

**Submission to Senate Inquiry into the mental health conditions experienced by first responders.**

**Name:** Richard Elliott

**Position:** Kentish State Emergency Service Unit Manager, Tasmania

**Submission:**

To the Senate,

I am the Unit Manager of the Kentish State Emergency Service (SES) Unit, based in Sheffield, Tasmania for 28 years. The unit is made up of an entirely volunteer workforce. The role of the Kentish SES is generally twofold; 1. respond to calls for assistance in times of flood or storms and 2. respond to calls for road accident rescue (that is where a person is entrapped following a motor vehicle accident). During my time as Unit Manager of the unit a number of volunteers have suffered from mental health conditions, some of these conditions are as a result of their work with the SES and some are as a result of other circumstances in their life. These conditions have ranged from minor conditions to serious conditions resulting in suicide of members. I am making a submission to highlight the difficulties of dealing with a volunteer workforce in regards to mental health.

While I do not think it is worth while providing specific details as to the causes of mental health problems in first responders I would like the opportunity to discuss a number of aspects that compound the effect of traumatic scenes for volunteers.

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 coupled with a traumatic event this can be enough to cause mental health problems for volunteers.

A primary difference in a volunteer first responders compared to paid staff is their ability to leave the work area easily. Our unit has seen a number of members who have become unwell with mental health problems as a result of their work with the SES. Generally speaking these members do not continue their involvement in SES. The unit try and offer support to these people but generally they stop attending call outs and training. It is difficult to provide support to these people as contact from people in the unit often serves as a reminder of the trigger for their mental health problems. Perhaps it is better for these people to be able to cut ties as I have discussed, however, I would feel more comfortable if the organisation could continue to provide them support if they require it after they have left the unit.

Another difference between volunteer and paid first responders is that for a number of volunteers their volunteering is a social outlet. The Kentish SES unit is a close group of people who undertake activities together socially as well as in the course of their duties. This makes it difficult when a member is suffering from mental health problems as a result of their work with the SES. If they are required to remain away from the group this cuts off some of their social support group. Even if volunteers choose not to attend call outs there is still a social stigma attached to this decision.

As volunteers there is no clear process of entitlements in the workers compensation procedures. While generally the SES support volunteers there are problems if they require time away from their usual occupation due to a mental health condition resulting from their work with the SES. There is also problems defining a particular injury date, as is required for worker compensation, rather often the cause of people's mental health problems are cumulative.

I think it is worth noting that as a volunteer workforce we generally have a good working relationship with the paid staff in the Tasmanian State Emergency Service. These people generally work quite hard to assist members who are struggling from mental health conditions, however, there is a lack of funding and no clear programs are provided to assist SES volunteers specifically with their mental health conditions.

I would like to thank you for taking the time to consider the high rates of mental health conditions experienced by first responders and I hope that I have been able to assist you in gaining some insight into the experience of volunteers.

Regards

Richard Elliott