramedics and hospital emergency departments – as they are the people called to deal with the crisis situation. This in turn means that these first responders are dealing with complex situations and people experiencing complex mental health situations, which their training and knowledge of mental health is likely to exceed.

Mental health first aid is typically the type of mental health training first responders are likely to have received. While CMHA supports this and similar training, it is not likely to be at the level of knowledge and understanding of complexity that first responders should receive, and present them with the ability to deal with complex and distressing situations. It is important that Governments and bodies representing first responders work to develop appropriate training in collaboration with the mental health sector. This will not only develop appropriate levels of knowledge about mental health conditions with first responders, but also give them the skills and ability to deal with relevant situations and the impact it is on their own mental health.

The Mental Health Community Policing Initiative in the ACT has been developed in a partnership between ACT Policing and ACT Mental Health. It includes a three-day training program for frontline police to understand issues associated with mental health conditions, such as recognising, relating and responding to incidents. Mental health clinicians are also a part of the ACT Policing Operations Centre



seven days a week to provide advice and consultation to police to support decisions being made responding to mental health related incidents.¹

First responders and emergency departments are also not the appropriate place and response for a person with a mental health condition. This creates a highly stress and distressing situation for the person with the mental health condition and the first responder who is being called in or presented with this situation.

A recent report from the Australasian College for Emergency Medicine examining waiting times in emergency departments for people with acute mental health conditions recommended increases to funding for community-based and inpatient mental health and alcohol and other drug services, as a matter of urgency. It noted that it was likely that many mental health presentations to EDs occur due to a chronic underfunding of community treatment settings.²

People with complex mental health conditions are calling on first responders and presenting to emergency departments because other more appropriate services based and managed in the community are underfunded or not available.

In order to address the mental health of first responders it is vital to provide them with the training, knowledge and support to deal with complex and distressing situations, particularly in relation to people experiencing a crisis related to a mental health condition, and to properly fund community based and managed mental health services. This ensures people with a mental health condition receive support in an appropriate setting so that first responders are not the people providing the support – neither is an appropriate situation for first responders or people with mental health conditions. This impacts the mental health and wellbeing of both parties.

¹ Mental Health Community Policing Initiative, ACT Policing, Australian Federal Police, <https://police.act.gov.au/about-us/programs-and-partners/mental-health-community-policing-initiative>

² Australasian College for Emergency Medicine, Waiting times in emergency departments for people presenting with acute mental and behavioural conditions. 2018, ACEM: Melbourne