Submission to the senate enquiry regarding mental health, and the subsequent management of any injuries regarding first responders and emergency service workers.

Submission by: Peter James

For your consideration

My name is Peter James; I am an Intensive Care Flight Paramedic

I have been a paramedic for 42years, all with Ambulance Tasmania.

As I have experienced decades of Paramedic work, some of the work practices no longer occur, but, my comments are directly related to my experiences.

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. This is an example of a work practice that has ceased. There was no mental health consideration at that time.

I have been diagnosed with Chronic Post Traumatic Stress Disorder and was first diagnosed in 1997 after attending the Port Arthur Massacre.

Since that time, I have performed all regular duties on road and in the air of an Intensive Care Paramedic, in addition to this I worked underground on rotating shifts at the Beaconsfield mine rescue (2006) and was sent to the 2011 Christchurch Earthquake as part of the third Urban Search And Rescue (USAR) task force searching for victims and body parts, in addition the team was required to shore up partially collapsed buildings.

- **The nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers.**

The nature of emergency service work is problem solving orientated, it incurs at times, overwhelming working hours due to the case load or case nature. The types of cases are unpredictable and at times can be confronting to the emergency service workers values.

Paramedics at time see things that no human should see, yet I would do it all again tomorrow.

My personal experience has found that there are two primary causes of work related mental health impairment of a worker (a) a particular case that impacts the worker significantly, (2) the cumulative effect of the nature of the work we perform. The impact on the worker is further exacerbated by the lack of support the worker receives and the isolation that is imposed by the work force or self-imposed.

- **Research identifying linkages between first responders and emergency service occupations and the incidence of mental health conditions.**

Personality profiling of emergency service workers has shown generally, 1. They are goal orientated.

2. They want to win against the odds. 3. They regard their values as precious.

When these core principles come into question it creates conflict.

The nature of the industry indicates that a high level of understanding of the potential impact on the emergency service worker, by their direct and senior managers is needed. At present very little training is given to managers.

- **Management of mental health conditions in first responder and emergency services organisations, factors that may impeded adequate management of mental health within the workplace and opportunities to improvement, including:**

1. <u>Reporting of mental health conditions:</u>

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".

Some years earlier I felt very embarrassed as the insurance company sent several Psychologist bills to my home (I hadn't told my wife I was seeing a psychologist at the time). It was later found that the insurance company broke industrial law. The company was made to apologise to me by the industrial commission. The embarrassment this caused me, led me not to continue treatment.

2. <u>Specialised occupational mental health support:</u>

The Ambulance Service uses an Occupational Assistance Service, funding three visits. This service is supposed to be confidential. I have only used the service once and found limited value as provider was only a counselor and did not have any emergency service experience. There is a culture of lip service in relation to preventative measures and also monitoring the wellbeing of staff.

3. Workers Compensation:

Is adversarial in nature. You are a liar until proven otherwise, and if the claim is accepted you are a liar that got away with it.

I made a claim for PTSD in 2016 directly related to the Port Arthur incident. I was contacted by a person within Ambulance Tasmania and advised that I needed to change the claim to relate to the film showed on TV leading up to the twentieth anniversary, where the Police interview with Martin Bryant was screened, otherwise the claim would be challenged as Port Arthur was too long ago (not for me). I resubmitted the claim and it went through without challenge.

Once a claim is in, there is no support from Ambulance Tasmania. I also feel that the perception of management is, in relation to support of an injured worker is, the paperwork is in, the insurance company is involved …our job is done.

If you are off work, you are not contacted by Ambulance Tasmania at all and subsequently you are isolated from the workforce.

4. Workplace culture and management practices:

Generally the culture is toxic, my experience within Ambulance Tasmania, is it operates on negative management; you only interact with management when there is a problem. It is a very unsupportive work place. Ambulance Tasmania management is reactive, not proactive, and are not transparent in their approach to workers, nor are they consistent with how individuals or issues are managed.

Specifically in relation to mental health, there is little empathy practiced by Ambulance Tasmania managers, this I believe is largely due to the lack of training in the area.

Because of the ongoing miss management, salvageable workers have been lost and injuries aggravated.

5. Occupational function and return to work arrangements:

From my personal experience I have found there is a total lack of communication from Ambulance Tasmania. Emails are not answered and calls are not returned (some individuals do reply, but rarely). During my Return to work process I attempted to increase my days at work through my rehabilitation provider, but due to the lack of contact from Ambulance Tasmania the proposal was abandoned.

The restrictions and allowable duties are largely ignored by Ambulance Tasmania (especially allowable duties). My workers compensation certificate allows me to back up non intensive care ambulance crews and respond to cases at Launceston airport. The restriction is, No night shifts, No emergency first response, and two non-consecutive days. This is part of a graduated return to work program.

Ambulance Tasmania only allows me to perform Air Ambulance duties with no road work. I have found this to be frustrating, demeaning and against the agreed terms of the certificate. The continuing issue of poor communication is an issue.

6. Collaboration between first responder and emergency service organisations:

There is a multi-service Critical Incident Stress Management (CISM) Team. Some years ago I was tasked to briefly be the team coordinator and at that time the team was proactive in reaching out to known cases of high potential for stress.

The CISM program appears to be largely out of favor with management now and the team is only activated by supervisors or employees who specifically ask for help. It is my understanding, in Tasmania, Police Fire and Ambulance all run separate programs and business models. Ambulance Tasmania have a program going, but asking around, most paramedics have no idea what its role is. Generally any support programs are fragmented between agencies.

7. Post retirement mental health support services:

There is no support. Once you leave Ambulance Tasmania you are gone. I liken it to falling off the back of a cruise ship. Whilst you are bobbing in the water you can watch the ship sail on without you.

8. Resource allocation:

My own experience has set my opinion in as much, I believe there is very little commitment to monitoring the mental health of Paramedics by the Ambulance service, and subsequently there is a minute portion of the budget allocated towards it.

9. Any other matters:

Port Arthur: 1996.

Soon after returning to work after Port Arthur I was told by a supervisor, that any stress I experienced from Port Arthur was my own fault. Sadly for the next twenty years I received no support.

The Beaconsfield Mine Rescue: 2006

The prolonged and stressful nature of this incident mixed in with close media scrutiny made this a very difficult case, yet there was no post incident psychological debriefing.

Working one kilometer underground in a seismologically unstable mine with blasting was not seen a significant event.

The Christchurch 2011 Earthquake:

I was part of the third Urban Search and Rescue (USAR) team sent to Christchurch, during the two weeks we spent there we search buildings for bodies and body parts.

We also shored up unstable buildings for future demolition (one was a twelve story hotel).

During this time there were ongoing aftershocks and also there was a large amount of asbestos dust being blown around.

Upon returning to Tasmania I expected a CISM debrief but was informed that again this incident was not seen as a significant event warranting a psychological debrief.

Recommendations:

1. Each agency or a cluster of agencies should have a central contact point, especially in relation to workers compensation cases. This person should be the buffer between the worker, their support people, and the agency, Insurance Company. There would be benefits for both parties, as the central contact would have the big picture of a claim.
2. Workers should have significant points in their career where they receive the relevant mental health training. An example is, Induction training compared to that of a person starting in a supervisory role.
3. Training in self-care and awareness of warning signs of raised stress level s. this should be updated as part of yearly professional development programs.
4. Presumptive legislation to be passed regarding emergency service workers. Recognising that if a worker claims workers compensation for a stress related injury the onus will be placed on the employer to prove the worker is not injured, rather than the present adversarial system which requires the worker to prove an injury was the result of their employment.
5. Introduction of mandatory funding for monitoring and treatment of workers in relation to mental wellbeing.

I thank you for the opportunity to forward this submission.

I would be happy to verbally present this submission to the Senate.

Sincerely yours

Peter James