

SUBMISSION TO THE SENATE INQUIRY INTO THE MENTAL HEALTH CONDITIONS EXPERIENCED BY FIRST RESPONDERS By: Behind The Seen.

## **SUBMISSION TO THE SENATE INQUIRY INTO THE MENTAL HEALTH CONDITIONS EXPERIENCED BY FIRST RESPONDERS**

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## **BEHIND THE SEEN BACKGROUND**

Behind The Seen (emergency service personnel SEE what others don't) is a not-for-profit project that aims to heighten awareness of the effects of incident related and career specific stress on Australian emergency service personnel and their families. Behind The Seen consists of Ross Beckley, a past serving decorated firefighter with Post Traumatic Stress Disorder (PTSD) who tells his story from a lived experience (first responder and mental health) perspective, and his partner Veronique Moseley, an accredited social worker.

Behind The Seen has been representing Australian frontline first responders and their families in the mental health/suicide prevention area for the past 5 years. During the course of this time we have:

- Presented mental health awareness programs to more than 1000 current serving first responders and their families in several States.
- Partnered with Black dog Institute and WA Department Fire & Emergency Services to conduct pilot research on the efficacy of the Behind The Seen program
- Maintained a social media presence for first responders and their families Facebook currently >18,500 likes.
- Compiled a first responder family information booklet
- Developed a training package on first responder mental health for helping professionals in collaboration with the University of Newcastle
- Collaborated extensively with key stakeholders in this area including employing organisations, national suicide prevention and mental health organisations and universities.
- Conducted interviews and surveys on the topic of first responder mental health from both current and past serving responders and their family members.
- Currently: developing online content on preventative mental health strategies for first responders; partnership with Black Dog Institute: first responder and family online physical activity group; continued advocacy.

Behind The Seen was awarded a TheMHS (*Australia and New Zealand Mental Health Learning Network*) award in 2015, given in recognition of the achievement of excellence, innovation and best practice in mental health service, TheMHS Letter of Commendation 2017, nominated twice for an Australia Day Award and awarded Dobell Community Champions Award 2016.

Website: [www.behindtheseen.com.au](http://www.behindtheseen.com.au) Facebook page: behindtheseenaustralia

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## INTRODUCTION

First responder mental health has been the subject of a number of inquiries at State level in the past. Whilst recommendations have been made, the view from the frontline is that little is changing. We thank the Committee for their time and interest and sincerely hope that this particular inquiry is the catalyst to bring about a coordinated, national approach to ensure adequate, culturally relevant mental health support for those who protect our communities.

An overview of the main issues affecting first responders and their mental health:

- Statistics related to the incidence of suicide and mental health conditions among first responders are most likely to be significantly under reported.
- Organisational mental health supports are managed by more than 30 emergency service organisations across 6 states and 2 Territories
- Research access is difficult due to the large number of governing organisations involved, the lack of contact with discharged/retired personnel and lack of any centralised entity responsible for first responder mental health or mental health reform.
- Organisational mental health supports are not consistent between first responder organisations- with some first responders receiving no internal support at all.
- The role of family members as support is consistently under-rated and under-resourced despite research showing that they are the most important resource for first responders- both for encouraging early help-seeking and ongoing support once diagnosed with a mental health condition.
- Organisational supports are under-utilized due to real and/or perceived fears regarding professional repercussions/implications, potential lack of confidentiality and a culture which continues to label those with mental health conditions as “weak”.
- Mental health community supports are generalist, not trained in the unique aspects of first responder trauma, stresses, expectations or culture.
- The treatment of first responders diagnosed with mental health conditions varies between organisations with some employers offering appropriate, constructive alternative duties, others offering alternatives viewed as humiliating or perceived to be akin to some kind of “punishment”.
- The psychological impact of medical discharge/medical retirement among first responders is enormously under-estimated.
  - I. When first responders are recruited to first responder families they are told by management that they are part of a “family”. This is in addition to the frontline responder culture of a “brotherhood”. Once discharged it

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- is rare for an organisation to maintain contact let alone offer genuine support. This exclusion from a “family” exacerbates mental health conditions with feelings of confusion, betrayal and judgement.
- II. Psychologically damaging strategies utilized by insurance companies during the workers compensation/claims processes have been widely reported to Behind The Seen, media and in other government inquiries. Surveillance, “cash for comment specialists” and repeated compulsory and lengthy appointments with psychological “experts” contracted by insurance companies are both damaging and demoralising.
  - III. Lack of any clear information about, and lack of support throughout the complex post-discharge process leave first responders and their family members feeling isolated, stigmatised, helpless and often hopeless. These are known risk factors for suicide.
  - IV. Post discharge common consequences reported by family members include severe financial hardship and extra pressure on partners as they need to increase work hours in addition to taking on a caring role. These issues have a ripple effect on family relationships, on the mental health of partners and is of particular concern when considering the effects on children.

In our opinion, addressing the high rate of mental health conditions (and suicide) of first responders requires a national coordinated effort with consultation and input from a range of stakeholders but most significantly from those with lived experience – first responders themselves.

Due to the fragmented nature of current support systems which vary according to State and depend on roles within employing organisations, along with perceived fears from first responders that employing organisations do not always have their best interests at heart, we feel strongly that an external independent body be appointed to plan and implement changes- an example of an appropriate agency to lead the consultation and planning process might be the National Mental Health Commission.

In this submission we focus on the “bigger picture” of first responder mental health. **Please note** that we have access to many personal stories of suicide, hardship and suffering. Stories which in our opinion might have been quite different if adequate, culturally relevant, connected support systems were in place throughout the continuum of a first responder’s career- from recruitment to post-discharge.

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## OUR RESPONSE TO THE TERMS OF REFERENCE

In addressing the terms of reference of this inquiry, our response will predominantly relate to section (c) *management of mental health conditions in first responder and emergency services organisations, factors that may impede adequate management of mental health within the workplace and opportunities for improvement.*

In relation to the following sections:

- a. *the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers;*
- b. *research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions;*

we refer to the PTSD Guidelines for Emergency Services Workers (Dr S Harvey *PTSD Treatment Guidelines For Emergency Services Workers UNSW Workplace Mental Health Program 2014*) which cover both the above headings extensively. The excerpt below is relevant to this submission as it briefly explains the traumatic exposure experienced by first responders, and the prevalence of Post Traumatic Stress Disorder among first responders. *Page 24*

*“The nature and pattern of trauma exposure amongst emergency workers is different to those experienced by other populations. Emergency workers will expect to experience multiple episodes of potentially traumatic experiences while undertaking their usual work. They may witness individuals who have been badly hurt or deceased, directly threatened themselves or, in the case of police officers, be required to seriously wound or kill others as part of their job. As a result of this regular exposure, an emergency worker’s response to trauma is often anger and guilt, rather than the fear or horror often described by members of the general population exposed to one off, unexpected trauma.....Given the culture of first response work, many emergency workers will attempt to minimise post-trauma symptoms, so may present initially with more indirect symptoms, such as substance abuse, interpersonal conflict or violent outbursts. As a result of these complexities, there has been some debate regarding the exact prevalence of PTSD among emergency workers. However, a recently published systematic review and meta-regression examining the results of international studies of over 20,000 emergency workers concluded that the prevalence of PTSD amongst current workers was 10%. This figure may be an underestimate as it is likely that rates are even higher amongst retired emergency workers, particularly those who have retired early due to poor health. That nature and prevalence among volunteer emergency workers is less clear”*

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## **COUNT US IN- THE NUMBER OF FIRST RESPONDERS IN AUSTRALIA**

When discussing mental health conditions of first responders, we feel it is imperative that an independent agency collates information on the actual numbers of current serving and past serving Australian first responders. Without this, the true impact of first responder mental health conditions on individuals, families and communities cannot be measured accurately.

As an example, research into the mental health of first responders has often quoted that there are 80,000 Australian first responders. This figure is current serving *full time career first responders only* –it does not include part time or volunteer first responders.

In 2016 Behind The Seen collated information from the annual reports of 30 organisations and concluded from this information that there are an estimated 335,000 first responders in Australia in full time, part time and volunteer capacities.

Given that research estimates that one in ten active emergency services responders has symptoms of PTSD. (*Dr S Harvey PTSD Treatment Guidelines For Emergency Services Workers UNSW Workplace Mental Health Program 2014*) we are looking at a significant number of first responders who may currently be suffering from a mental health condition. There are other implications to be considered which will affect research results for example those not considered in some of the research- part time and volunteers- are on call and usually have other jobs- adding stress and fatigue which are risk factors in mental health and suicide prevention.

Similarly, National Coronial Information System 2015 statistics indicate that one first responder takes his/her life every six weeks, This figure however is based on primary occupation and does not include part time or volunteer emergency services nor retired or medically discharged members therefore the rates of suicide are likely to be much higher. (*National Coronial Information System Intentional Self-Harm Among Emergency Services Personnel 2015*)

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## **MENTAL HEALTH SUPPORT SYSTEMS FOR FIRST RESPONDERS**

Whilst emergency services personnel are often compared to the military in relation to studies about PTSD and other mental health issues, it is important to note that the military and their families have nationwide culturally relevant support from Australian Defence Force (ADF) and Department of Veteran Affairs (DVA) regardless of posting, role or employment status.

There is no such system in place for first responders.

Each support system depends on the State they live in, the governing organisation, the role of the first responder and the location of the responder's work. The main first responder groups of fire, police, ambulance and SES are spread across 30 organisations.

Defence families are a part of support systems within DVA yet support for first responder families, despite being acknowledged in research as *the most important resource to a first responder (Cheryl Regehr In The Line Of Fire – Trauma In The Emergency Services 2004)* are either scarce or lacking completely.

The DVA keeps track of retired and discharged personnel and estimate number of living veterans to be 339400 (*DVA Annual Report 2014-15 Overview page 17*) DVA is therefore not only a consistent support contact for past serving members and their families, but also a potentially valuable source of data for researchers.

For those first responders discharged (or on extended sick leave) due to a mental illness such as PTSD, there is little or no ongoing connection with the organisational supports. Besides compounding their mental health conditions with a sense of isolation and loss of identity, this also creates a difficult situation for researchers wishing to explore mental health conditions of those who have left the service.

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## **CURRENT SUPPORT SYSTEMS IN PRACTICE**

Whilst much documentation describes mental health supports and systems for first responders in general terms- as though all first responders receive the same supports- there are clear differences in the type, quality and quantity of support offered. These differences start from the fact that each organisation has its own accountability systems and management structures – leading to a variety of wellbeing strategies with no coordinating entity nor a central accountability system other than Occupational Health and Safety regulations applicable in each State.

Factors to consider:

### *1. Organisational / Management Structures*

To briefly illustrate the diversity of accountability systems between emergency service organisations:

- I. Ambulance is run by St John Ambulance in WA and NT, governed by the Department of Health in Queensland and under government Justice and Community Safety Department in the ACT.
- II. Career and volunteer firefighters are under one umbrella (Department of Fire and Emergency Services) in WA, but in separate organisations in NSW (Fire and Rescue NSW and NSW Rural Fire Service)
- III. The State Emergency Services come under Police and Emergency Services in Tasmania, under Department of Fire and Emergency Services in WA and under Justice and Community Safety in ACT

### *2, Mental Health Supports and Interventions*

To briefly illustrate the complexity of mental health support services available:

In NSW we have police, ambulance, 2 fire organisations (Fire & Rescue NSW & NSW Rural Fire Service), VRA (Volunteer Rescue Association), and SES (State Emergency Service). That is 6 organisations with 6 different mental health support systems in one State. Each service has their own “Critical Incident Response” plan. (What this actually entails varies from service to service, and from State to State).

*Any of these six services in NSW, depending on location, may be first responders to a fatal motor vehicle accident.*

*Responder 1:* The responder with *First Responder Organisation A* will have access to a 24 hour telephone number which members can phone if they feel the impact of incident stress. Someone will return the call within 15 minutes and establish contact. Whilst this call can be anonymous, the concerns raised must be operational incident



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related. Crew members can then be referred to peer support, chaplaincy service or an Employee Assistance Program (EAP) counsellor. Additionally member(s) of the Critical Incident team are often in attendance at traumatic incidents. This responder's family will have access to a chaplain attached to the organisation

*Responder 2:* The responder with *First Responder Organisation B* who attends exactly the same incident might be able to access a chaplain IF there is one in his location. This organisation has no preventative education, no peer support system, and no critical incident response team. This responder's family will have no support so will be totally reliant on self-referral to community support

The above two responders are at the same critical incident, but with totally different organisational support systems. To compound this fragmentation, many responders will NOT approach their organisational supports, often for fear of being judged unfit for duty, sometimes because they do not understand what is actually available.

*(2015 Behind The Seen survey, analysed and reported by Black Dog Institute: report prepared by Z Steele, D Berle, S Rosenbaum 2016)*

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## **FACTORS THAT IMPACT SUPPORT SYSTEMS**

The systems within which first responders function have an impact on mental health. Determinants such as organisational culture, workplace stigma, post discharge culture, unique stresses faced by first responders and the role of family all need to be factored into any strategies to address the mental health of first responders.

Some of the current issues are:

### *Organisational support*

For those organisations who provide mental health support systems there is work to be done to encourage early help seeking. Reducing stigma, building trust, ensuring confidentiality and ensuring no negative repercussions occur within the workplace as a result of disclosure are just some of the barriers to help seeking among first responders.

As stated in a report based on an analysis of the Behind The Seen survey 2015: *(2015 Behind The Seen survey, analysed and reported by Black Dog Institute: report prepared by Z Steele, D Berle, S Rosenbaum 2016)*

“less than one-in-five and one-in-ten of those surveyed respectively, feeling comfortable talking to organisational support services or formal peer-support services The underutilisation of organisational support services found in these results is of considerable concern, given the high rates of psychological distress and injury among first responders. Qualitative data provided an insight into the reasons for this underutilisation, with concern regarding professional repercussions/implications and potential lack of confidentiality, consistently identified as barriers to utilising organisational support”

The provision of an Employee Assistance Program is certainly of benefit however those attached to first responder organisations must be culturally relevant to first responders and must provide enough sessions for the first responders to adequately deal with their mental health condition. Psychologists and social workers who work for these programs must understand first responder culture, work demands, and the impact of critical/traumatic incidents. Few organisations screen their EAP psychologists to ensure they have specific first responder mental health insight. One organisation has recently employed a group of internal psychologists, again ensuring culturally appropriate psychological support.

Peer support programs have been implemented by many organisations, a cost effective way in which to provide mental health support however effective utilization of these services depends on how the service promotes the service, how much training the peers are given and ultimately how much trust the peers can engender from their colleagues.

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### *External support*

Given the reluctance of some first responders to seek help within their organisations it is important to look at resourcing services in the community to better understand first responder mental health needs. “Results also highlighted that multiple pathways need to be offered for help seeking in this population ...many respondents cited external organisations and support services as being ‘easier’ to access and more effective at protecting confidentiality” (2015 *Behind The Seen* survey, analysed and reported by Black Dog Institute: report prepared by Z Steele, D Berle, S Rosenbaum 2016)

The problem with external support services in the community is that they are generalist with many not familiar with or trained in issues surrounding first responder mental health conditions.

Those larger community organisations which state they “work with” emergency service responders are usually referring to working with employing organisations as opposed to offering services to affected individuals. Private psychiatrists, psychologists and social workers who specialize in first responder mental health are rare and consequently have very lengthy waiting periods.

### *Family Inclusion*

Family members are often the first to notice signs of mental health conditions and possibly (along with colleagues) in suitable positions to encourage help seeking, yet few organisations provide any connection, training or support for family members either during service or post-discharge.

The ripple effect of first responder mental health conditions is wide, with family members reporting depression, anxiety and secondary PTSD as a result of the first responder’s condition. Financial hardship, issues with domestic violence, drug and alcohol abuse and children’s behavioural issues have also been commonly quoted to Behind The Seen in interviews and surveys of family members.

Some have lost their first responder to suicide.

### *Post-discharge*

The concerning treatment of those medically discharged with mental health conditions is well known to first responders and via media to the public. From a systems perspective (Taking into account all of the behaviours of a system as a whole in the context of its environment) there seems little point in encouraging early help seeking if it is known that the ultimate outcome (if deemed unfit for work) will be stigma, exclusion from the “brotherhood”, financial hardship and the demoralizing

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process of endless medical assessments which refute their condition and utilize tactics such as covert and desktop surveillance.

A 2017 survey conducted by Behind The Seen (*First Responders and Psychological Injury*) of 378 first responders with psychological injuries repeatedly comments on the complex and humiliating steps which psychologically injured first responders are forced to manoeuvre throughout the workers compensation process- exacerbating their mental health conditions, exacerbating feelings of isolation, helplessness and hopelessness (risk factors for suicide) and adding enormous pressures to the partners who often become the carers/support persons of psychologically injured responders. This process can take years and there is generally no ongoing support from the organisation they dedicated their career to.

Note: There have been early attempts by some organisations to maintain contact with medically discharged/retired personnel but again the fragmented nature of support systems leaves most first responders with mental health issues with no support following medical discharge.

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## **A CENTRALIZED ENTITY: THE KEY STAKEHOLDERS**

Key stakeholders in the area of mental health for first responders currently include:

- Organisational representatives including senior executives and wellbeing managers
- Representatives from key/peak associations related to specific first responder roles eg Paramedics Australasia.
- Psychiatrists and allied health professionals who engage with first responders with mental health issues
- Mental Health/suicide prevention organisations such as the Mental Health Commissions, Suicide Prevention Australia, Beyond Blue, Lifeline
- Research institutions such as Black Dog Institute
- Politicians at State and Federal levels
- Insurance company representatives
- Consumer Representative Groups (those with lived experience)

It is of great concern to Behind The Seen that the most significant contributors – those with lived experience/the consumers – are rarely heard. Many of the consumer representative groups are small and unfunded however that should not in and of itself reduce the value of their contributions.

There are a number of large mental health focussed organisations in Australia who are currently working on aspects of first responder mental health – whilst this is a positive move forward, the lack of coordination between these organisations (and to be frank, a sense of competition between these organisations for recognition and funding) adds to an already fragmented support system for first responders.

Conflicting stakeholder agendas need to be noted transparently to ensure that potential funding, notoriety and maintaining reputation do not influence the direction of strategies, adding to what is already a clunky, fragmented approach.

A coordinated approach to the mental health of first responders must acknowledge the value of lived experience contributors, and cease the notion of “expert consultation” excluding consumers.

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## **CONCLUSION/RECOMMENDATIONS:**

One central national entity needs to be developed to:

- I. Support first responders with mental health issues: both when serving and when discharged/retired.
- II. Ensure psychological support is relevant to the specific issues encountered by first responders
- III. Provide or guide appropriate preventative mental health strategies.
- IV. Provide education and support for the families of first responders
- V. Provide information and support throughout the workers compensation system to first responders who are medically discharged
- VI. Ensure that those with lived experience are genuinely included in any strategic consultations, planning and implementation of programs
- VII. Serve as an access point for researchers interested in areas such as emergency service PTSD, suicide, exercise, depression, anxiety.
- VIII. Allow researchers to collate and report on data in a way that represents an accurate cross-section of emergency service responders
- IX. Utilise lessons learnt from Defence Force experience and strategies in dealing with PTSD

The agency leading the planning process towards this centralized entity would need to:

- Co-design, co-produce and co-create at every stage of the development of the central entity including planning, implementation and evaluation \*see *glossary*
- Be external to (but collaborate and partner with) employing organisations
- Have vast expertise in mental health and suicide prevention
- Have vast expertise in consulting those with lived experience
- Have access to and established partnerships with research institutions
- Utilize existing relevant reports such as the PTSD Treatment Guidelines for Emergency Service Workers developed by Black Dog Institute
- Have a national focus

Our suggestion for coordinating the initial planning phase would be the National Mental Health Commission or a group comprising membership of each State Mental Health Commission.

We welcome any questions from the Committee and are happy to provide further material if required.

Veronique Moseley BSW Dip CH and Ross Beckley *June 2018*

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## GLOSSARY

**CO-DESIGN, CO-PRODUCTION AND CO-CREATION** are terms used to describe approaches to enabling engagement and participation which recognise the centrality of consumers and carers in the development, implementation and evaluation of any initiative. It is underpinned by genuine and meaningful partnerships, shared power, transparent processes and continuous feedback with consumers, carers, families, support people, service providers and key stakeholders. (*Mental Health Australia. Co-design in mental health policy. 2017*)

**FIRST RESPONDERS:** For the purpose of this submission first responders includes all triple 0 emergency services responders including police, firefighters, paramedics and rescue personnel. This includes permanent paid, on call and volunteer positions.

**LIVED EXPERIENCE:** Lived experience refers to an individual's knowledge gained through direct first hand involvement. For the purpose of this submission, someone with lived experience refers to first responders and their families who have faced mental health challenges as a result of the first responder's occupation.

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## Appendix 1 Diagram: The Number of First Responders In Australia

