Community Development and Justice Standing Committee

The Toll of Trauma on Western Australian Emergency Staff and Volunteers

Report No. 10
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Community Development and Justice Standing Committee

The Toll of Trauma on Western Australian Emergency Staff and Volunteers

Report No. 10

Presented by

MR A.P. O'GORMAN, MLA

Laid on the Table of the Legislative Assembly on 27 September 2012

Chair's Foreword

This Report finds that, while the Western Australian economy leads Australia, the processes used by State Government agencies to prepare and protect our police officers, firefighters, paramedics and nearly 50,000 volunteers, fall well behind those in other jurisdictions. This report seeks to correct that situation by recommending that Chief Executive Officers of the relevant agencies be made accountable for the psychological wellbeing of the staff and volunteers.

While this Inquiry initially focused on natural disasters, unexpectedly the Committee found that emergency staff suffer great stress by attending traumatic incidents on a day to day basis as part of their normal tasks. Experts, both here in Australia and overseas, told us a major factor in determining the level of stress people suffer is the cumulative amount of trauma they have faced. But none of the major State agencies currently have systems that can report what traumatic events each of their staff have faced over a period of time. This is a major shortcoming that can quickly and reasonably cheaply be addressed, especially by utilising systems already in use in similar agencies in Victoria and Queensland.

While there have been nearly 50 disasters in this State over the past decade, thankfully none have caused a great loss of life. The Committee has also uncovered that, for various reasons but mainly monetary, the main emergency agencies do not undertake exercises and simulations based on the worst possible situation the State could face- an earthquake during the peak morning or evening hours in Perth's central business district. While it is important for these agencies to undertake their current regular exercises based on a plane or train crash, every five years or so resources should be provided for them to undertake a more realistic exercise based on the worst we could possibly face as a community. Otherwise we will be as badly prepared as the communities in Christchurch, New Orleans and New York found themselves to be.

I would like to personally thank the nearly 160 staff from emergency response agencies, both here in Western Australia and in other jurisdictions, who willingly gave their time and expertise to the Committee in the course of this Inquiry. We applaud their professionalism in undertaking dangerous and sometimes traumatic tasks that most Western Australians will never have to encounter. Their evidence was important as much of it was not available from our normal research sources such as the Internet.

The Committee has found that many who spoke to us of their experiences remain emotionally scarred and I would like to thank them for their honesty in sharing their ideas on how to make our staff support systems in Western Australia more effective. It is now up to the Government to agree to our recommendations- most of which would cost little to implement.

In our last Committee Report on bushfire readiness, the State Government did not respond nor support any of our recommendations. It owes a great debt of gratitude to our career staff and volunteers willing to keep the Western Australian community safe in the face of very dangerous and traumatic situations. I hope it takes a different attitude to the recommendations in this Report.

I would like to thank Mr Albert Jacob, who served as the Committee's Deputy Chair for the whole of this Parliamentary session until he was appointed on 16 August 2012 as the Parliamentary Secretary to the Minister for Child Protection; Community Services; Seniors and Volunteering; Women's Interests; and Youth. I would also like to thank the other Committee members for their diligence during this Inquiry and for their dedication, including spending time away from their families and electorates, while we travelled to collect evidence. Finally, I would like to acknowledge the Committee's research staff Ms Jovita Hogan and Dr David Worth, who effectively managed our meetings and travel administration, as well as assisted with the preparation of this Report.

MR A.P. O'GORMAN, MLA

CHAIR

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Executive Summary

Following earlier Inquiries into the State's emergency services, the Committee became concerned about the effectiveness of the processes used by the State's emergency agencies to protect staff and volunteers responding to natural disasters from post-event trauma. The Committee agreed to conduct an *Inquiry into the Recognition and Adequacy of the Responses by State Government Agencies to Experience of Trauma by Workers and Volunteers Arising from Disasters* on 17 August 2011.

The Committee wishes to thank the many staff from emergency response agencies, both here in Western Australia and in other jurisdictions, who willingly gave their time and expertise to the Committee in the course of the Inquiry. We applaud their professionalism in undertaking dangerous and sometimes traumatic tasks that most Western Australians will never have to encounter. The State's first responder agencies have been kept very active battling nearly 50 declared natural disasters since 2001. Many remain emotionally scarred by their experiences and the Committee thanks them for their honestly in sharing their ideas on how to make our staff support systems in Western Australia more effective. This Report includes five case studies from other jurisdictions which the Committee highlights as 'best practice'.

The evidence gathered by the Committee clearly showed that Western Australian agencies have processes for dealing with the trauma of emergency staff that are less advanced than in other jurisdictions. This left first responder agencies derelict in their duties to some of their staff and volunteers exposed to traumatic incidents. In some cases, official responses exacerbated the effects of trauma.

Technically, stress is a broad term referring to the effect of anything in life to which people must adjust. It exists across a spectrum which differs in the intensity of the stimulus causing the stress- from mild stress, to at the extreme end, traumatic stress. A traumatic event is an intense stressor which is outside of a person's everyday experience and might threaten their life. These events include experiencing or witnessing events that generate intense emotional reactions, eg feelings of intense fear, helplessness or horror. Examples of these events include cyclones, earthquakes and fires, or being subjected to violence. However the terms 'trauma' and 'stress' are used interchangeably in this Report, as was done by many witnesses and also occurs in some of the research articles referenced in this Report.

Chapter 1 provides both the background to, and the process of, the Inquiry. It became evident to the Committee that the day-to-day activities of the State's police officers, firefighters and ambulance paramedics often created greater trauma than that flowing from disasters. For example, a witness from the WA Police Union said that he had

attended approximately 100 deaths during his five years at the Police Rail Unit. The Committee gathered evidence about these everyday work-related stressful critical incidents and the processes that agencies have in place to deal with staff, as these practices are also appropriate for stresses on staff working at a disaster.

The Committee found that there had been little Australian research conducted into the matter of staff in government agencies suffering stress as a result of critical incidents they encounter in their work. It also found that there had also been substantial changes in the way that similar agencies in other jurisdictions were preparing their staff for dealing with stress. The Committee therefore sought information from organisations that had recently responded to major natural disasters, along with a number of experts in disaster mental health and trauma. These consultations helped shape the way the Committee explored the situation in our State.

Chapter 2 examines some of the main weaknesses in the policies currently practiced by Western Australian agencies. The first concern is that there appeared to be little knowledge among the emergency service agencies in Western Australia of two recent legal actions in Australia which were linked to the experiences of first responders and the duty of care of their respective employers. The cases of *Hegarty v Queensland Ambulance Service* in 2007 and *State of New South Wales v Doherty* in 2010 both have implications in the way State agencies should record their employees' involvement in critical incidents. The second case resulted in a payout to an ex-NSW Police officer of nearly $700,000.

Similarly, there seemed no recognition of the implications of the national harmonised legislation *Work Health and Safety Act 2011 (Cwth)* which expands the definition of 'health' to include psychological health. Although Western Australia is the only State yet to introduce this legislation to Parliament, the decision to have uniform legislation was agreed to by the Council of Australian Governments in July 2008.

An essential element in providing adequate protection for staff against critical incident stress is to have a suitable method of tracking the number of serious incidents an individual staff member has attended. There was not one Western Australian agency that the Committee considered to have a satisfactory system in place. Agency reviews of the current systems used by Fire and Emergency Services Authority (FESA), the Department of Environment and Conservation (DEC) and Western Australia Police (WAPOL) are critical as there is little data available from them on the number of staff lost each year due to stress and trauma. WAPOL data (see Chapter 6) indicate that about 12 officers medically retired each year due to stress-related issues over the past five years.

A further limitation in Western Australia is that all of the emergency agencies, except for St John Ambulance, have nearly all of their resources aimed at addressing staff

stress based in Perth. However, Queensland, which also has its government staff spread over a large area, distributes these emergency agency' services across seven regions.

The scarcity of on the ground support in regional areas also has implications for volunteers in Western Australia. Outside of the metropolitan area most of the State's emergency responders are volunteers. Due to the size of the State and the limited number of chaplains and peer supporters, the volunteers affected by stress often 'fall between the cracks'.

Chapter 3 reviews the two main theoretical approaches to providing processes for organisations to assist staff who are stressed or traumatised by critical incidents and disasters. The development of these approaches to managing critical incident stress has occurred in three phases since the early 1980s:

- An enthusiastic incorporation of Critical Incident Stress Management (CISM) into emergency agencies, especially fire services;
- Scientific analysis of the effectiveness of the CISM approach; and
- The development of an alternative Psychological First Aid (PFA) approach to 'inoculate' staff against the development of stress.

Research has now shown that between 10-30% of staff are in danger of developing post-traumatic stress disorder (PTSD) as a result of attending a disaster or critical incident. Studies have shown about 10% of those who are directly affected will need some support in working through the event. If there are mass casualties, that number jumps to about 30%. The remaining staff and community members are highly resilient and quickly recover from their stress, mainly due to the support of colleagues, family and friends.

The Committee was told by Professor Richard Bryant that the Critical Incident Stress Management (CISM) approach was first used by fire departments in the United States of America. He suggested the main reason for its uptake was a fear of court action by staff seeking compensation for their stress where it could be established that they had not been offered a psychological debriefing immediately after a critical incident. It has since been established that this method is not suitable in all situations and may harm many individuals who are offered it.

The Australian Centre for Posttraumatic Mental Health has developed national guidelines for managing the aftermath of trauma, and one of the recommendations is that routine psychological debriefing (such as that practised in the CISM approach) is not recommended, and in its place should be a process known as psychological first aid (PFA). PFA is the approach now used by the majority of emergency service agencies in

Queensland, Victoria and New South Wales that gave evidence to the Committee. QPS Since introducing the PFA approach in 2009, the Queensland Police Service has seen staff psychological injury claims more than halve from 131 in 2008-09 to 59 in 2010-11.

None of this State's first responder agencies base their processes for preparing their staff to deal with trauma on the PFA approach. The evidence given to the Committee was that they were aware of the debate about the two approaches but had not yet implemented any changes away from that based on debriefing. The Department of Education uses a well-developed PFA approach in assisting school staff to deal with critical incidents, including responding to natural disasters.

Chapter 4 outlines the planning undertaken by the State's emergency agencies to prepare their staff for the potential stress that may result following a critical incident or a disaster. Such planning can be compromised when the culture of an agency is either to adopt a 'macho' approach to recognising stress, or otherwise confuse critical incident stress with other occupational matters such as industrial conflict.

Many witnesses give evidence that the organisational culture of an emergency response agency often limits the support of their staff for programs preparing them for, or dealing with, stress. However, the Committee also heard evidence that this culture has begun to change now that some formerly heavily male-dominated agencies were experiencing a generational change as well as changes to their staff gender balance. For instance, women in WAPOL now number about 20% of its total staff. The State's volunteer organisations also have a high proportion of women. The Metropolitan Volunteer Sea Rescue said that about 30% of its volunteers are women while the State Emergency Services (SES) said the ratio was nearly 50%. FESA remains the emergency agency with the lowest ratio of female staff.

The welfare sections of each agency are responsible for co coordinating the activities of the individual support services that are used in mitigating the impact of critical incident stress on their workers. These services include:

- **Employee Assistance Program** (EAP) providers- Each of the State's emergency agencies contract an external organisation to provide some or all of its EAP.

- **Peer Support Officers** (PSOs)- All of the State's first responder agencies use a PSO model to provide on the job support by volunteer staff for colleagues who might be stressed by a critical incident.

- **Chaplains**- Chaplains provide non-faith based spiritual and psychological care to staff. Prior to an incident they are also active in getting to know their agency's staff and units, officiating at functions and working with PSOs.

The other educational activity undertaken by the welfare sections is in the induction of new recruits. As a way of de-stigmatising critical incident stress (CIS), training aims to equip new staff to deal with traumatic situations and acknowledge that PTSD or stress are very real conditions they may face.

Chapter 5 describes the measures that can be taken to minimise the trauma of CIS (as summarised by the Victorian Department of Human Services):

- Limiting an incident's duration.
- Managing the departure of staff.
- Re-establishing personal functions.
- Resuming normality.
- Providing information.
- Reconstituting support networks.
- Confirming that it is normal to have symptoms.
- Providing information on CIS.
- Sensitising support systems.
- Conveying recovery systems.

American disaster mental health expert, Professor Gerard Jacobs, told the Committee that prolonged exposure to a disaster or critical incident dramatically escalates the number of casualties and is a key factor in determining those staff who may go on to develop serious stress issues or even PTSD. It is paramount then that a well-designed database be used to record staff activity at the scene of a prolonged disaster so that adequate post-disaster care can be offered.

Chapter 6 examines the activities undertaken by the State's emergency agencies following a critical incident or disaster. It starts with a review of two key factors that may inhibit staff from utilising the agencies' processes for dealing with CIS. The first barrier is the prevailing culture of the agency (as most first responder agencies remain male-dominated). The second barrier is trust that staff have that the information they provide will remain confidential and not be used against them when it comes to future activities, such as promotion.

The Committee heard that when the culture of an agency changes, welfare services are more readily accepted. For instance, the Queensland Ambulance Service told the Committee that younger recruits coming to the service from a university program was one of the reasons behind a 135% increase in officers with less than five years' service using the counselling and peer support programs. The issue of trust was largely found where there is a perception of a 'them' and 'us' attitude within an agency.

After a disaster or incident the welfare sections of each of the State's emergency response agencies activate a tiered range of support services; such as chaplaincy services, PSOs and their EAP providers. They also take on the role of communicating

the availability of these services to the affected staff. However, large disasters stretch the resources of welfare sections in being able to properly respond. For example, the Committee was told that the NSW Rural Fire Service sent about 3,500 personnel to the Black Saturday bushfires in Victoria in 2009 and the Victorian Police had over 5,500 staff involved. A comparison of the number of PSOs in FESA and WAPOL with similar agencies in other Australian jurisdictions is included in Tables ES1 and ES2.

Table ES1- Comparisons of the number of Police peer support officers in three States

Service	Staff	PSOs	Staff per PSO
WAPOL	5,800	84	69:1
Queensland Police Service	14,500	700	21:1
Victoria Police	15,500	430	36:1

Table ES2- Comparison of the number of fire service peer support officers in three States

Service	Staff	Volunteers	PSOs	Staff per PSO	Staff & Vol. /PSO
FESA	1,400	32,250	36	38.9	935
QLD Fire and Rescue Service	4,500	34,000	100	45.0	385
Country Fire Authority (VIC)	1,700	58,000	160	10.6	373
Metro Fire Brigade (VIC)	2,000	-	50	40.0	-

The Department of Education (DoE) told the Committee that it was also important to ensure that management staff were cared for after an incident and to make sure that they do not get overwhelmed by the event and its aftermath.

The undertaking of formal exit interviews for staff leaving Western Australian agencies was mixed, with many offering a voluntary process. None of the State's agencies keep track of their staff, and their health outcomes, once they have left the agency. The Committee is not aware of any exit surveys or interviews that directly ask if trauma is a motivator in the separation. It is the Committee's view that in order to gauge the effectiveness of an agency's welfare responses, a comprehensive exit interview should be offered and that it be conducted by a person of a relatively senior level.

There has been little research undertaken into the suicides of first responders. The Western Australian Coroner recently made a number of recommendations following the suicide of Sergeant Elliot Watt. These included the need for more regular health checks of officers. Despite the tragedy of that case, self-harm among emergency response staff and volunteers seems to be at a low level, even given the amount of traumatic situations they are confronted with. This might change if the State's agencies

are confronted with a major disaster. For instance, in New York pre-9/11, the Fire Department had about one suicide every two years. This rate has doubled to about one per year since the 9/11 attack.

Contributing to the post-event stress for staff are the official inquiries and the media scrutiny that often accompanies incidents and disasters, especially those with a loss of life. The Committee heard in Victoria, Queensland, and locally that post-disaster inquiries are a particularly stressful event for staff, many of whom require substantial support from agency welfare services at that time.

The Committee is aware that both in New Orleans and New York the fire services use retired firefighters to act as PSOs during and after a fire. The New York Fire Department program pays the retired members a casual rate per hour of service on a weekly basis and the program is said to be well received by its serving officers.

In Australia, the Committee heard that Ambulance Victoria brought back some recently retired staff who had already been trained as peers to assist staff in the 2009 bushfires. Similarly, Victoria Police made use of some retired peers who offered their services during the bushfires. None of Western Australia's emergency agencies currently use retired staff in this way. The proposal was put to witnesses from every agency and received widespread support. The Committee notes that there may be legal issues around occupational health and safety and workers' compensation but nevertheless feels that this suggestion should be further explored.

Ministerial Response

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Committee directs that the Premier and the Ministers for Child Protection, Emergency Services, Environment, Health and Police report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

Findings and Recommendations

Recommendation 1 **Page 6**

The Ministers for Emergency Services, Environment and Police ensure their departments undertake a formal review by 30 June 2013 of the welfare services addressing stress and trauma provided to both their career and volunteer members.

Finding 1 **Page 10**

The Western Australian Government has yet to present to Parliament its harmonised version of the *Work Health and Safety Act 2011.* Current Western Australian legislation does not include a definition for 'health' that includes psychological health.

Recommendation 2 **Page 10**

The Western Australian Government amend current State occupational health and safety legislation so that it includes a definition for 'health' that includes psychological health.

Recommendation 3 **Page 11**

Departmental chief executives of the Western Australia Police, Department of Environment and Conservation and the Fire and Emergency Services Authority should be made personally responsible for the psychological health (as a result of critical incident trauma) of their staff and volunteers. This obligation should be reflected in their performance agreements.

Finding 2 **Page 12**

All of the State's emergency agencies have no mechanism for tracking their staff and the number of traumatic events they have attended over a particular period.

Recommendation 4 **Page 15**

The Ministers for Emergency Services, Environment and Police ensure that their departments develop as a high priority a computer system for tracking their staff and the number of traumatic events they have attended over a particular period.

Finding 3 **Page 16**

Most of the resources allocated by the State's emergency agencies to address staff trauma from critical incidents are located in Perth.

Recommendation 5 **Page 16**

The Ministers for Emergency Services, Environment and Police request their departments to place some of their staff and resources providing trauma-related services in regional Western Australia.

Recommendation 6 **Page 16**

The Minister for Health immediately establish the road trauma counselling service to be funded by the Road Trauma Trust Account.

Finding 4 **Page 18**

The State's main emergency agencies have difficulty identifying exactly what are their costs from staff trauma and what they spend on preparing their staff for trauma flowing from critical incidents.

Recommendation 7 **Page 18**

The Ministers for Emergency Services, Environment and Police ensure their departments include in their annual reports the expenditure they have incurred on preparing their staff for critical incidents, and for managing their response to these incidents.

Finding 5 **Page 20**

Section 1 of clause 35 of the *Public Sector Award 1992* currently requires State Government employees who volunteer for the Australian Red Cross in Western Australia to take personal or annual leave in order to assist during a disaster.

Recommendation 8 **Page 20**

The Premier amend Clause 35 of the *Public Sector Award 1992* so that State Government employees who volunteer to assist the Australian Red Cross during a disaster are not required to take personal or annual leave.

Recommendation 9 **Page 22**

Local government authorities incorporate into their Local Emergency Management Plans their procedures for dealing with any trauma experienced by bushfire brigade volunteers, having regard to best practice in managing trauma.

Finding 6 **Page 42**

All of the State's emergency responder agencies are currently not using the industry-standard approach of Psychological First Aid in preparing their staff to deal with the trauma of critical incidents, but are still applying a debriefing approach that research has shown is either not useful or actually exacerbates the stress of some staff who participate in it.

Recommendation 10 **Page 42**

The Ministers for Emergency Services, Environment and Police provide additional funds in the 2013-14 Budget so that the State's emergency response agencies can implement a Psychological First Aid approach to preparing staff to deal with critical incidents and disasters, as is used in other Australian jurisdictions.

Finding 7 **Page 44**

The use of a Psychological First Aid approach more broadly across a community helps to build its resilience and lower the number of people traumatised by a disaster.

Finding 8 **Page 47**

The State's main emergency agencies are undergoing a cultural change as they employ additional younger members and women. This should ensure that more staff engage with the support services offered by their welfare and health branches.

Finding 9 **Page 52**

The State's emergency agencies managers may not understand the possible impact of trauma on staff in a disciplinary situation.

Finding 10 **Page 57**

Emergency agencies across Australia have struggled to fund compulsory annual physical well-being tests for their staff. Efforts to provide a voluntary psychological component to these tests have not been well-supported by their staff.

Finding 11 **Page 59**

The State's emergency agencies use similar processes to deliver programs to their police, firefighters, paramedics and volunteers to address issues of trauma. Their staff attend the same critical incidents (eg car crash or fire) and train to support each other during a disaster.

Finding 12 **Page 59**

There should be economies of scale if Western Australian emergency agencies combine to jointly deliver their welfare programs aimed at reducing staff trauma.

Recommendation 11 **Page 59**

The Ministers for Health, Police, and Emergency Services ensure that the Western Australia Police, the Fire and Emergency Services Authority and St John Ambulance establish a formal platform to share their knowledge and experience in delivering programs to their staff and volunteers to address issues of stress from disasters and critical incidents, as is done in other Australian jurisdictions.

Finding 13 **Page 62**

Chaplains play a critical role in preparing emergency agency staff for, and in responding to, stress from a disaster or critical incident. However, Western Australia Police and FESA welfare sections have fewer chaplains (both full-time and volunteer) than similar services in other Australian jurisdictions. The Department for Child Protection and the Department of Environment and Conservation currently do not employ a chaplain.

Finding 17 **Page 81**

FESA's current procedures for using relief staff across the metropolitan area makes it difficult for those staff to build a supporting network of colleagues to help reduce their stress from attending a critical incident.

Finding 18 **Page 85**

The ability to remain in contact with their family remains an important issue for deployed emergency agency staff. This is very important where a deployment period exceeds a regular shift or where staff are deployed to a very large disaster.

Finding 19 **Page 85**

In their response to the Queensland floods, the use of social media by emergency agencies alleviated the stress of first responders having to deal with media enquiries. Social media postings allowed the media, the community and the families of first responders to follow the progress of the disaster response.

Recommendation 17 **Page 85**

The Fire and Emergency Services Authority should expand their use of social media to better inform the Western Australian community.

Finding 20 **Page 91**

A robust database to record staff activity at the scene of a prolonged disaster is paramount to the proper fatigue management of staff and to monitor any over-exposure to trauma.

Recommendation 18 **Page 93**

The Chief Executive Officer of the Fire and Emergency Services Authority request the Australasian Fire and Emergency Services Authorities Council to include a new module in the Australasian Inter-service Incident Management System to guide the provision of welfare services for emergency service workers during a disaster.

Finding 21 **Page 94**

Chaplaincy services, peer support officers and employee assistance providers all undertake important, but different, roles in supporting staff responding to critical incidents or disasters. The deployment of these supporting services should follow a well-developed plan that has been regularly reviewed and exercised.

Finding 22 **Page 98**

The compensation received by first responders in Western Australia is currently skewed towards staff who receive a physical injury rather than those suffering mental trauma.

Recommendation 19 **Page 98**

The Minister for Police immediately instigate processes to ensure that the psychological well-being of officers is at the forefront of the Western Australia Police's staff planning. These processes should include all officers being trained in psychological first aid, with subsequent regular refresher courses. Senior officers should be the first priority for psychological first aid training.

Finding 23 **Page 100**

Medical records for the past five years indicate that WAPOL's medical retirement rate for stress-related illness is about seven times that for FESA.

Recommendation 20 **Page 104**

The State's emergency response agencies should offer exit interviews to all of their staff and volunteers and use the information they gather to improve their trauma management procedures.

Finding 24 **Page 109**

There are a small number of chaplains employed by the State's emergency agencies. Their work is a very important part of agency programs to assist staff deal with trauma after a critical incident, but their face-to-face activities are mainly confined to the metropolitan region.

Finding 25 **Page 111**

Except for the Department for Child Protection and the Fire and Emergency Services Authority, the State emergency response agencies' peer support programs seem to be the strongest element of their processes to reduce staff trauma following critical incidents.

Recommendation 21 **Page 112**

The Minister for Emergency Services ensure that the Fire and Emergency Services Authority's peer support program is rejuvenated as soon as possible with increased funding to provided added training for staff volunteering for this program.

Finding 26 **Page 114**

The use of retired emergency staff as mentors or peer supporters has proven valuable overseas and is well-supported by all agencies which gave evidence to the Committee.

Recommendation 22 **Page 114**

The Fire and Emergency Services Authority, Department of Environment and Conservation and Western Australia Police explore the usefulness of using retired staff as mentors or peer supporters, either directly employed or through a suitable non-government organisation.

Finding 27 **Page 122**

Currently State emergency agencies do not audit their EAP providers as to the veracity of information provided in invoices for payment.

Recommendation 23 **Page 122**

The Ministers for Emergency Services, Environment and Police ensure their departments include provisions for regular external audits of invoices for payment in their next round of Employee Assistance Program contract negotiations.

Chapter 1

Introduction

An explanation of what the Committee undertook and who provided evidence to the Inquiry.

The Committee wishes to thank the many staff from emergency response agencies, both here in Western Australia and in other jurisdictions, who willingly gave their time and expertise to the Committee in the course of this *Inquiry into the Recognition and Adequacy of the Responses by State Government Agencies to Experience of Trauma by Workers and Volunteers Arising from Disasters*. We applaud their professionalism in undertaking dangerous and sometimes traumatic tasks that most Western Australians will never have to encounter. Many remain emotionally scarred by their experiences and the Committee thanks them for their honestly in sharing their ideas on how to make our staff support systems in Western Australia more effective.

Background to Inquiry

The Community Development and Justice Committee has undertaken a number of Inquiries into the activities of the State's emergency response agencies during the 38th Parliament. Following these Inquiries the Committee became concerned about the effectiveness of the processes used by the State's emergency agencies to protect staff and volunteers responding to natural disasters from post-event trauma.

Early in the Inquiry it was evident to the Committee that the day-to-day activities of the State's Police, firefighters and ambulance paramedics often created greater stress than that flowing from disasters. For example, the Committee was told in Margaret River that the Police who assisted with the bushfires in 2011 were little stressed by these fires as their duties mainly related to traffic management. However, some of their staff were still seriously traumatised by assisting with the recovery of a surfer killed by a shark at Bunker Bay in September 2011.[1] The Committee gathered evidence about these everyday work-related stressful critical incidents as the processes that agencies have in place to deal with stress from disasters are also appropriate for managing stressful everyday incidents.

The Committee notified the Speaker that it would undertake this Inquiry on 17 August 2011 and provided its terms of reference (see Appendix 2). The Committee found that there had been little Australian research conducted into the matter of staff in government agencies suffering stress as a result of critical incidents they had

1 Superintendent Lawrence Panaia, Western Australia Police, *Briefing*, 8 June 2012.

encountered in their line of work. It also found that there had also been substantial changes in the way that similar agencies in other jurisdictions were preparing their staff for dealing with stress. The Committee therefore agreed to a research schedule based on visiting jurisdictions that had recently dealt with major disasters. It also agreed to post the transcripts from Committee hearings on its website once they had been finalised, as a way of informing Western Australian agencies of what is happening in other jurisdictions.

Who gave evidence

The Committee received 18 submissions from organisations and individuals (see Appendix 4) and conducted a wide range of hearings with State agencies and volunteer organisations (see Appendix 5 for a full list of hearings and Appendix 6 for a full list of briefings). These hearings included the State's chief 'first responder' agencies:

- Western Australia Police (WAPOL);
- Fire and Emergency Services Authority (FESA); and
- St John Ambulance (SJA) (not directly responsible to a Minister but substantially funded by the State Government).

The Committee also gathered evidence from other State agencies that play a critical role in responding to disasters:

- Department of Health (DoH) (whose Disaster Preparedness and Management Unit Director represents DoH on the State Emergency Management Committee);
- Coroner's Court (which coordinates the State's Disaster Victim Identification process);
- Department for Child Protection (DCP) (which coordinates the response of non-government agencies and manages evacuation centres);
- Department of Environment and Conservation (DEC) (whose staff fight fires in both conservation parks and on Crown land); and
- Department of Education (DoE) (which has staff and students across the State).

Finally, the Committee heard from the unions with membership coverage for WAPOL, FESA and SJA, as well as a wide-range of volunteer organisations, including:

- Australian Red Cross (whose volunteers staff evacuation centres);
- State Emergency Service Volunteers Association;

- WA Volunteer Fire and Rescue Services Association; and
- Metropolitan Volunteer Sea Rescue.

Given the difficulty for agencies to identify staff who might develop conditions such as post-traumatic stress disorder (PTSD), as well as monitoring the mental health of staff and volunteers after an incident, the Committee obtained the agreement of the following five experts in disaster mental health and trauma to have their evidence made public:

- Professor Richard Bryant, Scientia Professor, School of Psychology, University of New South Wales (17 November 2011)[2];
- Dr Craig Katz, Clinical Assistant Professor of Psychiatry, Mount Sinai School of Medicine, and Supervising Psychiatrist of the World Trade Center Worker/Volunteer Mental Health Monitoring and Treatment Program, New York (24 January 2012)[3];
- Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota (24 January 2012)[4];
- Professor David Forbes, Director, Australian Centre for Posttraumatic Mental Health, Victoria (2 July 2012)[5]; and
- Dr Rob Gordon, Psychological Consultant to the Victorian Emergency Management Plan and the International Operations Department of Australian Red Cross (3 July 2012)[6].

There are a range of other Western Australian organisations that are impacted by disasters and critical incidents that the Committee was unable to meet with. For example, the Gascoyne Development Committee said that its staff were personally affected by the Carnarvon flood in December 2010, but it had no pre-planning or

2 University of NSW, *Richard A. Bryant*, 26 June 2009. Available at: www.psy.unsw.edu.au/profiles/rbryant.html. Accessed on 7 August 2012.

3 Mount Sinai School of Medicine, *Craig L. Katz*, 2012. Available at: www.mssm.edu/profiles/craig-l-katz. Accessed on 7 August 2012.

4 University of Southern Dakota, *DMHI Faculty*, 2012. Available at: www.usd.edu/arts-and-sciences/psychology/disaster-mental-health-institute/people.cfm. Accessed on 7 August 2012.

5 Australian Centre for Posttraumatic Mental Health, *Our People*, 5 July 2012. Available at: www.acpmh.unimelb.edu.au/about/our_people.html. Accessed on 7 August 2012.

6 Australian Psychological Society, *Disaster Resources: Psychological Preparedness and Recovery*, 2012. Available at: www.psychology.org.au/community/topics/disasters/general/. Accessed on 7 August 2012.

training for its staff and no resources for counselling programs. This is likely to be a common experience in regional areas of the State.[7]

Committee travel

While there have not been any natural disasters in Western Australia over the past decade of the scale of those experienced by Christchurch in New Zealand (185 killed and NZD$20-30 billion in damages), New Orleans in the United States (1,836 killed and USD$81billion in damages)and Fukushima in Japan (15,867 killed and US$14.5 to $34.6 billion in damages), the State's first responder agencies have been kept very active battling 49 declared natural disasters since 2001, including cyclones, regular bushfires and unexpected storms.[8]

The Committee travelled to collect evidence from witnesses in the following locations:

- Christchurch (2010 and 2011 earthquakes): 13-16 November 2011;
- Sydney (agencies provided disaster assistance to Queensland, Victoria and Christchurch): 16-18 November 2011;
- New Orleans (2005 Hurricane Katrina): 15-21 January 2012;
- New York (9/11 attack): 21-28 January 2012;
- Margaret River (2011 bushfires): 8 June 2012;
- Melbourne (2009 Black Saturday bushfires and 2011 floods): 1-4 July 2012; and
- Brisbane (2011 Cyclone Yasi and floods): 4-7 July 2012.

The Committee attended the first *International Disaster Conference and Expo* held in New Orleans between 17–19 January 2012.[9] It also attended the *Identifying the Hidden Disaster: The First Australian Conference on Natural Disasters and Family Violence* Conference in Melbourne on 9 March 2012.[10] Additionally, the State Library of Queensland briefed the Committee on the 2011 floods on 4 July 2012.[11]

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7 Submission No. 8 from Gascoyne Development Committee, 2 November 2011, pp1-2.

8 Submission No. 9 from Fire and Emergency Services Authority of Western Australia, 7 November 2011, p1.

9 International Disaster Conference and Expo, *About IDCE*, 2011. Available at: www.idce2012.com/about.html. Accessed on 7 August 2012.

10 Women's Health Goulburn North East, *Identifying the Hidden Disaster*, 2012. Available at: www.whealth.com.au/history_events_hiddendisasterconference_2012.html. Accessed on 7 August 2012.

11 State Library of Queensland, *Floodlines*, 2012. Available at: www.slq.qld.gov.au/whats-on/events/floodlines. Accessed on 21 August 2012.

Structure of the Report

This Report commences with a description of a theoretical shift that has occurred during the past 10 years as agencies dealing with staff stress move from a **debriefing** approach to **psychological first aid**. The previous debriefing processes that have been used for nearly 30 years were based on the concern that staff stress would flow on to post traumatic stress disorder (PTSD) if agencies did not intervene with timely activities. Research has now shown that between 10-30% of staff (and effected community members) are in danger of developing PTSD as a result of disasters. The Committee was told that studies of disasters have shown "about 10% of those who are directly affected [by a critical incident] will need some support in working through the event. In mass casualty, that number jumps to 30%".[12] Other staff are resilient and recover from their stress, mainly due to the support of colleagues, family and friends.

The final three chapters follow the last three phases of the structure of disaster emergency management preparedness planning based on the premise of *PPRR*: prevention, preparation, response and recovery.[13] Chapter 3 looks at what agencies do to prepare their staff and volunteers for critical incidents, Chapter 4 on what they do during a disaster or a critical incident, and Chapter 5 on their activities following a critical incident.

These last three chapters report on the standard services offered by agencies:

- an internal welfare or health branch;
- a chaplaincy service;
- use of an external agency to provide an Employee Assistance Program; and
- a voluntary program to train staff as 'peer support officers'.

Inquiry outcomes

The Committee set itself the task to establish three things. Firstly, whether the existing responses from the State's emergency agencies adequately address the trauma experienced by staff and volunteers. It found that while all agencies had systems and processes in place for this purpose, they tend to be located in Perth and are inadequate for the size of the State. The Committee found that outside of the metropolitan area agencies rely heavily on volunteers for responses to both disasters and day-to-day critical incidents, such as car accidents.

12 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p15.

13 Ms Rosemary Hegner, Director, Health Emergency Management Unit, New South Wales Health, *Transcript of Evidence*, 17 November 2011, p2.

Secondly, the Committee assessed the barriers to those suffering trauma from accessing available assistance services from their agencies. It found that the main barrier was a continuing cultural framework, especially for older male employees, that inhibit staff from seeking professional assistance. This is slowly ameliorating as generational changes take place in the State's emergency agency workforces.

Finally, the Committee found that the best measure to mitigate the health impacts of the stress and trauma of State Government staff and volunteers who respond to a declared disaster is an organisational framework based on 'psychological first aid' (PFA). This also includes better-funded services such as chaplains and peer support officers. Victoria Police have used the PFA approach for the past three years and they are now adapting it to include information from the Australian Defence Force's BattleSMART program[14], which psychologically prepares its troops for combat.[15]

These outcomes are explained in greater detail in later chapters and case studies are provided where similar agencies in other Australian jurisdictions carry out these services in a more effective fashion. The Committee was told that for the PFA processes to become embedded as standard operating procedures and to gain legitimacy, there must be a healthy relationship between staff and management, and it needs to be "built upon an ownership from the CEO down."[16]

The Committee was concerned that FESA acknowledged that its welfare services "have historically been informal in nature in response to the organisational culture and identified member needs" and there has been no internal formal review of the extent and effectiveness of their existing welfare services for both career and volunteer members.[17] The Committee could find no reviews of any of the other State emergency response agencies either. Agency reviews of FESA, DEC and WAPOL are critical as there is little data currently available from them on the number of staff lost each year due to stress and trauma. WAPOL data (see Chapter 6) indicate that about 12 officers medically retired annually over the past five years due to stress-related issues.

Recommendation 1

The Ministers for Emergency Services, Environment and Police ensure their departments undertake a formal review by 30 June 2013 of the welfare services addressing stress and trauma provided to both their career and volunteer members.

14 Ms Michelle Spinks, Social Worker, Police Psychology, Victoria Police, *Transcript of Evidence*, 3 July 2012, p9.

15 Australian Psychological Society Ltd, *Resilience Training in the Australian Defence Force*, 2012. Available at: www.psychology.org.au/publications/inpsych/2010/april/cohn/. Accessed on 24 August 2012.

16 Mr Paul Scott, Manager, Counselling and Support Unit, NSW Rural Fire Service, *Transcript of Evidence*, 17 November 2011, p4.

17 Submission No. 9 from Fire and Emergency Services Authority, 7 November 2011, p2.

Chapter 2

Main weaknesses of current processes

Five main weakness of the current agency processes for preparing and dealing with the stress and trauma of their staff and volunteers.

Legal duty of care concerns

In the other Australian jurisdictions in which the Committee collected evidence it was told of two important legal issues that have resulted in emergency agencies giving a higher priority to issues of stress and trauma of their staff and volunteers. Neither of these issues were referred to by witnesses in Western Australia.

Recent legal precedents on psychological injury to employees

It has been legally settled for some time that employers have a duty of care for their employees who may develop stress-related injuries as a result of their employment. Two recent Australian cases clarify the scope of that duty in relation to post traumatic stress disorder (PTSD) for frontline staff. Both cases made reference to the systems that need to be in place to identify dysfunction in employees: the availability of counselling, periodical psychometric monitoring, timely intervention and what are appropriate employer actions once a diagnosis is known.

Hegarty v Queensland Ambulance Service [2007] QCA 366

In the *Hegarty v Queensland Ambulance Service [2007] QCA 366* legal case, the plaintiff was an ambulance officer who sued his employer for psychological injury caused by not having in place a system so that supervisors could identify PTSD in staff and make a referral for treatment. Over-turning a lower court decision, the Queensland Court of Appeal found there was no breach of duty by the Queensland Ambulance Service (QAS) to provide a safe system of work. The Court of Appeal noted that Mr Hegarty had failed to advise his supervisors of his psychological symptoms and that his work performance over a lengthy period was ostensibly competent. This negated any liability by QAS.[18]

QAS told the Committee that the Hegarty case was a "wake-up call" and since the court action it had introduced a "one-day mental health training package for all managers

18 Crown Law Queensland, *State of New South Wales v Doherty [2010] NSWCA 225: In Cases of Apprehended Psychiatric Injury When Should an Employer Intervene?*, June 2012, p1.

and supervisors, which is now mandatory. ... Managers and supervisors do need that support and they do not always understand what their obligations are".[19]

State of New South Wales v Doherty [2010] NSWCA 225

In *State of New South Wales v Doherty [2010] NSWCA 225*, the court was asked to consider the case of a former crime scene investigator who sued the NSW Police Force over the post-traumatic stress disorder he suffered as a result of his horrific experiences over a period of twenty years. These included the 1989 Kempsey bus crash in which 35 people died, the Newcastle earthquake that left 13 dead and the Velevska family murders in 1994 in which four children from the same family were killed.

Mr Doherty was forced to retire after attending a murder-suicide in 2005. He was suffering from PTSD which left him unable to work. Prior to his retirement he had taken time off work, been diagnosed with PTSD and undergone psychometric testing. However, in this case Mr Doherty successfully sued his employer for negligence and breaching its duty of care.

The court found that, while NSW Police had failed to provide the proper support for Mr Doherty, including psychiatric help, he had already had a "severe vulnerability to PTSD" independently of these failings. It also found that there were "substantial difficulties" in diagnosing and treating PTSD, particularly in the case of Mr Doherty who had concealed his symptoms and was determined to keep working. In this case, the court nevertheless held the view that, given the nature of work performed by crime scene investigators should have required the employer to impose a higher standard of monitoring, it should have foreseen a significant risk of psychological injury and that injury to police in this section could be very serious.

The key finding was that even after Mr Doherty had received his diagnosis and had time off work, he was returned to duties similar to those which had cause his condition. Justice Price noted "I am satisfied on the balance of probabilities that these traumatic exposures would not have occurred but for the plaintiff's return to crime scene work and but for the defendant's failure to closely monitor him after he had returned to work."[20] The Court of Appeal determined that the State of NSW was liable to pay $676,486 to Mr Doherty. Contributory negligence was assessed at 35% due to his failure to take reasonable care of his mental health and for concealing he was unwell.[21]

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19 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p5.

20 NSW Government, *Doherty v New South Wales - BC201003209*, Supreme Court of New South Wales, Sydney, 20 May 2010, p39.

21 Lawyers Weekly, *Doherty v State of New South Wales*, 26 May 2010. Available at: www.lexisnexis.com/community/lwau/blogs/top_cases/archive/2010/05/26/doherty-v-state-of-new-south-wales.aspx. Accessed on 26 July 2012.

How can these two cases be distinguished?

These two apparently conflicting cases can be reconciled. There was no evidence in the Mr Hegarty's case, despite his extended exposure to critical incidents, of any pre-existing condition. Also, there were no classic indicators such as excessive sick leave or decline in work performance which might have led QAS to inquire more robustly about his mental health. Contrasting with this, Mr Doherty was known to have made a prior psychiatric injury claim relating to traumatic exposure. Despite this knowledge of a pre-existing vulnerability, he was returned to work as a crime scene investigator.

The other relevant distinction between the two cases is the nature of the officers' work. In the case of Mr Hegarty, many of his work incidents would not have been traumatic and many would result in positive patient outcomes. On the other hand, Mr Doherty would invariably attend scenes of trauma and death caused in horrific circumstances, and there were no work periods where he was not exposed to cases likely to cause distress.

Implications for employers

These cases suggest that if there are no signs of prior history or indicators of illness that it may be sufficient to satisfy an employer's duty of care to ensure the availability of a free and confidential counselling service. However, the standard is likely to be considerably higher where a pre-existing vulnerability of the employee is known or where there are clear signs further monitoring or testing is warranted.

The *Doherty* case unambiguously finds that returning an employee to the same nature of work that caused the initial trauma will almost certainly result in a finding that the employer had breached their duty of care. It also highlights the need for employers to be able to track the traumatic incidents faced by all of their staff.

Australian Customs has recently introduced a new policy that required staff leaving a high-risk section to have psychological check-ups for the following two years. This was done to reduce the chance of legal challenges and "we do keep impeccable records for exactly that reason; so that there is a clear causal chain so that, yes, when someone is affected five years down the track, they can come back and Comcare can agree that ComSuper arrangements apply to assist that officer."[22]

National harmonised legislation- *Work Health and Safety Act 2011*

Emergency agencies in other jurisdictions told the Committee that they were now more aware of the need to focus on the psychological health of their staff and volunteers since the introduction of the new *Work Health and Safety Act 2011*. The

22 Dr Ben Evans, Regional Director, Queensland, Australian Customs and Border Protection Service, *Transcript of Evidence*, 6 July 2012, p6.

Commonwealth legislation came into operation on 1 January 2012.[23] States, such as NSW, Victoria and Queensland, have introduced harmonised legislation[24] following an agreement in July 2008 at the Council of Australian Governments (COAG) by all jurisdictions to achieve consistent compliance and enforcement by the end of 2011.[25]

A key change in this legislation compared to earlier occupational health legislation is that the Act's definitions include a clear statement that ""health" includes psychological health". This new definition had already been included in the earlier Victorian *Occupational Health and Safety Act 2004*.[26] The NSW harmonised legislation says that "health means physical and psychological health."[27]

While the Western Australian Government is the only jurisdiction that has not yet presented its harmonised legislation to Parliament, any new legislation is likely to include this new definition for 'health'. Its current legislation, the *Occupational Safety and Health Act 1984*, does not define 'health'.[28]

Finding 1

The Western Australian Government has yet to present to Parliament its harmonised version of the *Work Health and Safety Act 2011.* Current Western Australian legislation does not include a definition for 'health' that includes psychological health.

Recommendation 2

The Western Australian Government amend current State occupational health and safety legislation so that it includes a definition for 'health' that includes psychological health.

23 Australian Government, *Work Health and Safety Act 2011*, nd. Available at: www.comlaw.gov.au/Details/C2011A00137. Accessed on 27 August 2012.

24 See for example Queensland- *Work Health and Safety Act 2011*, 1 January 2012, p27. Available at: www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkHSA11.pdf. Accessed on 27 August 2012.

25 Safe Work Australia, *Harmonisation – Background*, nd. Available at: www.safeworkaustralia.gov.au/sites/swa/legislation/background/pages/background.aspx. Accessed on 27 August 2012.

26 Victorian Government, *Occupational Health and Safety Act 2004*, 21 December 2004, p4. Available at: www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/750e0d9e0b2b387fca256f71001fa7be/$FILE/04-107A.pdf. Accessed on 27 August 2012.

27 NSW Government, *Work Health and Safety Act 2011 No 10*, 6 July 2012. Available at: www.legislation.nsw.gov.au/xref/inforce/?xref=Type%3Dact%20AND%20Year%3D2011%20AND%20no%3D10&nohits=y. Accessed on 27 August 2012.

28 Austlii, *Occupational Safety and Health Act 1984*, nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/osaha1984273/. Accessed on 27 August 2012.

Recommendation 3

Departmental chief executives of the Western Australia Police, Department of Environment and Conservation and the Fire and Emergency Services Authority should be made personally responsible for the psychological health (as a result of critical incident trauma) of their staff and volunteers. This obligation should be reflected in their performance agreements.

Lack of data on staff stress events

The Committee was told by Dr Katz from the Mount Sinai School of Medicine that the well-defined risk factors for trauma and PTSD following a disaster or critical incident included:

- total exposure - the amount of time spent at a disaster;
- accumulated exposure – the number of repeated traumas;
- type of incident- the number of deaths and type of victim (eg death of a child);
- a prior psychiatric history of any kind; and
- a perceived or real loss of support - particularly if staff have lost loved ones.[29]

Another witness said that "the deaths of children spectacularly increases the stress".[30] The Director General of the Department of Environment and Conservation told the Committee that their staff's exposure to a traumatic experience is an irregular event and "we do not have a database-type approach to tracking the people and our staff's exposure ... I think we operate generally on our management and personal knowledge".[31]

The other State emergency response agencies have computer incident systems that log each incident and which staff attended the incident. However, the Committee was told by **all agencies** that they have **no mechanism** for reporting which of their staff had attended a certain number, or type, of stressful event over a particular period. This is a problem not limited to Western Australia. The only agencies that the Committee heard evidence from that had developed such a system were the Queensland Police Service, the Metropolitan Fire Brigade in Victoria and the Australian Customs and Border Protection Service.

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29 Dr Craig L. Katz, Psychiatrist, Mount Sinai School of Medicine, *Transcript of Evidence*, 24 January 2012, p2.

30 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p13.

31 Mr Keiran McNamara, Director General, Department of Environment and Conservation, Transcript of Evidence, 28 March 2012, p7.

Chapter 2

Finding 2

All of the State's emergency agencies have no mechanism for tracking their staff and the number of traumatic events they have attended over a particular period.

The importance of such a system is provided by the two court cases above and by three examples given to the Committee which illustrate the high level of critical incidents that emergency response staff experience in their normal work. A witness from the WA Police Union told the Committee that he attended approximately 100 deaths during his five years at the Police Rail Unit, and WAPOL "would not be aware that I or many other police officers have been subjected to this number of deaths and traumatic incidents. This needs to change."[32] The witness said that during this period there were also seven incidents in which he received significant injuries from assault or arrest-related processes and he "was bitten on the leg by a hepatitis C-carrying drug addict".[33]

FESA told the Committee it was aware of some of its regional brigades "that they have attended over 20 'Code 90', or high-trauma incidents, over the last six or seven years." This is a significant exposure to trauma as many of these incidents may have involved fatalities of members of the community who the brigade members may have known or had an association with.[34]

St John Ambulance's Director of Clinical Services confirmed that it doesn't keep records of staff stress exposure, but only has incident reports. SJA also don't have data on the number of its staff who have experienced anxiety or PTSD, as this was confidential to its EAP provider.[35] An ambulance paramedic told the Committee that, while "I love my job and I love the opportunity to make a difference to someone's life" he had to seek a transfer after attending "seven fatal car crashes in a 12-month period. …. That is along with all the other suicides and cardiac arrests and everything else that you do in your day-to-day job."[36]

Queensland Police critical incident database

The Queensland Police Service (QPS) has about 14,500 staff and uses 700 peer support officers to assist its staff based in eight regions of the State. It has about 1.6% of its staff (or about 200 officers) off on stress leave at any one time. After the 2009 floods about 400 staff were monitored over the following 12 months to see if they required

32 Mr George Tilbury, President-elect/Director, Western Australia Police Union, *Transcript of Evidence*, 20 June 2012, p5.
33 Ibid, p7.
34 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, Transcript of Evidence, 28 March 2012, p6.
35 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, Letter, 5 June 2012.
36 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p4.

assistance. There were no WorkCover claims in this period and QPS attribute this to the success of their psychological first aid approach.

Case Study One- Queensland Police Service

On 2 July this year the QPS launched a critical incident database (CID) after a survey of its officers in 2010 showed that on average Queensland Police experienced about 12 critical incidents per year.[37] The database was built using an internal IT staff member and took just six weeks to develop using Microsoft dot.Net programming. The cost of this programmer was about $160,000 per annum and there are no recurrent costs for the database. The staff costs can be recovered by the reduced insurance claims flowing from the use of the CID, as "The cost of one long-term stress claim in our premium is probably about $150,000 a year".[38]

The day that the database went live, 19 'category A' critical incidents were registered. The QPS uses a system that categories critical incidents as either 'category A' or 'category B'. This is a similar system used by the Northern Territory Police. QPS also benchmarked their process with the Australian Defence Forces.[39]

The definition that QPS uses for the two CID categories are:

> *Category A Critical Incident*
> *When a member … has:*
> - *direct personal experience of a threatened death, serious injury or other threat to their physical integrity; or*
> - *witnessed an event that involves death, serious injury or threat to the physical integrity of another member of the Service.*
>
> *Category B Critical Incident*
> *When a member of the QPS through the course of their duty has direct personal experience of an event in which a member/s of the public has died or sustained serious injury.*[40]

Some examples of category A incidents include:

- death (including suicide or unexpected death) or serious injury of a colleague;
- death of a civilian due to an operational incident or in custody;

37 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p6.
38 Ibid, p9.
39 Ms Eve Gavel, Manager, Employee Wellbeing, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p13.
40 Ms Eve Gavel, Manager, Employee Wellbeing, Safety and Wellbeing, Queensland Police Service, Email, 2 August 2012.

- discharge of weapons by members;
- exposure to a sustained psychological pressure e.g. bomb threat, hostage negotiation, acute suicide intervention; and
- attendance at a category B critical incident where the victim involved is family or the close friend of a member.

Some examples of category B incidents include:

- attendance at a completed suicide;
- death of a civilian which has resulted from complex or unusual circumstances;
- incidents in which the deceased or injured have incurred significant mutilation;
- incidents resulting in the death or serious injury to children;
- incidents resulting in multiple fatalities;
- situations that attract undue or particularly critical media attention; and
- situations that entail prolonged rescue work.[41]

The Committee was told of the different methods for data to be added to the QPS CID:

> *We give members an opportunity to log a critical incident themselves. We give supervisors an opportunity. We can pick it up through the injury incident reporting system, which has WorkCover information, so an external agency can pump in and populate an incident; and we have … our Queensland Police Records and Information Management Exchange, which populates most incidents in the system…*[42]

While the QPS use two categories to capture serious incidents, Ambulance Victoria told the Committee that its Emergency Response Plan categorises every incident its staff attend into four codes. About 95% of incidents are not very serious single patient-type incidents and are categorised as 'code white'. The incidents then "progressively move up through a 'code green', 'orange', 'red'. Anything that is an 'orange' or a 'red' is escalated to management."[43]

41 Ibid.
42 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p7.
43 Mr Gregory Leach, Regional Manager, Grampians Region, and Volunteers Portfolio, Ambulance Victoria, *Transcript of Evidence*, 2 July 2012, p3.

It was suggested to the Committee that in Western Australia, beside the standard code 90 used by all emergency agencies for incidents involving a fatality, there needed to be another code to indicate a serious incident that may require the support of the chaplain and welfare team, such as QPS's 'category B' incidents. This would require "our recording system changed in some way so that it details more so that it is easier to go through the browser and find those other jobs that perhaps they will not call in, but potentially could be a problem."[44] The Committee was told that QPS would make their new CID "available for any Police jurisdiction."[45]

Recommendation 4

The Ministers for Emergency Services, Environment and Police ensure that their departments develop as a high priority a computer system for tracking their staff and the number of traumatic events they have attended over a particular period.

Resources mainly based in Perth

All of the emergency agencies, except for St John Ambulance, have their resources aimed at addressing staff stress based in Perth. Other than WAPOL (which has about 25% of its staff in regional areas)[46], most agencies have the majority of their staff based in the metropolitan area. This means that regional staff affected by stress or trauma will be offered services either by telephone from Perth, or by staff (eg the chaplain) flown in some time after an event, or by local counsellors employed by EAP organisations. The Committee was told that this last option was not suitable for some staff who might personally know the local EAP counsellor, and didn't want to discuss their problems with them.[47]

St John Ambulance told the Committee that in the past 12 months they have developed a regionalisation framework. They are moving their resources into regions aligned to WA Country Health Service's seven regions, and that "where we have regional officers, regional training coordinators and community support paramedics based in those regions, there is a lot more support at a regional level."[48]

Western Australia has a massive land area with the majority of its population in the metropolitan area. It is also the world's largest policing jurisdiction.[49] There is a lack of

44 Mr Ronald Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence,* 18 June 2012, p8.
45 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p7.
46 Western Australia Police, *Annual Report 2011*, Perth, September 2012, p8.
47 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p9.
48 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p2.
49 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, Transcript of Evidence, 3 July 2012, p10.

PSOs in rural areas in Western Australia. The WA Police Union argued for more PSOs and told the Committee "in the North West there is not a peer support officer, and has not been for the last two or three years."[50] However, Queensland, which also has its government services spread over a large area, has staff addressing stress and trauma from all of its emergency agencies distributed into seven regions.[51] The Queensland Police Service has their staff distributed over eight regions and two commands, including a full-time chaplain in each.[52]

In 2011 the State Government established the Road Trauma Trust Account (RTTA) to hold the funds collected from 'red light' traffic offences.[53] Subsequently, in the 2012-13 Budget the Government provided $750,000 from the RTTA to establish a road trauma counselling service to be overseen by the Department of Health.[54] This service has yet to be established. State emergency agencies with volunteers who attend road accidents in rural areas of the State might be able to obtain funds from the RTTA to assist volunteers dealing with trauma. This fund is expected to grow to over $6 million by 2015-16.[55]

Finding 3

Most of the resources allocated by the State's emergency agencies to address staff trauma from critical incidents are located in Perth.

Recommendation 5

The Ministers for Emergency Services, Environment and Police request their departments to place some of their staff and resources providing trauma-related services in regional Western Australia.

Recommendation 6

The Minister for Health immediately establish the road trauma counselling service to be funded by the Road Trauma Trust Account.

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50 Sergeant Jon Groves, Vice-President, Western Australia Police Union, *Transcript of Evidence*, 20 June 2012, p4.

51 Mr Stephen Grant, Executive Director, Operations, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p1.

52 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p14.

53 Office of Road Safety, *Road Safety Council welcomes Road Trauma Trust Fund changes*, 19 April 2012. Available at: http://ors.wa.gov.au/Latest-News/Media-Releases/Road-Safety-Council-welcomes-Road-Trauma-Trust-Fun.aspx. Accessed on 13 September 2012.

54 Hon Dr Kim Hames, Minister for Health, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard) *Questions on Notice*, 11 September 2012, p163.

55 Department of Treasury, *Minister for Police; Road Safety*, 17 May 2012, p489. Available at: www.treasury.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2012_13/00_part_09_0_portfolio_all.pdf. Accessed on 13 September 2012.

What's not counted, doesn't count?

As part of its data collection processes, the Committee asked the State's emergency agencies to provide it with the total annual costs of running their programs aimed at reducing staff stress and trauma following critical incidents. However, none could provide these costs as they were usually included as part of the agency's broader human resources, training and EAP budgets. For example, the Department for Child Protection submitted "There is no current permanent budget allocation for this however pre-event activities are provided as required."[56] The estimates that were provided to the Committee are included in Table 2.1.

Table 2.1- Agency estimates of costs associated with providing services to stressed staff

Agency	Cost Estimate	Staff	Volunteers	Notes
WAPOL	$185,700	5,988	-	Forensic Division only.[57]
DEC	$30,000	1,910	12,000	Costs integrated into broader training programs.[58]
FESA	-	1,400	32,250	Can't be reliably determined: * $35,000 for 2011-12 for EAP program * $575,000 for 2011-12 welfare function[59]

As a comparison, Queensland Fire and Rescue Service (4,500 staff and 34,000 volunteers) spends about $680,000 per annum on these services, including travel and training costs and salaries for two psychologists and two other staff.[60] The Queensland Police's annual budget for safety and wellbeing is $4 million for a staff of 14,500. About half of the budget is spent on employing 27 psychologists to staff its internal EAP and $80,000 for providing referrals for treatment to external psychologists.[61]

While not devaluing the Western Australian agencies' current processes, these programs might be given a greater internal emphasis if they were given their own identified budgets that were reported in the agencies' annual reports.

56 Submission No. 4 from Department for Child Protection, 7 October 2011, p2.
57 Submission No. 7 from Western Australian Police, 2 November 2011, p3.
58 Submission No. 6 from Department of Environment and Conservation, 31 October 2011, p4.
59 Submission No. 9 from Fire and Emergency Services Authority, 8 November 2011, p9.
60 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p9.
61 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p9.

Finding 4

The State's main emergency agencies have difficulty identifying exactly what are their costs from staff trauma and what they spend on preparing their staff for trauma flowing from critical incidents.

Recommendation 7

The Ministers for Emergency Services, Environment and Police ensure their departments include in their annual reports the expenditure they have incurred on preparing their staff for critical incidents, and for managing their response to these incidents.

Volunteers being overlooked

The major weaknesses of having agency staff providing support services being based in Perth is that it severely limits the support provided to volunteers. Outside of the metropolitan area most of the State's emergency responders are volunteers. Due to the size of the State and the limited number of chaplains and peer supporters, the volunteers affected by stress often 'fall between the cracks'.

The Volunteer Fire and Rescue Services Association told the Committee the principle way volunteers manage their stress is to no longer volunteer:

> *Those people do not put up their hand up and say there is anything wrong with them. We keep saying to our captains of brigades, "If someone disappears or they are not around the brigade for a while, please, please, please put your hand up or ring us or do something so that we can capture those people", because they do disappear outside the system.*[62]

The Committee was told that SJA should employ two chaplains rather than just one, and have the additional chaplain manage regional volunteers, as the chaplain:

> *… might only have the ability to capture someone two weeks later. It is too long a time. … I know some country volunteers do it particularly tough; they do a lot of good work out in their communities and they are left almost to fend for themselves, and then a couple of weeks later [the chaplain] might be able to follow them up because she has only just heard about it or because it has trickled down through the grapevine, or … has been busy with other stuff just in the metro.*[63]

62 Mr Max Osborn, Executive Officer, WA Volunteer Fire and Rescue Services Association, *Transcript of Evidence*, 22 February 2012, p3.

63 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p3.

Another problem identified by a Queensland witness was that volunteers who need assistance from peer support officers (PSOs) are handed a list of telephone numbers to call as there are so few stationed in regional areas. While Queensland agencies have their staff based in regions, just two rural Queensland Fire and Rescue Service PSOs are stationed between Cairns and Cape York. When rural firefighters telephone often the response is "Oh, so and so's not here; he's on day shift".[64]

Stressed volunteers quickly lose interest and many don't complain as "If they are not complaining, it does not mean they are happy; it just means they are not there—they have gone." The Rural Fire Brigades Association Queensland report an annual attrition rate of 8-12%.[65] On the other hand, evidence from Emergency Management Queensland (EMQ) was that there were a large number of resignations of SES volunteers after the 2009 floods, requiring it to alter its structure to improve their service delivery.[66] EMQ confirmed that interest in the SES increased with the arrival of each wet season and that volunteers who needed assistance for non-chronic conditions after helping with a disaster were tracked and supported for at least 12 months.[67]

FESA told the Committee that it had responsibility for training the approximately 2,000 SES and 2,000 volunteer fire and rescue service people, but did not have responsibility for the welfare of the approximately 32,000 bushfire service volunteers.[68] While all of FESA's volunteers have the potential to be exposed to trauma, FESA's main focus was on the road crash rescue volunteer training program as they were of greatest risk to be traumatised by what they faced while volunteering.[69] The Volunteer Fire and Rescue Services Association (VFRSA) told the Committee they are already receiving assistance from FESA's psychologist who has run stress management courses at "the 15 busiest [volunteer] brigades as far as road crash rescues are concerned".[70] A FESA-run session at Gin Gin included ambulance and bushfire volunteers as well as the VFRSA volunteers.[71]

State Government Red Cross volunteers disadvantaged

The Australian Red Cross (ARC) has about 490 emergency services volunteers across the State. At least 20 of these are State Government employees who were activated in

64 Mr Justin Choveaux, Acting Chief Executive Officer, Rural Fire Brigades Association Queensland Inc, *Transcript of Evidence*, 6 July 2012, p4.
65 Ibid, p7.
66 Mr Stephen Grant, Executive Director, Operations, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p2.
67 Ibid, p8.
68 Mr Christopher Arnol, Acting Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p5.
69 Mr Graham Swift, Assistant Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p4.
70 Mr Max Osborn, Executive Officer, WA Volunteer Fire and Rescue Services Association, *Transcript of Evidence*, 22 February 2012, p2.
71 Ibid.

the last two bushfire and cyclone seasons.[72] However, currently they are disadvantaged because Clause 35 of the *Public Sector Award 1992* allows only those public servants who volunteer for agencies identified as hazard management agencies or combat agencies under WESTPLAN to seek paid leave from their employers.[73] The Committee was told that ARC is identified as only a support agency in WESTPLAN and:

> *As a result, many Red Cross volunteers who are State Government employees must take personal or annual leave in order to volunteer for us during emergencies. Red Cross believes that this lack of recognition may be a barrier for State Government employees who volunteer with us wishing to access available support mechanisms.*[74]

Finding 5

Section 1 of clause 35 of the *Public Sector Award 1992* currently requires State Government employees who volunteer for the Australian Red Cross in Western Australia to take personal or annual leave in order to assist during a disaster.

All other Australian jurisdictions have referred their industrial relations powers to the Federal Government and their public sector employees are now covered under the *State Government Agencies Administration Award 2010*.[75] This award and the *Fair Work Act 2009* National Employment Standards (NES) contain the minimum conditions of employment for employees covered by the Award. Division 8, Section 109 of the NES allows public servants to take paid leave for voluntary emergency management activities.[76] Western Australia is now the only Australian jurisdiction where ARC volunteers are not paid for their leave while working on a disaster.[77]

Recommendation 8

The Premier amend Clause 35 of the *Public Sector Award 1992* so that State Government employees who volunteer to assist the Australian Red Cross during a disaster are not required to take personal or annual leave.

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72 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 21 March 2012, p1.

73 Western Australian Industrial Relations, *Public Service Award 1992, 35. - Emergency Service Leave*, nd, p53. Available at: www.wairc.wa.gov.au/awards/PUB007/p34/PUB007.pdf. Accessed on 30 August 2012.

74 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 21 March 2012, pp1-2.

75 Australian Industrial Relations Commission, *State Government Agencies Administration Award 2010*, 1 January 2010, p6. Available at: www.airc.gov.au/awardmod/awards/state_govt.pdf. Accessed on 30 August 2012.

76 Australian Industrial Relations Commission, *Fair Work Act 2009*, *Part 2-2—The National Employment Standards*, 1 January 2010, p97. Available at: www.airc.gov.au/awardmod/download/nes.pdf. Accessed on 30 August 2012.

77 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, Letter, 3 April 2012.

Bushfire volunteer activities in LGAs

Western Australia's local government authorities (LGAs) have specific responsibilities under the Emergency Management Act 2005 to "to manage recovery following an emergency affecting the community in its district" and to manage the State's 32,000 bushfire volunteers.[78] Emergency management districts are established with reference to local government boundaries. The WA Local Government Association (WALGA) represent LGAs on the State Emergency Management Committee. WALGA also represented LGAs on the Department of Premier and Cabinet's Implementation Group following the Keelty Report into the Perth Hills bushfires. Nearly 40% of the Keelty Report's recommendations were addressed to local government.

In its 2011 Report on bushfire readiness, this Committee found that WALGA seemed to have made less effort to comply with the Keelty Report's recommendations than other agencies such as FESA and DEC.[79] Recommendation 16 in our Report was that "The Minister for Emergency Services and the Minister for Local Government review and report to Parliament by May 2012 on ways in which the State's volunteer firefighters and rescue workers can be more effectively managed and valued."[80]

This recommendation was made after the Committee heard evidence to its Inquiry from the United Firefighters Union (WA Branch) that volunteers did not receive the same training as career firefighters and that it was time to abandon separate career and volunteer fire services, "There should be one service, one stream, so we all have the same training and we all have the same equipment so we all can do the same thing."[81]

For this current Inquiry, WALGA did not accept the Committee's invitation to make a submission and did not provide a witness to appear at a hearing. When contacted, WALGA said that different LGAs have different processes for dealing with volunteer stress from attending bushfires.

The *Fire and Emergency Services Legislation Amendment Bill 2012* is currently before Parliament. The Bill amends the *Fire and Emergency Services Authority of Western Australia Act 1998* to vest FESA's current functions and powers to a new Fire Services

78 AustLii, 'Emergency Management Act 2005', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/ema2005190/, Part 3 Division 1. Accessed on 31 July 2012.

79 Community Development and Justice Standing Committee, *Western Australia's Readiness for the 2011-12 Bushfire Season*, Legislative Assembly, Parliament of Western Australia, Perth, November 2011, pxi.

80 Ibid, p50.

81 Mr Graeme Geer, Secretary, United Fire Fighters Union of Western Australia, *Transcript of Evidence*, 21 October 2011, p16.

Commissioner of a new department.[82] A more effective administrative approach would be for the new Department of Fire and Emergency Services to have control of volunteer firefighters to, among other things, ensure a standard provision of post-incident stress services. This would replicate what has been done with other volunteer services. For example, the Metropolitan Volunteer Sea Rescue is one of three non-FESA agencies that is funded by a three-year contract with FESA and receives support from FESA for its members dealing with stress.[83]

Recommendation 9

Local government authorities incorporate into their Local Emergency Management Plans their procedures for dealing with any trauma experienced by bushfire brigade volunteers, having regard to best practice in managing trauma.

82 Parliament of Western Australia, *Fire and Emergency Services Legislation Amendment Bill 2012*, 2012. Available at: www.parliament.wa.gov.au/parliament/bills.nsf/BillProgressPopup?openForm&ParentUNID=002E5938C0E92F8A48257A0100054674. Accessed on 31 July 2012.

83 Mr Roger Howell, President, Metropolitan Volunteer Sea Rescue, *Transcript of Evidence*, 20 June 2012, p7.

Chapter 3

The psychological approaches used by agencies to deal with stressed staff

This chapter reviews the two main theoretical approaches providing processes for organisations to deal with staff who are traumatised by critical incidents.

Technically, stress is a broad term referring to the effect of anything in life to which people must adjust. It exists across a spectrum which differs in the intensity of the stimulus causing the stress- from mild stress, to at the extreme end, traumatic stress. A traumatic event is an intense stressor which is outside of a person's everyday experience and might threaten their life. These events include experiencing or witnessing events that generate intense emotional reactions, eg feelings of intense fear, helplessness or horror. Examples of these events include cyclones, earthquakes and fires, or being subjected to violence.[84] However the terms 'trauma' and 'stress' are used interchangeably in this Report, as was done by many witnesses and also occurs in some of the research articles referenced in this Report.

How stress develops during a critical incident

Dr Rob Gordon, who for 18 years was the clinical director for the Victorian Department of Human Services' critical incident stress program, gave evidence that the key issue for emergency agency staff is what is called in psychology 'arousal'—the effect of adrenaline on these staff when they are confronted by a critical incident:

> *I think we should understand and treat that in the same sort of way that we should understand and treat infection control if we were dealing with an epidemic. … I would like to say I think we are at the pre-Pasteur stage of understanding arousal and stress. We know there is a problem, but we are still really working out what is required.*[85]

He explained that when adrenaline 'kicks in', it boosts a person's functions that are designed to deal with an immediate physical threat. This high adrenaline state predominately activates the right frontal lobe of a person's brain (where they think in pictures and actions) at the expense of the left frontal lobe (where people think in

84 Agency for Toxic Substances and Disease Registry, *Surviving Field Stress for First Responders*, 2005, pp6-7. Available at: www.atsdr.cdc.gov/emes/surviving_stress/documents/TrainingWorkbookstress-editp1.pdf. Accessed on 12 September 2012.

85 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, p2.

words and concepts). He said this is why staff must be trained many times to develop 'procedural memories' to their key activities routine, as they would otherwise be unable to access their verbal memories. When people attend a critical incident:

> *if they get into too high arousal before they go in, then they are likely to (a) lose a lot of their training, and (b) they are likely to totally ignore themselves because the adrenaline system—you will be familiar with how adrenaline shuts down pain, say, in a footballer...*[86]

The psychological first aid (PFA) approach that many agencies use assists their staff to operate during a crisis and to prepare for, and recover from, psychological ill-effects.

The need for emergency agencies to deal with staff stress

The widespread use of a structured approach by organisations to deal with the stress of staff attending critical incidents and disasters has occurred only since the early 1980s. The Committee was told by Professor Richard Bryant[87] that the Critical Incident Stress Management (CISM) approach was "initiated by fire departments in the US and spread around the world very quickly. Organisations have taken this on with gusto. Everybody in Australia will be offered this."[88] He suggested the main reason for its uptake was a fear of court action by staff seeking compensation for their stress after:

> *courts a number of years ago started handing out decisions where, if somebody killed themselves or there was some psychiatric fallout with an event and they had not been provided with a psychological debriefing immediately afterwards, the employer was then liable. So everybody got scared, ... Every government and non-government organisation will do it. You cannot afford not to.*[89]

The development of theoretical approaches to managing critical incident stress has occurred in three phases:

- An enthusiastic incorporation of CISM into emergency agencies.
- Scientific analysis of the effectiveness of the CISM approach.

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86 Ibid.

87 Professor Bryant is a Scientia Professor in the School of Psychology, University of New South Wales, Director of the Traumatic Stress Clinic, Brain Dynamics Centre, Westmead Millennium Institute, and the lead investigator on a National Health and Medical Research Council Program on Enhancing Posttraumatic Mental Health. Available from www.wmi.org.au/ourpeople/Pages/RichardBryant.aspx. Accessed 25 July 2012.

88 Professor Richard Bryant, School of Psychology, University of New South Wales, *Transcript of Evidence*, 17 November 2011, p6.

89 Ibid.

- The development of an alternative Psychological First Aid (PFA) approach to 'inoculate' staff against the development of stress (and the CISM approach subsequently incorporating PFA's language).

In Queensland, the Committee heard that all of the major emergency agencies (Police, Fire and Rescue, and Ambulance) are now using the PFA approach for two reasons. Firstly, their experiences of the scope of the cyclones and major floods in 2009 which saw 98% of Queensland affected. Secondly, the concern over their legal obligations of duty of care as a result of the damages awarded against NSW Police in 2010 in the *Doherty* legal case[90] for repeated exposure to traumatic situations and a lack of appropriate actions by managers (see Chapter 2 above).[91]

Critical Incident Stress Management (CISM)

The founder of the CISM approach to dealing with stress from critical incidents is Dr Jeffrey T. Mitchell, Clinical Professor of Emergency Health Services, University of Maryland Baltimore County and President Emeritus, International Critical Incident Stress Foundation. He is also an adjunct faculty member in the Emergency Management Institute of the Federal Emergency Management Agency (FEMA). Dr Mitchell developed his interest in this issue while undertaking research with emergency workers in 1974, and since 1980 has authored 16 books and over 270 articles on traumatic stress and CISM.[92] CISM was developed during an era when it was believed that trauma inevitably led to Post Traumatic Stress Disorder (PTSD).[93]

In 1989 Dr Mitchell formed the International Critical Incident Stress Foundation (ICISF) with Dr George S. Everly, who had used scales to assess an individual's stress level.94 In Australia, Crisis Intervention and Management Australasia (CIMA), a Victorian not-for-profit foundation, delivers a range of one- and two-day training courses throughout Australia on individual and group crisis intervention topics. It was formed in the mid 1980's and is an Affiliated Partner of ICISF. CIMA has adopted much of ICISF's training

90 Crown Law Queensland, 'State of New South Wales v Doherty [2011] NSWCA 225: In Cases of Apprehended Psychiatric Injury When Should an Employer Intervene?', *Legal Update*, June 2012, p1.

91 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p2.

92 Empowered Learning Inc, *Profile*, 23 May 2010. Available at: www.drjeffmitchell.com/profile.html. Accessed on 25 July 2012.

93 Dr Carl V. Rabstejnek, *Evaluating the Efficacy of Critical Incident Stress Debriefing: A Look at the Evidence*, nd, p2. Available at: www.houd.info/CISD.pdf. Accessed on 26 July 2012.

94 Robert Douglas and Associates, *International Critical Incident Stress Foundation*, 2003. Available at: www.eapcism.com/Training/CISM/icisf.asp. Accessed on 25 July 2012.

material, which is also used by large organisations such as the United Nations, the Salvation Army, World Vision International, and the US National Fire authority.[95]

A comprehensive manual on CISM prepared by the Victorian Department of Human Services provides the following definitions:

- **Critical incidents** are events or situations that have sufficient emotional power to overcome the usual coping abilities of people working in environments where some degree of exposure [to risk] is expected.

- **Demobilisation** [or operational debrief] is intended to assist staff to make the transition from the state of high arousal associated with the incident to a more normal one. It does not attempt to explore or analyse the experience itself.

- **Defusing** is intended to terminate the incident psychologically, bring the experience of the incident to a conclusion, allow opportunity to express immediate concerns, and clarify what is possible in relation to the actions involved.

- **Debriefing** is a [step within the CISM process] to assist people to use their abilities to overcome the effects of critical incidents by taking stock of their thoughts and reactions, Identifying current or likely CIS symptoms and providing information about normal stress responses to abnormal experiences.[96]

The CISM approach is explained by the ICISF as "an integrated multicomponent crisis intervention system" which comprises seven core components:

1. **Pre-crisis preparation**– including stress management education, stress resistance, and crisis mitigation training.

2. **Disaster or large-scale incident activities**– including school and community support programs, demobilisations, briefings and staff meetings.

3. **Defusing**– a 3-phase structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation.

4. **Critical Incident Stress Debriefing**– a 7-phase structured group discussion, usually provided 1 to 10 days post-crisis, and designed to mitigate acute symptoms and provide a sense of psychological closure.

95 Crisis Intervention and Management Australasia, *About*. Available at: www.cima.org.au/about. Accessed on 25 July 2012.

96 Department of Human Services, *Resource Guide for Critical Incident Stress and Debriefing in Human Service Agencies*, May 1997, p1, p20, p21, p22. Available at: www.health.vic.gov.au/archive/archive2004/96ma124/index.htm. Accessed on 25 July 2012.

5. **One-on-one crisis intervention**– counselling or psychological support provided at any time during the crisis.

6. **Family crisis intervention**– including organisational consultation.

7. **Follow-up and referral**– mechanisms for assessment and treatment.[97]

The most important step within the CISM is step four, the 'Mitchell Model' of Critical Incident Stress Debriefing (CISD), which itself has seven key points:

1. Assess the impact of the incident on staff.

2. Identify immediate issues surrounding problems involving safety and security.

3. Use 'defusing' to allow for the ventilation of thoughts, emotions, and experiences associated with the event and provide a validation of possible reactions.

4. Predict likely events and reactions in the aftermath of the event.

5. Conduct a systematic review of the critical incident and its impact emotionally, cognitively, and physically on staff. Look for maladaptive behaviors or responses to the crisis.

6. Bring closure to the incident 'anchor' or 'ground' staff to community resources to initiate or start the rebuilding process.

7. Debriefing assists in the re-entry process back into the community or workplace.[98]

Review of the effectiveness of CISM

It is very difficult to assign a direct correlation between the success of a stress management intervention and a particular theoretical approach as stress symptoms may emerge many years after an incident. Also, it is ethically difficult to obtain approval from a research institute to develop a 'double-blind' study of workers that does not offer intervention to one of the study's cohorts. It took nearly 20 years for peer-reviewed studies of the effectiveness of the CISM approach to be undertaken.

In the first decade of the 2000s the result of a number of such studies were published. These included studies of typical first responders, such as police and firefighters. A study of 243 traumatized police officers compared the results of similar-sized

97 International Critical Incident Stress Foundation, Inc, *A Primer on Critical Incident Stress Management*, 2010. Available at: www.icisf.org/who-we-are/what-is-cism. Accessed on 25 July 2012.

98 The American Academy of Experts in Traumatic Stress, Inc, *Providing Critical Incident Stress Debriefing (CISD) to Individuals and Communities in Situational Crisis*, 1998. Available at: www.aaets.org/article54.htm. Accessed on 25 July 2012.

subgroups of non-debriefed officers with debriefed officers and an external control group given three debriefing sessions over the first three months after a trauma. No differences in 'psychological morbidity' were found between the groups other than at one week post-trauma where "debriefed subjects exhibited significantly more post-traumatic stress disorder symptomatology than non-debriefed subjects." The report found that high levels of satisfaction by the police with the debriefing process were not reflected in positive psychological health outcomes.[99]

Similarly, a study of a large sample of firefighters examined if there was any causal relationship between CISD debriefings and mental health outcomes. No relationship was found between the debriefing process and rates of PTSD.[100]

An Australian study analysed the perceived effectiveness of stress debriefing by studying hospital nurses. It said that the earliest description of CISD in nursing literature appeared in 1988 "…and was seen as a turning point for emergency nurses because they could acknowledge the psychological impact of their work."[101] However, while the study's survey identified debriefing as helpful because nurses were part of a group who had also experienced the incident, the nurses found the process unhelpful as they "felt uncomfortable discussing the event in a group."[102]

In the scientific world, research publications are not necessarily independent. Dr Mitchell and George Everly (who together had established the ICISF in 1989) own the Chevron Publishing Company, which publishes their books on CISD. Chevron Publishing also owns the *International Journal of Emergency Mental Health* which has published many articles supporting CISD, and Everly is listed as its founding executive editor. On the other hand, since 2003 there have been no articles on CISD in the *International Journal of Stress Management*, managed by the American Psychological Association.[103]

Cochrane Collaboration and other meta-analysis

Meta-analysis mathematically assess the results of multiple studies that meet the investigator's criteria for inclusion in their study of one topic. The Cochrane

99 Dr I. Carlier, A. Voerman, & B. Gersons, *The Influence of Occupational Debriefing on Post-Traumatic Stress Symptomatology in Traumatized Police Officers*, March 2000. Available at: http://onlinelibrary.wiley.com/doi/10.1348/000711200160327/abstract. Accessed on 26 July 2012.

100 Morag Harris, Mustafa Baloğlu & James Stacks, *Mental Health of Trauma-Exposed Firefighters and Critical Incident Stress Debriefing*, 2002. Available at: www.tandfonline.com/doi/abs/10.1080/10811440290057639. Accessed on 26 July 2012.

101 Dr Jillian O'Connor and Dr Sue Jeavons, Perceived Effectiveness of Critical Incident Stress Debriefing by Australian Nurses, *Australian Journal of Advanced Nursing*, vol. 20, no. 4, 2003, p22.

102 Ibid, p27.

103 Dr Carl V. Rabstejnek, *Evaluating the Efficacy of Critical Incident Stress Debriefing: A Look at the Evidence*, nd, p3. Available at: www.houd.info/CISD.pdf. Accessed on 26 July 2012.

Collaboration (CC) is an international network of more than 28,000 people from over 100 countries who "work together to help healthcare providers, policy-makers, …, by preparing, updating, and promoting the accessibility of Cochrane Reviews". It is a registered charity in the United Kingdom and has published over 5,000 online meta-analysis. The Cochrane Library also includes the largest collection of records of randomised controlled trials in the world. In January 2011, the World Health Organization (WHO) awarded CC a seat on the World Health Assembly, thus providing it an opportunity to promote evidence-based health care at the highest levels of policy-setting.[104]

The Cochrane Collaboration has recently produced reviews of both single-session and multiple-session psychological debriefs. It published its first review of single-session debriefs in 1997 and the latest review in 2009 included 15 studies of people recently exposed (less than one month) to a traumatic event. The review found that:

> *Single session individual debriefing did not prevent the onset of post-traumatic stress disorder (PTSD) nor reduce psychological distress, compared to control* [groups]. *At one year, one trial reported a* ***significantly increased risk of PTSD in those receiving debriefing****.* [emphasis added] *Those receiving the intervention reported no reduction in PTSD severity at 1-4 months, 6-13 months, or 3 years. There was also no evidence that debriefing reduced general psychological morbidity, depression or anxiety, or that it was superior to an educational intervention.*[105]

The review's authors concluded that there is no evidence that single-session debriefing is a useful treatment for the prevention of PTSD after traumatic incidents and that "**Compulsory debriefing of victims of trauma should cease**." [emphasis added][106]

In 2010, the CC published a review of 11 studies of multi-session debriefing which found that:

> *There was no observable difference between treatment and control conditions on primary outcome measures for these* [debriefing] *interventions at initial outcome. There was a trend for increased self-*

104 The Collaboration is named after Dr Archie Cochrane, a British epidemiologist who advocated the use of randomised controlled trials as a means of reliably informing healthcare practice. Cochrane Collaboration, *About Us*, 22 June 2012. Available at: www.cochrane.org/about-us. Accessed on Accessed on 26 July 2012.

105 Dr Suzanna Rose *et al*., *Psychological Debriefing for Preventing Post traumatic Stress Disorder (PTSD)*, 21 January 2009, p2. Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000560/full. Accessed on 26 July 2012.

106 Ibid.

> *report of PTSD symptoms at 3 to 6 month follow-up in those who received an intervention.*[107]

This review's authors concluded that "no psychological intervention can be recommended for routine use following traumatic events and that multiple-session debriefing interventions, … may have an adverse effect on some individuals." They reported that multiple-session debriefing interventions aimed at people exposed to a traumatic event **should not be used** [emphasis added].[108]

Other criticism of the debriefing approach

In its Clinical Guideline 26, the National Institute for Clinical Excellence in the United Kingdom reports that the most characteristic symptoms of PTSD are re-experiencing symptoms and that PTSD sufferers "involuntarily re-experience aspects of the traumatic event in a very vivid and distressing way." For this reason, it advises that:

> *For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single-session interventions (often referred to as debriefing) that focus on the traumatic incident,* ***should not be routine practice when delivering services****.*[109] [emphasis added]

The Committee heard from Professor Gerard Jacobs that in the United States:

> *The recommendations of both the Institute of Medicine, which is part of National Academy of Sciences, and of the National Biodefense Science Board following extensive … discussion was that Critical Incident Stress Debriefing was not a model that we wanted to endorse, but that community-based psychological first aid was.*[110]

The Australian Medical Association submitted to the Committee that, from a medical point of view, the majority of patients deal very well with trauma largely because of "their personality, genetic pre-disposition and good coping mechanisms and social

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107 Dr Neil Roberts *et al., Multiple Session Early Psychological Interventions for the Prevention of Post-traumatic Stress Disorder*, 14 April 2010, p2. Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006869.pub2/full. Accessed on 26 July 2012.

108 Ibid.

109 National Institute for Clinical Excellence, *Post-traumatic Stress Disorder (PTSD): the Management of PTSD in Adults and children in Primary and Secondary Care*, March 2005, p4. Available at: http://guidance.nice.org.uk/CG26/Guidance. Accessed on 25 July 2012.

110 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p2.

networks". It said that research shows that compulsory counselling or debriefing has "very limited effects, is not cost effective and can reinforce the trauma in some."[111]

Response to criticism of CISM effectiveness

The International Critical Incident Stress Foundation (ICISF) responded to the criticism of the effectiveness of CISM programs by claiming that their approach had "been empirically validated through thoughtful qualitative analysis, as well as through controlled investigations, and even meta-analysis". It argued that there is no evidence that the 'Mitchell model' of CISD has proven harmful, as the studies "that are frequently cited to suggest such an adverse effect simply did not use the CISD or CISM system as prescribed".[112] Dr Mitchell claimed that the studies, that found the CISM approach was not useful, used research where debriefing was performed on individuals instead of groups or applied a group process model to staff in organisations for whom the CISD process was never intended.[113]

This was confirmed to the Committee by Dr Rob Gordon, who said "critical studies of debriefing have in every case but one, applied it in situations where I do not believe it is ever intended; it was applied for people who are not in a work role, not doing things they are trained to do, using skills they have got in an organisational context."[114] In one article, Dr Mitchell challenged a scholar who wrote a critical article and said "Every single study author of a negative study did it wrong."[115]

Additionally, Dr Mitchell reinforced that CISD requires the following conditions for it to be successfully applied:

- The debriefing group (about 20 people) must be homogeneous, not heterogeneous;
- The group members must not be currently involved in the situation. Their involvement is either complete or the situation has moved past the most acute stages;
- Group members should have had about the same level of exposure to the experience; and

111 Submission No. 3 from Australian Medical Association (Western Australia), 7 October 2011, p2.

112 International Critical Incident Stress Foundation, Inc, *A Primer on Critical Incident Stress Management*, 2010. Available at: www.icisf.org/who-we-are/what-is-cism. Accessed on 25 July 2012.

113 Dr Jeffrey T. Mitchell, *Critical Incident Stress Debriefing*, 5 September 2009, p6. Available at: www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf. Accessed on 25 July 2012.

114 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, p5.

115 Dr Carl V. Rabstejnek, *Evaluating the Efficacy of Critical Incident Stress Debriefing: A Look at the Evidence*, nd, p2. Available at: www.houd.info/CISD.pdf. Accessed on 26 July 2012.

- The group should be psychologically ready and not so fatigued or distraught that they cannot participate in the discussion.[116]

At the end of 2011, the Executive Director of ICISF, Mr Donald Howell, said "Claims that CISM interventions alone may reduce future PTSD should be withdrawn. There are, however, many other ways that CISM has proven helpful, … and appreciated when utilized appropriately."[117]

While agreeing with Mr Howell that proper double-blind studies haven't been done to show that CISM is not helpful in reducing psychological distress, Professor Richard Bryant acknowledged that "Lots of people say they love it, it makes them feel good and they feel you know cared for by their employer or their organisation if they receive it. That's not the same as being helpful."[118] For example, Fire and Rescue NSW told the Committee that while it was aware of the work of Professor Bryant and others in developing new approaches to the traditional debriefing methodology, it was going to retain the Mitchell model of CISD as its members had found it useful.[119] The Victorian State Emergency Service was another organisation that told the Committee it was still using CISM as it had done so for a long time and "it works for us very, very well."[120]

The Committee was told by another Australian expert, Professor David Forbes, that psychological debriefing was developed for emergency services whose units worked as a team. It still used by some Australian emergency agencies, "but we still do think there are elements people need to be careful about and therefore we do not recommend it, because the first caveat is to do no harm."[121] Professor Forbes said that the Australian Centre for Posttraumatic Mental Health had developed national guidelines for managing the aftermath of trauma, and "one of the recommendations is that routine psychological debriefing is not recommended, and in its place should be a process that we might call psychological first aid."[122]

116 Dr Jeffrey T. Mitchell, *Critical Incident Stress Debriefing*, 5 September 2009, p3. Available at: www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf. Accessed on 25 July 2012.

117 Mr Donald R. Howell, *Reflections Ten Years After September 11, 2001*, nd, p3. Available at: www.icisf.org/images/stories/reflecting.pdf. Accessed on 26 July 2012.

118 ABC Radio National, *The Mind in Crisis: To Debrief or Not to Debrief?*, 12 February 2011. Available at: www.abc.net.au/radionational/programs/allinthemind/the-mind-in-crisis-to-debrief-or-not-to-debrief/2996966. Accessed on 27 July 2012.

119 Fire and Rescue New South Wales, *Briefing*, 17 November 2011.

120 Mr Peter Kueffer, Clinical Director/Psychologist, Victoria State Emergency Service, *Transcript of Evidence*, 2 July 2012, p3.

121 Professor David Forbes, Director, Australian Centre for Posttraumatic Mental Health, *Transcript of Evidence*, 2 July 2012, p5.

122 Ibid, p4.

Psychological First Aid (PFA)

The World Health Organisation defines psychological first aid (PFA) as "a process which involves humane, supportive and practical help to fellow human beings suffering serious crisis events."[123] This aid covers both social and psychological support. In 2009, WHO's Mental Health Global Action Program's Guidelines Development Group evaluated the evidence for both PFA and CISD. It concluded that PFA, rather than debriefing, should be offered to people in severe distress after being recently exposed to a traumatic event. In 2011, it published a PFA *Guide for Field Workers* in association with World Vision International and the War Trauma Foundation.[124]

The PFA approach stresses that it is not professional counselling, nor something that only professionals do, nor is it psychological debriefing, but is made up of processes that:

- provide practical care and support, which do not intrude;
- assess needs and concerns;
- help people to address basic needs (for example, food and water, information);
- listen to people, but not pressure them to talk;
- comforting people and helping them to feel calm;
- helping people connect to information, services and social supports; and
- protecting people from further harm.[125]

The PFA approach is effective in reducing staff stress in two ways. The Victoria Police (VP) told the Committee that it prepares staff for what they might confront in a disaster or critical incident as a way of helping officers control their arousal from adrenaline. VP's experience from the Black Saturday bushfires was that post-fire "trauma is often about levels of preparedness. What happened for a lot of our members who were doing the post-response was they were well prepared for what they were going to see."[126] The Victorian Country Fire Authority told the Committee that peer support officers (PSOs) were trained in PFA, "which is really about supporting the individual to

123 World Health Organisation, *Psychological First Aid: Guide for Field Workers*, 2011, pii. Available at: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf. Accessed on 26 July 2012.

124 Ibid.

125 Ibid, p3.

126 Ms Michelle Spinks, Social Worker, Police Psychology, Victoria Police, *Transcript of Evidence*, 3 July 2012, p10.

access their own coping mechanisms and social supports."[127] Similarly, the Victoria Police said their PSOs and chaplains encouraged staff to not necessarily speak to a mental health professional "but to their friends and family and their colleagues to do the things they would naturally do to recover."[128]

The major difference between the PFA and CISM approaches is a recognition that the majority of those affected by an emergency or disaster will recover, and providing immediate psychological debriefing processes may further damage those who actually need psychological assistance. Professor Richard Bryant told the Committee:

> *the immediate response is really just to provide a very minimalist, supportive, "let us help you get through here, watch and see, and then we will see how you are travelling a little later". And then if* [they] *need help, it is more a triage stepped-care approach...*[129]

Victoria Police confirmed they had moved to the PFA approach as they had found that debriefing staff using the CISM approach had caused many of them to become re-aroused and "we were traumatising people further by making them relive in a public way a lot of the things that had transpired."[130] The Victorian Metropolitan Fire Board has also moved away from CISM and adapted the PFA approach of Ambulance Victoria. This is titled MANERS- minimise exposure; acknowledge the event; normalise the reactions; educate; refer or restore; and self-care.[131]

The International Red Cross has a similar PFA resource for its staff involved in providing emergency assistance to those affected by a disaster. This easy-to-read flyer outlines the basic principles of psychological first aid and describes some essential steps to follow when providing care and help.[132] This use of PFA for communities affected by disasters has been described since the mid-1980s.[133] In the United States, the Department of Veteran Affairs' National Center for PTSD has developed a *Psychological*

127 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p1.

128 Ms Michelle Spinks, Social Worker, Police Psychology, Victoria Police, *Transcript of Evidence*, 3 July 2012, p5.

129 Professor Richard Bryant, School of Psychology, University of New South Wales, *Transcript of Evidence*, 17 November 2011, p6.

130 Inspector Danny Bodycoat,Wellbeing Services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p5.

131 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p4.

132 International Federation of Red Cross and Red Crescent Societies, *Psychological First Aid*, 2003. Available at: http://psp.drk.dk/graphics/2003referencecenter/ERU%20psychosocial%20component/4.%20Brochure%20on%20PFA.pdf. Accessed on 26 July 2012.

133 Dr Beverley Raphael, *When Disaster Strikes*, Basic Books Inc, New York, 1986, p257.

First Aid: Field Operations Guide in association with the National Child Traumatic Stress Network.[134]

In a debate about the merits of the two approaches, Professor Bryant stressed that they also had commonalities, and that PFA:

> *is simply a form of debriefing. What it isn't, it doesn't sort of mandate anything, that's one difference, it's not highly structured like the debriefing Mitchell's model was. It certainly doesn't encourage expression of the emotions that you've been through, because of concerns that that might not be helpful. Apart from those factors there's really far more similarity in those processes than differences.*
>
> …[PFA] *is very simple common sense. People providing social support, people are trying to meet people's immediate needs, people are trying to get help for them for practical issues or referral if they need it. And honestly if we look at this, this is exactly what chaplains were doing in the army 50 or 100 years ago.*[135]

Professor Bryant contends that financial reasons are a key factor for those Australian first responder agencies that retain the use of the debriefing model:

> *What has gone wrong with most of the Police that we see is that when they went through an event, nothing was actually provided, or what was provided was that psychological debriefing, which is typically a single point of contact. Most organisations are really happy with that because it is very cost-effective. It might be a phone call; it might be a one-hour chat—we have done our duty, then we can move on. But that really is not therapeutic; it is not beneficial.*[136]

Confusion in terminology

One problem in assessing the effectiveness of the two approaches is confusion over the use of terms such as debriefing. The Committee was told by the Queensland Ambulance Service that CISM means many different things to many people.[137] NSW Health said that they use a PFA approach as "it does not do you any good at all to

134 Department of Veteran Affairs, *Psychological First Aid: Field Operations Guide*, 6 June 2012. Available at: www.ptsd.va.gov/professional/manuals/psych-first-aid.asp. Accessed on 26 July 2012.

135 ABC Radio National, *The Mind in Crisis: To Debrief or Not to Debrief?*, 12 February 2011. Available at: www.abc.net.au/radionational/programs/allinthemind/the-mind-in-crisis-to-debrief-or-not-to-debrief/2996966. Accessed on 27 July 2012.

136 Ibid.

137 Mr Paul Scully, Manager Priority One, Staff Support Services, Queensland Ambulance Service, Email, 4 June 2012, p1.

bring a group of people in who have had shared experiences. ... and relive it."[138] They explained their understanding of the difference between a 'psychological debrief' and 'operational or hot debrief':

> *we do an operational debrief and give them appropriate information to take away with them. The psychological type component—…—is up to the psychologist to work out, … it is not necessarily getting into the "How did you feel?" It is really operationally focused and giving people an opportunity to identify what could have been done better. These are hot debriefs where we have access to people. … We do it that way rather than go to a group counselling session, which is what we probably did in the 80s. That was diabolical, really.*[139]

Two examples from Western Australian organisations that highlight the different use given to the terms 'defusion' and 'debrief' were provided by the State Emergency Service:

> *…defusion is a process, and a debriefing could be part of that defusion. So I use that word collectively for the number of processes. It might be a one-on-one contact and a personal liaison between the peer supporter. It might be a group where they discuss the issues.*[140]

and the Department of Environment and Conservation (DEC):

> *At the end of that shift in which a critical incident has occurred, there is a defusing, which might be only a 30 minutes to one hour get-together where people are given information that they do not necessarily have about the incident … and also an opportunity to express straight off the bat any concerns that they had about how things were managed ... That is followed up within a few days by a more detailed CIS debriefing, so not a debriefing about the incident and how it was managed but about the critical incident itself and how staff have been affected by that.*[141]

While DEC doesn't use the term 'debrief' to describe an analysis of the incident, this is exactly how the Department of Education (DoE) uses the term. It told the Committee that after a critical incident such as the Margaret River bushfires operational debriefs

138 Ms Rosemary Hegner, Director, Health Emergency Management Unit, New South Wales Health, *Transcript of Evidence*, 17 November 2011, p11.

139 Ibid.

140 Mr Phillip Petersen, Committee Member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, p4.

141 Mr Alan Walker, Director, Regional Policy and Projects, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p8.

were carried out at "a number of levels." These include the school level, central office level, as well as participating in the State Emergency Management Committee's incident debrief "where we talked interagency about what we learned and what we could do better."[142]

From the information provided above, this confusion would be alleviated if there was common agreement among State agencies that 'operational debriefs' and 'hot debriefs' be called 'demobilisations', as defined above by the Victorian Department of Human Services. The term 'debriefing' instead should be retained for describing the seven–step CISD process focused on the psychological reactions of staff affected by an incident.

Further confusion has been created by ICISF's response to the criticism of the possible negative outcomes generated by the CISM process. It now describes CISM as "a form of psychological 'first aid.'"[143]

Western Australian agencies

None of the main State first responder agencies base their processes for preparing their staff to deal with trauma on the PFA approach. The evidence given to the Committee was that they were aware of the debate about the two approaches but had not yet implemented any changes away from one based on debriefing. This is unusual given other Australian agencies (such as the Country Fire Authority in Victoria and Queensland Police) have already implemented a comprehensive PFA approach that has assisted them deal with major disasters with a large loss of life. Western Australian agencies would do well to introduce the PFA approach that is now seen as the standard around the world for first responder agencies.

Western Australia Police (WAPOL)

In giving evidence to the Committee, Western Australia Police (WAPOL) used the term 'emotional first aid' to describe PFA and then described the support given to recruits in training "That is generally just to provide them with support at their first formal fatal attendance, and we provide debriefing processes when they first attend."[144] Additionally, in their submission to the Inquiry, WAPOL said:

> *Disaster Deployment staff ... Usually within one week they return to work and participate in a group psychological debrief facilitated by*

142 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p10.

143 International Critical Incident Stress Foundation, Inc, *A Primer on Critical Incident Stress Management*, 2010. Available at: www.icisf.org/who-we-are/what-is-cism. Accessed on 25 July 2012.

144 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p9.

> *Health and Welfare's Specialist Clinical Psychologist. Individual follow up session are provided if indicated. Returned officers meet with the DVI Commander and Coordinator to provide operational feedback/debriefing, which includes discussion of any personal wellbeing concerns.*[145]

WAPOL's verbal and written evidence indicates that they are still using a CISM approach based on debriefing, which the studies quoted above suggest should no longer be used as they are not effective. The State Coroner in investigating the death of Sergeant Elliot Watt found that his colleagues "received little training in the management or identification of persons suffering from depression" and recommended that such training be provided to police entering management roles.[146] A PFA approach would ensure these skills would be spread far wider in WAPOL than just senior managers. Appropriate PFA educational resources could be sourced from Victoria Police and the Queensland Police Service.

Fire and Emergency Services Authority (FESA)

Similarly, the Committee was told by FESA's chaplain that:

> *Yes, I have done a number of training events with—… it used to be the Critical Incident Stress Management Foundation of Australia—it is now called CIMA, the Crisis Intervention and Management Australasia. They are an Australia-wide organisation that deals in critical incident stress management.*[147]

At their hearing, FESA acknowledged there were "some mixed views about the effectiveness of operational debriefing"[148] and indicated to the Committee they were moving to a new framework:

> *Our framework is proposing more of a psychological first aid approach* ***immediately following exposure*** [emphasis added]. *That is our position at this point. …We would probably hope to have the framework finalised before the next fire season.*[149]

This evidence is worrying in that it seems to indicate a lack of understanding that PFA is not a process to be applied after a critical incident, but an organisation-wide approach

145 Submission No. 7 from Dr Karl O'Callaghan, Commissioner of Police, 2 November 2011, p4.
146 Mr A. Hope, State Coroner, *Inquest into the death of Elliot Peter WATT*, Office of the State Coroner, Department of the Attorney General, Perth, 9 March 2012, pp34-35.
147 Mr Ronald Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p2.
148 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p10.
149 Ibid.

to prepare staff for the likely stresses of a critical incident, and then monitoring and supporting staff after the incident.

Department of Environment and Conservation (DEC)

Until the Boorabbin fire in December 2007, the Department of Environment and Conservation (DEC) said it had not had to deal with a fatality since the 1950s while being the lead agency dealing with more than 20,000 bushfires.[150] DEC said that they use a CISM approach[151] to deal with staff stress and trauma:

> *Our guidelines require a four-stage approach. The first is **critical incident first aid*** [sic], *where even in the middle of a shift if something happens that people become aware of, it is possible to provide support and treatment for individuals during the shift. At the end of that shift in which a critical incident has occurred, there is **a defusing**, which might be only a 30 minutes to one hour get-together where people are given information …and also an opportunity to express straight off the bat any concerns that they had about how things were managed...*
>
> *That is followed up within a few days by a **more detailed CIS debriefing**, … about the critical incident itself and how staff have been affected by that. They are given all the support contacts and availability and they are given advice about what they might experience and how to deal with that. ...*
>
> *The third* [sic] *phase is the **individual or group support mechanisms**.*[152]

The Committee is particularly concerned by DEC's apparent lack of information about the move internationally in first responder agencies from a CISM to a PFA approach. It saw first-hand the stress that DEC's senior staff were exhibiting at a briefing in regard to the recent Margaret River bushfires. Some DEC staff admitted to the Committee that they were very stressed but were not willing to accept any of DEC's support processes, such as EAP counselling.[153]

St John Ambulance

The Committee was told that St John Ambulance "are moving to that sort of process [PFA]" and because it is a health service "our training automatically has a focus in being

150 Submission No. 6 from Department of Environment and Conservation, 31 October 2011, Appendix 12.

151 Ibid, p2.

152 Mr Alan Walker, Director, Regional Policy and Projects, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p8.

153 Department of Environment and Conservation, *Briefing*, 8 June 2012.

able to provide that pastoral care and that psychological support, because we do that for patients on a daily basis."[154]

Department of Education (DoE)

The Department of Education (DoE) appears to be the only State agency whose planning is clearly based on PFA principles. Its School Psychology Service provides information to school staff on critical incidents and how to respond.[155] All of DoE's 340 school psychologists receive three days of training in PFA. After they have been provisionally registered, their third day's training is dedicated to having to "to demonstrate their competence. They are given hypotheticals and they are made accountable for the answer to a specific question at any particular moment." The key role of these psychologists is to undertake an hour-by-hour analysis of what are a school's needs after an incident; "who are the major at-risk groups; what communications need to be written and need to be done verbally; and what other support needs to be brought on board."[156] Additionally, they:

> *are looking at behaviour—behaviour of students, staff and community members, meaning perhaps parents of the students. What does what you see mean? Does this mean that somebody who is crying is having a much stronger reaction than somebody who is sitting quietly, and does it mean that the person who is not reacting at all is in fact more at risk or less at risk?*[157]

Queensland agencies use of PFA

The Queensland Fire and Rescue Service told the Committee that they previously used "the critical incident debriefing and defusing, but for most of this year we have been teaching people psychological first aid as a replacement model." They initially trained their PSOs and fire investigators, and are now rolling the training out to their fire crews and plan on extending the training to managers and supervisors as well, "because it is just good common sense in caring for people who are in distress."[158]

Case Study Two- Queensland Police Service

Queensland Police Service (QPS) have had a strong association with the Australian Centre for Posttraumatic Mental Health (ACPMH) in Melbourne. From 2009 "we

154 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p3.
155 Submission No. 12 from Ms Sharyn O'Neill, Director General, Department of Education, 1 February 2012, Attachment 1, p3.
156 Mrs Maura O'Connell, School Psychologist, Department of Education, *Transcript of Evidence*, 18 June 2012, pp2-3.
157 Ibid, p3.
158 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p5 & p8.

started training our key support personnel—our PSOs, Police Chaplains—and obviously our human services officers who were trained first" in PFA. The training was geared to the specific roles of staff members and has since included training for OICs and training for supervisors. Training for Police officers came later and consisted of an initial four hour block of PFA training, "but there is an ongoing training element because of the repeated exposures to critical incidents."[159]

ACPMH has developed with QPS separate manuals for senior non-uniformed Human Service Officers, uniformed Supervisors and OICs, as well as a short 10-page manual for all Police titled "Looking After Yourself/Looking Out for Your Mates".[160]

The Director of Safety and Wellbeing at the QPS said:

> *our best capacity to identify and prevent* [stress] *and manage the needs of our members is not through psychologists and social workers; it is through our 14,500 strong workforce, which includes 3,500 supervisors and our 700 PSOs. Our approach has been to say, "This is a leadership quality, a leadership responsibility. ..." So, a lot of our policy systems, education and training, has been focused on those … officers to get them to be able to identify and to take an interest and to refer on to a specialist if there is a need for that.*[161]

Importantly, the PFA approach used by the QPS since 2009 has seen psychological injury claims by their staff more than halve since then, "from 131 in 08/09 to 100 in 09/10 to 59 in 10/11."[162]

Finally, the Queensland Ambulance Service (which is located in the Department of Community Safety along with QFRS) use a PFA-type approach to staff education but call it 'resilience training', as their staff are exposed to trauma every day and are:

> *learning to deal with repeated grief, with death of children on a more or less daily basis and a whole variety of things. That goes beyond the reach of Psychological First Aid. Psychological First Aid is designed with a specific context to deal with individuals immediately after, frequently, a catastrophic event.*[163]

159 Ms Eve Gavel, Manager, Employee Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p5.
160 Ibid.
161 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p8.
162 Ibid, p4.
163 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p6.

Finding 6

All of the State's emergency responder agencies are currently not using the industry-standard approach of Psychological First Aid in preparing their staff to deal with the trauma of critical incidents, but are still applying a debriefing approach that research has shown is either not useful or actually exacerbates the stress of some staff who participate in it.

Recommendation 10

The Ministers for Emergency Services, Environment and Police provide additional funds in the 2013-14 Budget so that the State's emergency response agencies can implement a Psychological First Aid approach to preparing staff to deal with critical incidents and disasters, as is used in other Australian jurisdictions.

Using PFA to build community resilience to deal with disasters

While outside the terms of reference of this Inquiry, the Committee also heard that the State's first responders and emergency staff could be assisted in dealing with their stress if the communities they lived in were more resilient. Most people impacted by disasters have the ability to independently recover from critical incidents and their resilience can be improved with PFA training across their community.[164]

Professor Gerard Jacobs said that education about traumatic stress and resilience is the best way to get emergency agency staff "to stop thinking of themselves as weak when they have an ordinary reaction to an extraordinary event." He believes that sometimes the friends and family of a first responder get tired of hearing about their stress and this is part of why you want "everybody in the community trained, so if one person gets tired of listening, he has somebody else that you can turn to and lean on."[165]

The Committee heard from Professor Richard Bryant of a PFA-like framework he helped develop in the United States after Hurricane Katrina that is now being used in Australia. This framework trains a wide range of community members as basic crisis counsellors and is now a template for dealing with future disasters. Professor Bryant said that he coordinated a training program in Victoria, adapted from what he did in New Orleans, after the 2009 Black Saturday bushfires. The program trains people, either before or quickly after a critical event, in the PFA approach. The second phase is provided weeks later when survivors may still be having problems:

164 Dr George A. Bonanno *et al*., 'Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities', *Psychological Science in the Public Interest*, vol. 11, no. 1, 2010, p1.

165 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p4.

> *…but maybe I am still having nightmares, perhaps I am really, really insomnious, I am very angry, or I am just drinking a lot and I do not know why. … And what we have done is … we developed a manual, if you like, where we have been training—there have been thousands trained in the US and a lot of people trained in Victoria, across the State—in just how to help people deal with those problems.*[166]

Key skills are identified and the program is aimed at people with minimal skills:

> *I remember doing training down in Florida. … and I was training people whose day job was driving the school bus. That was the sort of level of skills we had to work with. But you could train those people up to do this basic skill.*[167]

This phase includes up to five sessions to teach skills, including problem-solving:

> *… in terms of being able to identify what problems you can control and what you cannot, how do you break it into steps, how do you break it into possible solutions, how do you prioritise them, … it might be how you put a roof back on your house or how you deal with an insurance company or whatever. But following both Katrina and Black Saturday, that has been the one thing that has been used most popularly by people, for that very reason.*[168]

In the third phase, community members identified as having real psychological issues are directed to the proper medical resources for counselling or medication. Professor Bryant gave the Committee an example of this type of community resilience training in southern Israel. In Sderot, an area which has been heavily hit by missile attacks, an organisation called Gvanim provided training in the first three months of 2009 to almost 1,000 adults, youth and children.[169] Schools were regularly hit by missiles and the training achieved "very good results, because there are programs that can be set up to actually enhance the teachers' ability to make the kids resilient... It is not going to make them all fine, but it certainly has a good impact."[170]

166 Professor Richard Bryant, School of Psychology, University of New South Wales, *Transcript of Evidence*, 17 November 2011, p7.

167 Ibid.

168 Ibid, p8.

169 Gvanim Association, *Successfully Battling Terror and Trauma in Sderot*. Available at: www.gvanim.org.il/eResilienceCenter_May31-2009.htm. Accessed on 25 July 2012.

170 Professor Richard Bryant, School of Psychology, University of New South Wales, *Transcript of Evidence*, 17 November 2011, p8.

Case Study Three- State of Minnesota

The Committee was told by Professor Gerard Jacobs that the State of Minnesota has a state-wide process for training its population in PFA.[171] Its Department of Health used a PFA approach in response to the 'swine flu' pandemic threat in 2009.[172] Professor Jacobs said that a core skill of community-based PFA is active listening skills:

> *The research … is that good active listening enriches your personal life, your romantic life, your professional life. So you can use the skills on a daily basis and that way it does not become something stale. The feedback we get from people we train is that, "You know, this is actually useful", … and keeps the skills fresh for those who take part.*[173]

Professor Jacobs said that in Minnesota the first responders are eagerly taking on the PFA training, "one of the folks who took part in the training of trainers that I did for Minnesota was himself a critical incident stress teacher, and he threw that over in favour of the psychological first aid once he had been trained.[174]

Finding 7

The use of a Psychological First Aid approach more broadly across a community helps to build its resilience and lower the number of people traumatised by a disaster.

171 University of Minnesota, *Minnesota Psychological First Aid Training*, 2011. Available at: www.publichealthpractices.org/practice/minnesota-psychological-first-aid-training. Accessed on 26 July 2012.

172 Minnesota Department of Health, *Behavioral Health and Emergency Preparedness*, 13 April 2011. Available at: www.health.state.mn.us/oep/responsesystems/psychfirstaid.pdf. Accessed on 25 July 2012.

173 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, pp4-5.

174 Ibid, p8.

Chapter 4

Planning before the storm

This chapter summarises the activities undertaken by the State's emergency agencies to prepare their staff for a critical incident or disaster.

> *In preparing for battle, I have always found that plans are useless but planning is indispensable.*[175]

President Dwight Eisenhower's statement highlights the importance of preparing and planning for a range of eventualities given that the future is uncertain. His experience is important in terms of the State's emergency agencies preparedness for a disaster and for training and supporting their staff to deal with critical incident stress and trauma. This chapter reports on the activities of the agencies to prepare their staff and concludes by reporting on their current processes for exercising their plans. However, the Committee found that the effectiveness of these services is often limited by the culture of the emergency agencies themselves.

A barrier to preparing for stress- the culture of 'first responder' agencies

Many witnesses gave evidence that the organisational culture of an emergency response agency often limits the staff's support for programs in preparing them for or dealing with stress. Most emergency agencies are male dominated in terms of the gender of their senior managers and overall staff. In the past, managers and supervisors often took a 'macho' approach and advised stressed staff to 'suck it up'. For example, the Committee was told by a paramedic that several years ago he was denied support by his St John Ambulance (SJA) manager after attending a triple fatality car accident. He had requested a debrief for his crew but was told "We are too busy; carry on."[176]

The Committee heard evidence that this culture has begun to change now that there were more women and younger staff in the Western Australia Police (WAPOL) and St John Ambulance, in particular. The Committee was told by the City of New York Fire Department that a major generational change had occurred with a greater number of younger firefighters. This view was reinforced locally by WAPOL:

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175 From a speech to the National Defense Executive Reserve Conference in Washington, D.C. (November 14, 1957); in Public Papers of the Presidents of the United States, Dwight D. Eisenhower, National Archives and Records Service, Government Printing Office, p818. Available at: http://en.wikiquote.org/wiki/Dwight_D._Eisenhower.

176 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p4.

> *If you are interviewing a police officer who has been in the job for 20 or 30 years, it takes a much longer period to have them reveal their inner world than if you are interviewing a 23-year-old who has been in for a couple of years. These people are not reluctant to seek help. They are not struggling to tell us they have a problem. The younger generation are very forthcoming.*[177]

Women in the WAPOL now number about 20% of total staff. The State's volunteer organisations also have a high proportion of women. The Metropolitan Volunteer Sea Rescue said that about 30% of its volunteers are women[178] while the State Emergency Service (SES) said their ratio was "nearly 50:50. ... It has a significantly higher ratio of women involvement than any other emergency service."[179] Fire and Emergency Services Authority (FESA) remains the emergency agency with the lowest number of female staff.

A senior WAPOL officer told the Committee that "the culture amongst Police is incredibly supportive of their colleagues. Their officers and their supervisors do care about their people." In areas such as the Forensic Division, "the culture where you do not talk about your workmates does not exist." And in comparison to other employers:

> *I think it is probably one of the most embracing and supportive cultures that I have seen. I have been in the military and I have worked in the mining industry prior to that and I would say that both of those cultures are not a patch on what we do for our workmates at the moment*.[180]

However, the Committee was told by FESA's Chaplain that he believed the macho culture continued in that agency, "Certainly there is. As I was saying earlier, there is that culture of they are tough and they do not need it [assistance]; there is that barrier."[181] However, another FESA witness said that several recent reviews had led to a change of culture and that educational programs were an important aspect of these changes.

He gave as an example of this change by firefighters:

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177 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p14.

178 Mr Roger Howell, President, Metropolitan Volunteer Sea Rescue, *Transcript of Evidence*, 20 June 2012, p7.

179 Mr Phillip Petersen, Committee member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, p8.

180 Mr Gordon Fairman, Acting Divisional Superintendent, Forensic Division, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p6.

181 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p6.

> *We wear breathing apparatus to go into structure fires. Forty years ago breathing apparatus was introduced to fire services. You were regarded as a pretty weak firefighter if you wore a breathing apparatus. These days it has completely changed—you are an idiot if you are not putting it on.*[182]

Another recent change in the culture can be seen in the wellness and fitness area:

> *As a fireman, … they would be smoking around the table and waiting for the bells to go and they would have a meat pie and a can of Coke. Now you walk into any fire station, no-one smokes any more, they will have salads, and are very keen and conscious of what they eat…*[183]

In balancing this view, the Committee was told that often it is the older, more experienced, staff who have seen the cumulative stress effects of attending incidents and so have become very powerful advocates of cultural change within the organisation because they have worked their way through the stress and have a lot of credibility.[184]

Another positive flowing from the emergency agency culture are the often tight bonds between staff, as "the camaraderie and sense of belonging is one of the greatest mitigators of stress and trauma …. They belong in a team; they belong in a group and they care about each other."[185]

Finding 8

The State's main emergency agencies are undergoing a cultural change as they employ additional younger members and women. This should ensure that more staff engage with the support services offered by their welfare and health branches.

Agency welfare sections

The welfare sections of each of the State's emergency response agencies coordinate the activities of the individual support services, such as chaplains, peer support officers and employee assistance schemes. Their key role before a disaster is to communicate the organisation's services to staff and volunteers.

These agencies' strategy must be to ensure that mental health is de-stigmatised and organisationally valued and reinforced, and particularly couched in a "looking after

182 Mr Christopher Arnol, Acting Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p9.
183 Ibid.
184 Professor David Forbes, Director, Australian Centre for Posttraumatic Mental Health, *Transcript of Evidence*, 2 July 2012, p6.
185 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p5.

your mates" approach. Professor David Forbes from the Australian Centre for Posttraumatic Mental Health said that for many agencies there is a gap where "these things might be introduced but not then delivered in a way that rings true or credible for the members themselves and it sounds and feels a bit like lip service."[186]

The State's three first responder agencies aim to deliver these services with a very small number of staff, given the size of their workforce, as outlined in Table 4.1.

Table 4.1- Comparison of the welfare service staff of the State's Police, fire and ambulance agencies

Service	Staff	Volunteers	Chaplains	Psychologists	Other Staff
WAPOL[187]	5,800	-	2	3.6 FTE	4
FESA[188]	1,400	32,250	1	1	4
St John Ambulance[189]	700	4,000	1	0	1

FESA has recently doubled its uniformed officers in its welfare section to four, but the WA Firefighters' Union, while it strongly supports the work of the welfare section, says it remains "small and chronically under-resourced."[190] The Union also claims that FESA procedures in this area are "not effective at all".[191] Similarly, the WA Police Union said their current Vice-President is there "as a welfare officer wholly and solely" and the Union intends to:

> *have the Vice-President be employed by the WA Police Union in a full-time capacity, and part of that role will be a welfare coordination role. We have some plans to try to secure some resources from other areas to expand the service we provide to members, because we know that some members are not comfortable receiving health and welfare services from WA Police…*[192]

The welfare staff of both these unions aim to service their members with information and to improve the liaison between their memberships and their respective agency's

186 Professor David Forbes, Director, Australian Centre for Posttraumatic Mental Health, *Transcript of Evidence*, 2 July 2012, p8.
187 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p4 and Mr Gregory Italiano, Executive Director, Western Australia Police, p12.
188 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p12.
189 Mr Nathan Abbott, St John Ambulance Peer Support Coordinator, Email, 23 August 2012.
190 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p2.
191 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p2.
192 Mr Brandon Shortland, Vice-President Elect, WA Police Union, *Transcript of Evidence*, 20 June 2012, p2.

welfare sections. The Police Association of Victoria also has an internal, and confidential, EAP service for their members which costs about $50,000 per annum.[193] The WA Firefighters' Union said that it had employed an officer in a welfare position "for some decades" and if they identify that there is a welfare aspect to a member's problem, "we trigger a welfare report internally [in FESA]." The Union said:

> *Probably we do nearly as much welfare work as we do industrial work which, in our view, sets us significantly apart from the rest of the union movement. It is one of the things that we consider that we have done quite well.*[194]

The Department of Environment and Conservation (DEC) acknowledged that it still faced some resistance from staff who refused to accept that stress might affect them. This was a particularly strong cultural condition for long term staff who "have been to a lot of difficult incidents [and] probably feel as if they have the resilience to cope."[195]

The peer support officer (PSO) program of each agency is another area of focus of the work of the welfare sections, as these staff need to be identified, trained and then supported once they commence their roles. As outlined in more detail below, the PSO programs are a very important process in the early identification of colleagues who might be suffering stress and trauma, and in encouraging these staff to access counselling services.

A major weakness with the current education programs undertaken by the State's emergency agencies (based primarily on providing pamphlets, posters and wallet cards about their EAP[196]) is the effectiveness of the communication methods used. The Committee was told that "The employer has probably told them a hundred times, … you sort of get bombarded with all these bits of information. … They might send out an email every three months" but the emails were often not read.[197]

Also, these communications often do not address the partners and family members:

> *I feel that families I have spoken to do not know who to turn to if they see their husband, wife, partner struggling with issues at work; they do not know who to contact and where to go. Of course, they wonder whether there could there be a confidentiality issue around going to*

193 Mr Bruce McKenzie, Assistant Secretary, The Police Association of Victoria, *Transcript of Evidence*, 2 July 2012, p4.

194 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p2.

195 Ibid.

196 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p6.

197 Mr John Oliver, State Secretary, United Firefighters' Union Queensland, *Transcript of Evidence*, 5 July 2012, p9.

> *the employer and being put on hold from one person to the next to the next before finding someone…*[198]

The stress faced by volunteers is similar to that faced by career staff. The Committee was told of Western Australian volunteers who were sent interstate to assist with the 2011 Queensland cyclones and a major storm in Victoria. Additionally, some SES volunteers sent to assist with the Carnarvon floods "recorded 100 days of continuous operation as a consequence of the floods." These activities by the volunteers often create tension in their relationships and family situation and therefore need a similar level of support, training and resourcing as career staff.[199]

Volunteer agencies thought that welfare section operations often overlook regional volunteers, in particular. These regional units face particular problems created by many young people moving to the city and some residents taking up fly in-fly out employment. This makes it hard for them to undertake regular training, and therefore created difficulties for these volunteer agencies in staffing their teams, and "We see plenty of people come through the door who think they might want to be involved, but we are down to a quarter or a third who stick around for the long term."[200]

The Volunteer Fire and Rescue Services Association gave evidence that the operation of FESA's welfare branch in liaising with volunteers had recently improved with the employment of another career firefighter, who knows the brigades and their staff, to the welfare section.[201]

Stress and disciplinary matters

The Victorian Country Fire Authority (CFA) told the Committee that there has been an increase in workplace conflict since the 2009 Black Saturday bushfires. The CFA also saw an increase in the number of workplace bullying stress claims as well as an increase in use of all of its welfare services. These elevated rates of conflict and stress "have not gone back to pre-Black Saturday levels."[202]

The WA Firefighters' Union gave evidence that many occurrences of staff stress were based on industrial issues:

198 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p2.
199 Mr Phillip Petersen, Committee member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, pp6-7.
200 Ibid, p9.
201 Mr Max Osborn, Executive Officer, WA Volunteer Fire and Rescue Services Association, *Transcript of Evidence*, 22 February 2012, p2.
202 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p12.

> *FESA has not identified the fact that post-traumatic stress underpins disciplinary problems or grievance issues. In the last five years 99% of grievance and disciplinary matters that have required union intervention or assistance have involved post-traumatic stress. That is no exaggeration.*[203]

While outside the scope of this current Inquiry, the Committee heard expert evidence in NSW from Professor Richard Bryant that supports the WA Firefighters' Union's assertion:

> *if you look at a lot of the studies of organisations—police, fire, those sorts of things—and if you look at how most people are travelling over time, the greatest contributor to people's psychological problems is organisational stress, not critical or traumatic stress. That is a misconception that most people do not follow up on.*[204]

Professor Bryant told the Committee he defined 'organisational stress' as "a combination of very poor management, harsh management, unsupported management, interacting with the nature of the business, which is often shift work, poor promotion."[205] He said his view was supported by many organisational studies that used scales of 'supporting and unsupporting', and 'positive and negatives' to study traumatic stress and the functioning of staff. These studies helped explain the variability around the world (and even within jurisdictions) of how different emergency organisations are actually coping with staff being exposed to traumatic stress.

Professor Bryant continued:

> *If you look at most of the variants, … of how a person is travelling, it is actually accounted for more by organisational stress interacting with the traumatic stress. … a lot of people think if you are going to start to assist the mental health of people …, we have got to deal with the trauma. If that is done, then it is a good thing. But it is actually not going to deal with much of the problem, which is the management issue, because a lot of people are working in very, very harsh management organisations*[206]

The WA Firefighters' Union gave the Committee of an example of a stressed firefighter facing a very serious disciplinary matter. It was not the first time this person had been

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203 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p4.

204 Professor Richard Bryant, School of Psychology, University of New South Wales, *Transcript of Evidence*, 17 November 2011, p3.

205 Ibid.

206 Ibid, p4.

in trouble. The Union said it told FESA that it believed the person was showing all the signs of having some form of critical incident stress. According to the Union, this was totally discounted by FESA and "it was only ever interested in the discipline and not the set of circumstances surrounding that [stress]."[207] The Union was concerned that FESA staff and managers receive little training about stress and resilience, and that "the 1.5 hours that the recruits receive, the additional 1.5 hours of training that station officers receive at that level and a further 1.5 hours that is provided to senior officers, is woefully inadequate."[208]

This evidence is supported by Professor Gerard Jacobs who told the Committee that many organisations wanted him to provide an hour's training for their staff in psychological support but this level would not actually help their staff. Instead he tries to "hold fast at eight hours for the general first-aid training for the public or for a group— professionals in … eight hours we can get the job done."[209]

Finding 9

The State's emergency agencies managers may not understand the possible impact of trauma on staff in a disciplinary situation.

Training of recruits

The other educational activity undertaken by the welfare sections is with new recruits. This training aims to equip staff to deal with traumatic situations and "to tell them that it is okay to acknowledge that PTSD or critical incident stress are very real conditions and that it is okay for them to accept that it could happen to them."[210]

WAPOL told the Committee that it faced particular problems as many of its recruits were young people aged 18 or 19 with little life experience.[211] Staff from WAPOL's health and welfare branch attend the recruit school on three separate occasions for about six hours in total over their 28 week course. The first occasion is quite early "to alert them to the fact that the health and welfare branch exists and that we have chaplains, sworn welfare officers and psychologists … and how to get in contact with us."[212]

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207 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p4.

208 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p5.

209 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p7.

210 Mr Alan Walker, Director, Regional Policy and Projects, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p5.

211 Mr Gregory Italiano, Executive Director, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p1.

212 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p9 & p10.

Later the Police recruits are delivered some initial psycho-education training:

> *what are the things that stress police officers; what do you look for; what are the signs and symptoms; and what do you do if there is a problem? …. We also attend with them at their first mortuary visit, …to provide them with support at their first formal fatal attendance, and we provide debriefing processes when they first attend.*[213]

The Metropolitan Fire Brigade in Victoria also provide their recruits with about five hours of training over three sessions about stress issues and their use of the Psychological First Aid (PFA) approach. Further such sessions are provided every time staff have a specialist or promotional course. These sessions are offered along with units on health and fitness.[214] The Country Fire Authority in Victoria use some of their 160 peer support officers to provide training on stress management to its recruits.[215]

The Australian Red Cross (ARC) has an impressive training program for volunteers and staff. It has four modules relating to personal support, including a self–care module. This training is undertaken in-house and uses a PFA approach in teaching staff and volunteers to look out for particular signs of stress with other team mates and how to support them if there are signs they are not coping. The ARC has introduced a workforce wellbeing policy following a national internal review of those volunteers who are placed on longer-term deployments in regional areas. This policy "looks at the provision of support to our emergency services volunteers 'pre', 'during' and 'post' disaster."[216]

Annual psychological testing of staff and volunteers

The Committee was told that psychological issues involving emergency workers were so critical that the Council of Ambulance Authorities' emergency management committee has reviewed recent disasters and is preparing a paper on them to present to government.[217] However, there were mixed views by witnesses on the issue of annual psychological testing of first responder staff. One paramedic told the Committee that such regular, ongoing 'wellness checks' were a good thing and the testing "should be across the board for anyone who treats anyone in the back of an

213 Ibid, p9.

214 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p8.

215 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p1.

216 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 21 March 2012, p4.

217 Superintendent Susan Webster, Acting Director, Special Operations Unit, Ambulance Service of New South Wales, *Transcript of Evidence*, 17 November 2011, p10.

ambulance, whether you are paid staff or a volunteer."[218] The importance of this testing was reinforced by the fact that stressed staff take their problems home and it affects their families, especially their partners.[219]

The WA Firefighters' Union told the Committee that it was concerned around the issue of whether these tests should be compulsory or not. The Union identified the main issue as to whether its members have trust in the FESA processes and whether their confidentiality about their psychological health is maintained:

> *Most of our members who have experienced trauma and some who have developed post-traumatic stress are really concerned that if they reveal the full nature of their condition and do not receive the treatment response that is required, they may be pulled out of their job.*[220]

The Union reported a Canadian model which does not require compulsory testing but has a very high take-up rate by firefighters. In the province of Alberta, the fire service has a fitness, wellness and nutrition program that includes psychological resilience testing and there "is an 80% take-up rate, which we think is extraordinary."[221]

Psychological testing is undertaken by the State's emergency agencies on induction (as it is in other jurisdictions) and for several specialist sections, such as Western Australia Police's forensic science division. WAPOL submitted that "All forensic officers selected for DVI [disaster victim identification] roles must be attached to the Crime Scene Unit of Forensic Field Operations and undergo psychological screening for suitability in that role."[222] WAPOL's reported their process for selecting staff:

> *DVI coordination staff maintain a list of suitably trained personnel who are prepared for response. The officers contained in this list have been trained in general forensic work and DVI specific processes. They hold full operational status and have been checked by Health and Welfare personnel as being physically and mentally healthy. This means they are not known to be suffering from any diagnosable psychological condition, and have not had a known significant physical concern within the last twelve months.*[223]

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218 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p1.

219 Ibid, p2.

220 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p4.

221 Ibid.

222 Submission No. 7 from Western Australia Police, 2 November 2011, p2.

223 Ibid, p3.

FESA told the Committee that it has been undertaking psychological screening of recruits for at least 9 years. In 2011 it started a voluntary health monitoring program for current firefighters that included a psychological element. Its initial target was for 700 firefighters to volunteer for the test but only "just over 200 had taken up the opportunity." It has not discussed with the WA Firefighters' Union making this program compulsory.[224]

While DEC undertakes a compulsory physical medical test involving a 4km pack walk every year, as well as a physical examination by a doctor every two years, it doesn't undertake any psychological testing of its staff.[225] The Department of Health undertake the medical and psychological screening of their AUSMAT teams. The psychological screening is limited to saying to the members "this is the kind of environment you may be exposed to and asking if they have had any experience in similar environments… have they worked in a developing country or done charity work in more austere environments." They also undertake team exercises to see how the members work together as a team living in tents.[226]

Victoria Police also undertake a six-monthly fitness test for those staff who enlisted after 1 July 2010, but has no compulsory psychological testing of its staff, other than in specialist units. In 2000 it introduced, with little resistance, a plan to test every operational Police every three years but this has been impossible to fund.[227]

The Committee found that the regular psychological testing of volunteers is not carried out in any Australian jurisdiction, mainly because of the cost and scale of such a program. A volunteer association was worried about how such a program would be controlled and consistently applied. If it could be done promptly and easily, "we probably would not have a problem with it", and thought for their volunteers:

> *we would probably lose more than we get and you would have to be very, very careful how you did it. If you went back and psychologically tested someone who has been in the brigade for 30 years, I do not think they would be there the next day.*[228]

The New York Fire Department (NYFD) explained their annual compulsory testing of firefighters to the Committee. Staff and retired firefighters receive two sets of

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224 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p2 & p6.

225 Mr Peter Dans, Director, Regional Services, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p6.

226 Dr Andrew Robertson, Director, Disaster Management, Regulation and Planning, Department of Health, *Transcript of Evidence*, 29 February 2012, p5.

227 Inspector Danny Bodycoat, Wellbeing Services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p9.

228 Mr Max Osborn, Executive Officer, WA Volunteer Fire and Rescue Services Association, *Transcript of Evidence*, 22 February 2012, p6.

questionnaires- one for medical issues and one for psychological issues. Firefighters come in as a company and are examined at the same time. These tests are completed on a computer and if the tests indicate a possible psychological issue then counselling staff talk to them about how they can get assistance. The NYFD examine 60-70 firefighters as well as 10-20 retired staff a day.[229]

In preparing their SES staff and volunteers for dealing with stress, the NSW Ministry for Police and Emergency Services told the Committee it has used for the past few years a training tool called 'strength deployment'. This is a relationship awareness tool "to actually prepare teams in understanding themselves when things are going well and when things are in conflict". It was used to prepare teams sent to the Black Saturday bushfires in Victoria in 2009. The tool "gives you a bit more of an understanding of how people are motivated and their likely responses when they are communicating with each other."[230]

The Queensland SES is investigating the value of psychometrics for the selection of its volunteers "as the employer of SES, we have a responsibility to select those who may be engaged in traumatic-type incidents. …: what degree of responsibility an organisation has to evaluate who may go into a traumatic-type environment." In the future, volunteers may be required to undertake some psychometric testing and there may be "more detailed psychometric testing for those who get involved in road crash rescue because of the frequency that they do engage."[231]

The Committee was told in New York that it was possible for an online psychological test that provided confidential feedback to individual staff (with a guarantee of anonymity), while compiling a report to central headquarters on a unit's psychological readiness to respond:

> *…individuals are not tracked, but individuals can actually receive feedback that is available only to them so that they know: "Is this something I need to worry about? Am I having unusual reactions?" We can then give unit or higher level indications of readiness to respond and fitness to respond. For instance, if you find that this district is having difficulties, maybe you sponsor more psychological support programs in that area.*[232]

229 Dr Kerry Kelly, Chief Medical Officer, Fire Department, City of New York, *Briefing*, 26 January 2012.

230 Mrs Gina Mammone, Manager, Critical Incident and Counselling Services, NSW State Emergency Service, *Transcript of Evidence*, 17 November 2011, p4.

231 Mr Peter Jeffrey, Director, State Emergency Service, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p7.

232 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p18.

Finding 10

Emergency agencies across Australia have struggled to fund compulsory annual physical well-being tests for their staff. Efforts to provide a voluntary psychological component to these tests have not been well-supported by their staff.

Interstate and overseas deployment

In those States with an urban search and rescue team, the families and team members are briefed by the agency's welfare section before deployment so that families are aware of the support systems that are available to them. For NSW Ambulance, if the deployment is for more than three days (with a maximum of 10 days), "we get the families online and they do a teleconference with the peer-support officer, with the senior chaplain and with the senior counsellor in charge of the State."[233]

One welfare section for all State emergency agencies

The WA Police Union's submission to the Inquiry was largely based on the results of a survey it undertook of its members. Recommendation 20 was an innovative idea for one Western Australian organisation to offer counselling and support for the State's first responders. The Union told the Committee:

> *the idea is that if you could compile that knowledge and then specialise it so that an organisation is equipped to deal with all these things across the different emergency services personnel, then there would be the ability to create targeted, specialised responses when people face critical situations.*[234]

This proposal was made toward the end of the Inquiry's local hearings, so it was only able to be tested with witnesses from agencies in Victoria and Queensland. The Committee heard evidence that, while not covering counselling services, British Columbia in Canada has one training institute for all recruits to their first responder agencies.[235] Also, there was support for inter-jurisdictional training and cooperation between police and fire agencies, "so when there is mass disaster in somebody's State, you can deploy other people from other jurisdictions to help out. We are all following these similar kinds of models in terms of welfare and mental health response".[236]

The consensus was that police, fire and ambulance agencies have similar organisational structures delivering similar processes to their staff and volunteers to address issues of

233 Ms Rosemary Hegner, Director, Health Emergency Management Unit, New South Wales Health, *Transcript of Evidence*, 17 November 2011, p4.
234 Mr Thomas Barratt, Research Officer, WA Police Union, *Transcript of Evidence*, 20 June 2012, p7.
235 Inspector Danny Bodycoat, Wellbeing Services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p12.
236 Ms Michelle Spinks, Social Worker, Police Psychology, Victoria Police, *Transcript of Evidence*, 3 July 2012, p13.

stress, but these agencies have different cultures. Just as the Committee heard from many witnesses that staff are more willing to talk to peers, chaplains and counsellors from their own agency rather than from an external EAP provider, so they are more willing to receive help from their own agency rather than another emergency agency.

Coordination of services

The Victorian Country Fire Authority has worked with World Vision International (which is experienced in the PFA approach) since the Black Saturday bushfires in 2009 to build on and enhance their existing services. They have developed a two-year plan which will bring in additional psychologists and add support to the regions, the peer coordinators, chaplains and HR managers.[237]

The Committee was told that, while there was a difference in approach between many of the Victorian emergency agencies, the Victorian SES formed an association with the NSW SES in the pre-planning period before the 2006 Commonwealth Games because "because the way they trained and their methodologies were very similar to ours." The two agencies now have a MOU and train together regularly. During the Black Saturday bushfires the NSW SES sent three teams of peers and chaplains over a five week period. In 2010 a training weekend was held in Albury that also included SES peers and chaplains from Queensland and the ACT. This meant that with the 2011 Queensland floods, SES teams from NSW and Victoria were sent. At one stage the NSW SES peer coordinator relieved the Queensland SES manager to allow him a break.[238]

Similarly, the Victorian Emergency Service Association has a partnership with the Volunteer Fire Brigades Victoria and the two organisations have been working together to respond to a Victorian Government green paper[239] aimed at bringing all of the Victorian emergency agencies together under the Minister for Emergency Services.[240]

The final level of coordination in Victoria is between the peer support programs. The Victorian Emergency Services Peer Alliance (VESPA) has a long-term goal to have the peer programs work more closely together so that they can have a more coordinated response to a disaster. This would allow each agency to use other agencies' PSOs, especially in country regions. VESPA meets three times a year.[241]

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237 Mr Paul Garvey, Executive Manager, People and Culture, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p12.

238 Mr Peter Kueffer, Clinical Director/Psychologist, Victoria State Emergency Service, *Transcript of Evidence*, 2 July 2012, p5.

239 Mr Neil Hedger, Chairperson, Victoria Emergency Service Association, *Transcript of Evidence*, 2 July 2012, p9.

240 Department of Premier and Cabinet, *Victoria Prepared*, 12 June 2012. Available at: www.dpc.vic.gov.au/index.php/featured/reforming-victorias-crisis-and-emergency-management-framework. Accessed on 21 August 2012.

241 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p11.

Finding 11

The State's emergency agencies use similar processes to deliver programs to their police, firefighters, paramedics and volunteers to address issues of trauma. Their staff attend the same critical incidents (eg car crash or fire) and train to support each other during a disaster.

Finding 12

There should be economies of scale if Western Australian emergency agencies combine to jointly deliver their welfare programs aimed at reducing staff trauma.

Recommendation 11

The Ministers for Health, Police, and Emergency Services ensure that the Western Australia Police, the Fire and Emergency Services Authority and St John Ambulance establish a formal platform to share their knowledge and experience in delivering programs to their staff and volunteers to address issues of stress from disasters and critical incidents, as is done in other Australian jurisdictions.

Chaplains

The chaplains employed by the emergency agencies play an important role during and after a disaster or critical incident. For example, a FESA survey showed that the first preference for about a third of their firefighters would be to contact a chaplain for assistance, rather than the EAP or welfare branch.[242] However, before they are needed in this way, the chaplains are also active in getting to know staff and units, and working with the peer support officers. This support can be offered at a member's unit or home, and may be the reason why they are preferred by some staff over visiting a psychologist.[243]

Chaplains provide non-faith based spiritual and psychological care to staff as well as officiate in staff events such as weddings, baptisms and funerals. They also undertake their own training in dealing with stress. The Country Fire Authority's (CFA) chaplains in Victoria all hold qualifications relevant to counselling and are contracted to provide at least two hours of service a week.[244] The CFA has a number of districts in their eight regions and each district has at least one chaplain. The annual budget for this program is approximately $200,000, with many chaplains working more than the required two hours per week but not seeking recompense.[245]

242 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p3.
243 Submission No. 18 from the Country Fire Authority, Victoria, 3 July 2012, p4.
244 Ibid.
245 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, pp6-7.

Tables 4.2 and 4.3 below show the small number of chaplains employed by WAPOL and FESA in Western Australia compared to their counterpart agencies in Victoria and Queensland. This disparity is particular evident for FESA, which manages a large number of volunteers in remote and regional Western Australia. The Committee was told that for two years, FESA's welfare section consisted solely of its chaplain.[246]

Table 4.2- Comparisons of the number of Police chaplains in three States

Service	Staff	Chaplains	Staff per Chaplain
WAPOL[247]	5,800	2	2,900:1
Queensland Police Service[248]	14,500	10	1,450:1
Victoria Police[249]	15,500	2+58*	7,750:1

*Victoria Police use a large network of chaplains paid a casual hourly fee for their services.

Case Study Four- Victoria Police

Victoria Police (VP) has a very large chaplaincy network. It employs a full-time chaplain who manages a network of 58 chaplains in each of VP's Police Service Areas throughout Victoria. These chaplains work a minimum of three hours per week with their local police and are on call 24/7. About a third of these regional chaplains receive a fuel allowance for the travel they need to undertake. Additionally, there is another full-time VP chaplain who also provides services to the Metropolitan Fire Board and Victorian Ambulance services. The VP network also includes five chaplains for specialist units such as forensic, homicide and peer support. Finally, there are another eight chaplains for each of the world's major faiths, including Muslim, Jewish Buddhist, as well as one for ATSI staff. These multi-faith chaplains service the whole State.[250]

The Queensland Police Service has its 10 chaplains located in their eight regions and two commands, rather than just in Brisbane. While these staff per chaplain ratios are approximate, it indicates that WAPOL seem to have under-invested in this area of providing welfare support to its staff, especially given the geographical size of the State.

246 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p3.

247 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p4 and Mr Gregory Italiano, Executive Director, Western Australia Police, p12.

248 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p2 & p14.

249 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p1.

250 Mr John Broughton, Senior Police Chaplain, Victoria Police, Telephone call, 14 August 2012.

Table 4.3- Comparison of the number of fire service chaplains in four States

Service	Staff	Volunteers	Chaplains	Staff per Chaplain	Staff & Vol. /Chaplain
FESA[251]	900	32,250	1	900:1	33,150:1
QLD Fire and Rescue Service[252]	4,500	34,000	1	4,500:1	38,500:1
Country Fire Authority (Victoria)[253]	1,700	58,000	25	68:1	2,388:1
Metropolitan Fire Board (Victoria)[254]	2,000	0	1	2,000:1	-
NSW Rural Fire Service[255]	1,000	70,000	50	20:1	1,420:1

It is difficult to draw any clear conclusions from these approximate fire staff and combined staff/volunteer per chaplain ratios given the different practises in different jurisdictions, particularly those with two separate fire services such as Victoria.

In all of the non-WA jurisdictions where the Committee took evidence the fire chaplaincy services are distributed across the State. The CFA in Victoria has eight regions and it has a chaplain in each of its 20 districts. This service is managed by Converge International.[256] Similarly, the NSW ambulance service has 31 chaplains spread throughout NSW.[257] The Queensland Fire and Rescue Service has only one paid chaplain but has "informally appointed ones in a couple of the regions."[258]

The Committee was told that, while there was not a formal network of emergency agency chaplains in Western Australia, they "often ring one another up, have a chat

251 Mr Christopher Arnol, Acting Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p5 and Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, p12.

252 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p2 & p4.

253 Mr Paul Garvey, Executive Manager, People and Culture, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p1 and Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, p6.

254 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p2.

255 Mr Paul Scott, Manager, Counselling and Support Unit, NSW Rural Fire Service, *Transcript of Evidence*, 17 November 2011, p2.

256 Submission No. 18 from Country Fire Authority, 3 July 2012, p3.

257 Superintendent Susan Webster, Acting Director, Special Operations Unit, Ambulance Service of New South Wales, *Transcript of Evidence*, 17 November 2012, p2.

258 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p4.

and talk about what is going on." When chaplains are on leave, associate chaplains from organisations such as the Salvation Army step in to provide chaplaincy services.[259]

Given that part-time chaplains are often volunteers or are paid for only part of each week (with their hours depending on the number of incidents they attend), the cost of increasing FESA's chaplaincy services by another two or three would have minimal impact on its budget.

The Department of Environment and Conservation is currently considering a proposal to employ a chaplain, given their recent experiences with large bushfires.[260] Both the Department for Child Protection and the Department of Education (DoE) don't employ chaplains as part of their head office staff. However, DoE employ many faith-based and secular chaplains (or care workers) in the State's schools. These are employed through Youthcare, which has established a training program for the chaplains in post–critical incident counselling. The Committee was told that "85 of the [school] chaplains have been exposed to that and there is a further training session this year for another 25."[261]

The Committee heard evidence from staff associated with FESA, Western Australia Police and St John Ambulance of the urgent need to increase the number of chaplains employed in the welfare sections of all three agencies.[262] The Department for Child Protection said that it does not employ a chaplain nor routinely refer to any religious groups as their emergency response team Clinical Psychologists observe their staff and volunteers, and make referrals to appropriate counsellors.[263] The Committee heard evidence from nearly every emergency agency in all jurisdictions that a chaplaincy service adds a different level of support to that offered by peer supporters or counsellors when staff face critical incidents or respond to disasters.

Finding 13

Chaplains play a critical role in preparing emergency agency staff for, and in responding to, stress from a disaster or critical incident. However, Western Australia Police and FESA welfare sections have fewer chaplains (both full-time and volunteer) than similar services in other Australian jurisdictions. The Department for Child Protection and the Department of Environment and Conservation currently do not employ a chaplain.

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259 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p6.

260 Mr Keiran McNamara, Director General, Department of Conservation and Environment, Letter, 30 July 2012.

261 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p2.

262 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p6; Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p3; and Mr George Tilbury, President Elect/Director, WA Police Union, *Transcript of Evidence*, 20 June 2012, p2.

263 Ms Andrea Walsh, Manager Executive Services, Office of the Director General, Department for Child Protection, Email, 27 July 2012.

Recommendation 12

The Ministers for Environment, Police, Child Protection and Emergency Services fund additional chaplaincy services, particularly for staff and volunteers based in rural and regional Western Australia.

An alternative approach to additional full-time chaplains could be for the establishment in Western Australia of an agency similar to the Disaster Chaplaincy Service in New York, which has 150 volunteer chaplains representing 28 faiths and speaking 30 different languages.[264] This organisation provides chaplaincy services to the American Red Cross' Greater New York Region.[265] In Western Australia a similar organisation could provide a backup service to the full-time emergency agency chaplains, especially in responding to a large natural disaster.

Peer supporter officers (PSOs)

All of the State's first responder agencies use a peer support officer (PSO) model to provide on the job support for staff who might be stressed by a critical incident. These volunteers, who combine their PSO role with their normal full-time tasks, are a key part of an agency's welfare strategy. They support they work of the chaplains and the external EAP programs. Appendix 7 provides the conclusions from a recent global study looking at what makes the most effective PSO program. Tables 4.4, 4.5 and 4.6 below compare WAPOL, FESA and St John Ambulance data on their peer support officer programs with their counterparts in Victoria and Queensland.

Table 4.4- Comparisons of the number of Police peer support officers in three States

Service	Staff	PSOs	Staff per PSO
WAPOL[266]	5,800	84	69:1
Queensland Police Service[267]	14,500	700	21:1
Victoria Police[268]	15,500	430	36:1

264 NYC Disaster Chaplaincy Service, *Home*, nd. Available at: www.disasterchaplaincy.org. Accessed on 13 August 2012.

265 Ms Diane Ryan, Regional Director, Mental Health and Client Services, American Red Cross, Greater New York Region, Emergency Services, *Briefing*, 23 January 2012.

266 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p4 & p12.

267 Ms Eve Gavel, Manager, Employee Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p5.

268 Mr Joe Gazis, Clinical Advisor Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, pp1-2.

Table 4.5- Comparison of the number of fire service peer support officers in three States

Service	Staff	Volunteers	PSOs	Staff per PSO	Staff & Vol. /PSO
FESA[269]	1,400	32,250	36	38.9	935
QLD Fire and Rescue Service[270]	4,500	34,000	100	45.0	385
Country Fire Authority (VIC)[271]	1,700	58,000	160	10.6	373
Metro Fire Brigade (VIC)[272]	2,000	-	50	40.0	-

Table 4.6- Comparison of the number of ambulance peer support officers in three States

Service	Staff	PSOs	Staff per PSO
St John Ambulance[273]	700	194	3.6
Queensland Ambulance[274]	3,500	110	31.8
Ambulance Victoria[275]	3,000	80	37.8

The credibility of an agency's PSO relied on their current operational status, as their staff talk, either formally or informally, with colleagues who understood their job:

> *there is a bit of an unspoken brotherhood or sisterhood, because you go through these events in life together, you know, and what you are experiencing you are experiencing at the same time—the sights, the sounds, the smells; all those other things. … because they understand you can actually talk to someone on a clinical level about, "I went to this and did this and that, and this went pear-shaped or that went really well"…*[276]

269 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, Telephone call, 2 August 2012.

270 Ms Barbara Gonda, Manager FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p3.

271 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p3.

272 Ms Sue Jamieson, Employee Assistance Coordinator, Metro Fire Brigade, *Transcript of Evidence*, 3 July 2012, p1.

273 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, Email, 15 August 2012.

274 Mr Paul Scully, Manager/Counsellor Staff Support Services, Queensland Ambulance Services, *Transcript of Evidence*, 5 July 2012, p4.

275 Ms Heather Bancroft, Clinical Director, Victorian Ambulance Counselling Unit, Ambulance Victoria, *Transcript of Evidence*, 2 July 2012, p3.

276 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p8.

Additionally, the training that the PSOs undertake prepares them for what they might confront at a critical incident and therefore assists them in learning how to control their arousal and adrenaline surge (see Chapter 2 above). Dr Rob Gordon, a consultant psychologist with expertise in the prevention and management of critical incident stress, said "any kind of verbal anticipation or rehearsal of what you are going to experience is immensely valuable".[277] The Australian Red Cross undertake similar training for their staff and volunteers to give them a sense of the context they are going to be working in and this takes a lot of the uncertainty out of attending a disaster and "you make their experience a lot easier and a lot more manageable."[278]

The CFA PSOs not only provide support to agency staff during a bushfire, but also proved useful during 14 years of drought in regional Victoria from about 1995 to 2010. They also support seriously-ill CFA regional staff by offering to drive them to Melbourne for medical appointments. The annual non-staff cost of the CFA PSO program is about $150,000. This covers the expenses of the PSOs when they attend training or incur when providing support as well as CFA's ongoing training and skills maintenance costs.[279]

In a new development, the CFA is funding 64 regional volunteer support officers to work with its 58,000 volunteers in approximately 1,220 volunteer fire brigades. Discussions are still underway as to the scope of their work and how it might differ from the existing PSOs.[280] The Victoria State Emergency Service has 5,500 members and 45 PSOs. The cost of their program, including 1.4 FTE in salaries, is $240,000 per annum.[281] The annual non-salary cost to Victoria Police for training their 450 peers was estimated at just $20,000. The peer unit consists of four staff- the clinical advisor, a sergeant, a senior constable and a reservist.[282]

FESA's PSO network

PSO networks have been used in Western Australia for over 20 years. The WA Firefighters' Union placed the commencement of the program in 1989 under the then-Western Australian Fire Brigades' Board and said that it was instrumental in establishing the program. The program was based on similar ones operating in England

277 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, p4.
278 Mr Andrew Coghlan, National Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 3 July 2012, p6.
279 Mr Patrick O'Brien, Regional Director, Loddon Mallee Region, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p5.
280 Mr Allan Monti, Executive Officer, Volunteer Brigade Captain, Volunteer Fire Brigades Victoria, *Transcript of Evidence*, 2 July 2012, p7.
281 Mr Peter Kueffer, Clinical Director/Psychologist, Victoria State Emergency Service, *Transcript of Evidence*, 2 July 2012, p3.
282 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p8.

and the USA.[283] Similarly, the Committee was told that the SES (when it was a sub-section of the Police Department) program began in late 1990 after volunteer searchers were exposed to the traumatised family of a murdered young boy. A diffusing meeting was held at the community hall and later a volunteer used his life skills from the Salvation Army to assist other volunteers.[284]

An initial SES training course was held in November 1991 with a group of 12 to 14 volunteers and was led by a clinical psychologist. Later some SES staff and volunteers throughout all regions undertook a four-day course. The PSO "concept was not fully supported by the then-SES director at the time" but he changed his mind as result of the Gracetown tragedy in September 1996. The subject of stress and support from PSOs is now covered in the SES induction program for all volunteers and "also in appropriate training courses, such as search, cliff rescue and road crash rescue."[285]

The SES Volunteers Association told the Committee that there is a perception by "members in the current SES peer support team that FESA is not supporting the volunteer peer support system in the same way it has in the past."[286] No currency training is readily available nor is there an active recruitment of new volunteers to the team. The Committee received similar evidence from the WA Firefighters' Union[287] and FESA's chaplain that the FESA PSO program has been run down.[288]

FESA acknowledged in its submission to the Inquiry that a strategic change to their PSO program was made in 2006 to provide it with reduced support.[289] FESA's submission also said that a WorkSafe Plan Safety Management System Audit identified FESA's critical incident management system as a priority area for review. The audit's recommendations were accepted in 2010 and have resulted in an increase in human resource allocation to its welfare function.

Additionally, FESA commenced an internal review of its critical incident services in August 2011 and is currently working with an external consultant to further develop its critical incident management framework.[290] In evidence to the Committee, FESA said it had "a renewed vigour and appetite to re-establish" the PSO program it and

283 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p2.
284 Submission No. 13 from Mr Phillip Petersen, State Emergency Service Volunteers Association, 2 May 2012, p2.
285 Mr Phillip Petersen, Committee member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, p2.
286 Ibid.
287 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p2.
288 Mr Ron Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p3.
289 Submission No. 9 from Fire and Emergency Services Authority, 7 November 2011, p4.
290 Ibid, pp3-4.

reinvigorate it and "We need to deliver on that and provide more training, provide more networks and provide more recognition for them."[291]

Western Australia Police PSO network

The Western Australia Police (WAPOL) have 84 trained PSOs using staff from their welfare branch. PSOs are based across the State and in 2010-11 they engaged in 2,874 interactions with 1,964 Police employees. While PSOs are not expected to be counsellors, or to formally identify staff problems, they are expected to recognise stress indicators with their colleagues and encourage them to seek appropriate support from either the welfare branch or EAP. WAPOL training takes about a week and they are supported by a sergeant at the health and welfare branch who has regular liaison with them to ensure that they are coping with their role.[292]

The WA Police Union told the Committee it supported more PSOs being employed by WAPOL as there was a lack of them in some regional areas.[293] The Union said that the effectiveness of the program was also undermined as PSOs are "full-time Police officers and they can only dedicate as much time as they have to peer support when they are not doing the other duties that are expected of them." It was suggested that some Police be made PSOs exclusively or that a proportion of their time be set aside for their PSOs tasks.[294]

Department of Environment and Conservation's PSO network

DEC's peer support network is administered and 'nurtured' by its central risk management section. It has a service delivery arrangement based on DEC's nine regional offices from "Kununurra right down to Albany and Kalgoorlie" and it has other centres as well. Every DEC workplace has an occupational safety and health committee and at least one designated peer supporter. The DEC PSOs meet and get together "for a peer supporters' conference once a year just to refresh their knowledge and understanding of the issues, the critical signs to look for in people in the workplace, and not just emergency responding staff, but the entire workforce in each of those locations."[295]

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291 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p11.

292 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p4.

293 Sergeant Jon Groves, Vice-President, WA Police Union, *Transcript of Evidence*, 20 June 2012, p4.

294 Mr George Tilbury, President Elect/Director, WA Police Union, *Transcript of Evidence*, 20 June 2012, pp4-5.

295 Mr Peter Dans, Director, Regional Services, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p6.

St John Ambulance MAPS network

St John Ambulance call their PSO program MAPS (Maintaining Awareness and Peer Support) and it provides assistance to both paid and volunteer staff members.[296] In 2010-11, SJA relaunched MAPS with a focus on recruiting and training additional PSOs and raising awareness of the program. During 2010-11 115 PSOs were trained in 10 courses throughout the State, including in regional areas such as Broome, Donnybrook, Merredin, Esperance and Geraldton. From January to April 2011, PSOs provided more than 50 hours of support to their colleagues as part of the MAPS program.[297]

State agencies lacking PSO programs

Three important State agencies do not provide peer support programs (or chaplaincy services either) to their staff. The common argument by the Department of Health (DoH), the Coroner's Court and the Department for Child Protection (DCP) is that their staff include a large number who have general medical or psychological training. For example, DoH said the task of monitoring staff stress:

> *is really focused on the supervisors and managers in those areas and with them identifying people who are not handling it. ... As most of them are trauma nurses, ED nurses or ED physicians, they are cognisant of that, and it is about them offering those people the opportunity through EAP or mental health programs.*[298]

Similarly, the DCP Director General said the only formal peer program was for Aboriginal staff, as:

> *it is our natural strength, being a social welfare agency, that people do look out for each other and we have a very supportive environment. It has to be led, though. It really has to come from leadership through our organisation, and particularly local leadership, so district director, team leaders, local psychologist…*[299]

As highlighted in Chapter 2, this lack of PSO services might leave these three agencies open to possible expensive legal action because they may have not provided a suitable 'duty of care' to their staff.

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296 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p1.

297 St John Ambulance, *Annual Report 2010/11*, p33. Available at: www.ambulance.net.au/docs/cms000000000028.pdf. Accessed on 15 August 2012.

298 Dr Andrew Robertson, Director, Disaster Management, Regulation and Planning, Department of Health, *Transcript of Evidence*, 29 February 2012, p7.

299 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p7.

Finding 14

The Department of Health, the Coroner's Court and the Department for Child Protection do not offer peer support programs for their staff undertaking stressful tasks during a disaster.

Recommendation 13

The Attorney General and the Ministers for Health and Mental Health fund their departments to establish a peer support program by the end of 2013 for their staff undertaking stressful tasks during a disaster or critical incident.

Interstate PSO programs

Queensland agencies

The Queensland Fire and Rescue Service (QFRS) PSOs undertake a five-day training program in Brisbane and then return to their regions. The PSO training includes participants analysing their value systems and their reasons for wanting to be a PSO and also:

> *basic micro skills: how to ask a question; how not to ask a question; how to get people to talk more comfortably; how to get them to relax; how to help them work out what their resources are; asking questions back; paraphrasing... We also look at critical incident management and what trauma is. We touch on those areas that we consider to be of risk, such as depression, anxiety and suicide as well. … and we do quite a large module on grief and loss ...*[300]

Each of the seven QFRS regions has a PSO network with a counselling supervisor in charge to monitor the PSOs and ensure they have supervision; keep up their PSO training; and support them on the incidents they attend as PSOs. The Committee was told that sometimes the PSO will go with a counsellor to help with a debrief of a staff member. PSOs undertake six months of supervised practice after their training where they are 'buddied up' with another PSO. After six months they are re-evaluated, including on personal and interpersonal qualities before they qualify as a PSO. They are then re-evaluated every two to three years on the same criteria.[301]

The Queensland Ambulance Service (QAS) require their staff to have a minimum of two years' operational experience before applying to become a PSO. Applicants complete a written application and are then interviewed by a full-time counsellor. They are also required to have their officer in charge, another peer supporter in the region and a third person of their choice write a reference. Successful applicants attend a six-day

300 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p1.

301 Ibid, p2.

training course in Brisbane. About 30% of QAS applicants do not pass the interview phase and another 10% do not complete the training course.[302]

QAS PSOs are mentored after their graduation for six months and are obliged to go to a monthly supervision meeting. If they are dealing with somebody who they are struggling to support, QAS require them to routinely attend supervision. PSOs also do an annual three-day refresher course and QAS also offers regional workshops. QAS tries to inculcate in their PSOs the notion of "self-care modelling good behaviour" and require PSOs to stand down if they are suffering from an issue such as a relationship breakup.

QAS has trained about 450 of their staff as PSOs and about 70-75 of these are active. Some have been active in this role for more than 20 years. QAS PSOs are "very highly regarded" and see about 153 people a month or about 1,700 to 1,800 staff a year.[303] During a disaster, QAS tries to avoid using the PSOs in the acutely impacted areas and bring in PSOs from elsewhere, with any travel costs funded by QAS.[304]

Like the QAS, the peer support training provided by the SES in Queensland is a six-day course. It starts mid-week and runs over the weekend to minimise the impact on the volunteers' work time. The course is run by a principal psychologist who is supported by guest lecturers who, in some cases, are registered psychologists. The course uses team building and role playing as part of the evaluation process to see how well people interact with the other course participants. These activities also help build a network of peer supporters, especially as having another supportive PSO within a region is a useful support mechanism. Graduates from the course are then mentored in their region by members from the panel of psychologists.

After about two or three years from their initial training, QLD SES PSOs are brought back to redo the initial program of training. This serves two purposes, firstly it "tops them up as an individual" and secondly it brings experienced PSOs into the course to share their real experiences of what they have seen and encountered.[305]

Victorian agencies

The Victorian Metropolitan Fire Brigade (MFB) also train their PSOs for six days, with two days focused on the PFA approach. Their PSOs attend at least three skill sessions

302 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p3.
303 Ibid, p4 & p6.
304 Ibid, p9.
305 Mr Peter Jeffrey, Director, State Emergency Service, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p3.

and attend four PSO team meetings per year.[306] The MFB have developed an educational DVD for staff who have had to deal with the sudden unexpected death of an infant (SUDI). It is used at stations that may have had a lot of such incidents and the sessions are facilitated by a PSO and a mental health professional, "If we activate peers, they always go in pairs, and a mental health professional who goes to the station usually goes with a peer, just for backup."[307]

The Victorian Police have a system of identifying four to five PSOs in each region who will not be on leave over the bushfire season and ensure that the Assistant Commissioner approves their release to perform their peer role if there is a bushfire in any region.[308]

Ambulance Victoria has 80 PSOs and plans to increase this number to about 100. Their PSOs are managed by two peer coordinators, one for rural PSOs and one for those in Melbourne. Ambulance Victoria also has two cars staffed by paramedic PSOs on-call to support paramedics who are called to serious incidents that fulfil criteria such as "all suicides, a Glasgow Coma Scale where the patient is less than three, … long scene times, … paediatric arrests, multiple fatalities."[309]

Case Study Five- Country Fire Authority (Victoria)

The Victorian Country Fire Authority (CFA) has 160 PSOs based across the State. Staff complete an expression of interest package and then undergo a behaviourally based interview based on key selection criteria and a role description. Successful applicants are invited to participate in two weekend training activities for prospective peers. While not yet accepted into the program at this point, the staff complete a concentrated five-day interpersonal skills course including a range of assessment activities. If they demonstrate an appropriate level of proficiency and attributes they are then invited to join the PSO training program.[310]

The trainee PSOs complete a 12-month Certificate III in Community Services Work at the Kangan Institute.[311] The course "has been contextualised for CFA purposes and for the peer program, but it is actually part of the national training framework." The course

306 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p2.
307 Ibid, p4.
308 Inspector Danny Bodycoat, Wellbeing Services, Victoria Police, *Transcript of Evidence*, 3 July 2012, p7.
309 Ms Heather Bancroft, Clinical Director, Victorian Ambulance Counselling Unit, Ambulance Victoria, *Transcript of Evidence*, 2 July 2012, pp3-4.
310 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p3.
311 Kangan Institute, *Certificate III in Community Services Work*, 7 August 2012. Available at: www.kangan.edu.au/tafe-courses-melbourne-victoria/certificate-iii-in-community-services-work/aosc/1894/. Accessed on 21 August 2012.

is undertaken by distance education, but the PSOs are brought together twice for the CFA to track their progress:

> *They have quite intensive contact with the trainers and assessors at Kangan, fairly remotely, obviously, because our people are spread around the state, but they do a lot of phone work with the trainers and assessors. Some of the modules from time to time are delivered face to face, depending on the nature of the module, but overall it would be classed as a kind of distance education model.*[312]

At the course's half way point, the PSOs have their theoretical understanding assessed. Provided they reach a certain level of proficiency they are then allowed to participate with other trained PSOs in some peer activities, including "where a brigade has called in a team of peers to provide support following an incident." The trainees observe how the peers operate but are not authorised at that point to provide peer services. They are authorised to undertake full peer assistance once they have completed the 12-month training package and have been assessed as competent. The competency assessment "is basically an assessment-centre type of activity so they come in and do role plays and people act and play roles associated with stressed individuals."[313]

Over the last 10 years the CFA has put significant effort and resources into upskilling the PSO program because it is "really critical to the level of service that people get generally from the broader package of welfare services." The Committee was told that:

> *the peer function is not a clinical function; it is a social support function. But there is quite a lot of skill and competence required to perform that function, so the work we have done really recognises the breadth of the kinds of issues that people are faced with these days and where they might need support.*[314]

CFA headquarters staff manage the PSO's training, certification and ongoing skills maintenance. At the regional level, PSOs are coordinated by a peer coordinator who undertakes a significant role as part of the regional management team.[315]

Finding 15

The peer support officer programs of Western Australia Police and the Fire and Emergency Service Authority appear to be less well-resourced than similar organisations in other Australian jurisdictions.

312 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p3.
313 Ibid, p3.
314 Ibid.
315 Ibid, p4.

Recommendation 14

The Minister for Emergency Services and the Minister for Police provide additional resources so that the Fire and Emergency Services Authority and the Western Australia Police can at least double their number of peer support officers, with an aim to increase the number in regional areas of the State.

Employee Assistance Program (EAP) providers

Each of the State's disaster response agencies contract an external organisation to provide some or all of its Employee Assistance Programs (EAP). Table 4.7 lists the providers of these services to agencies which respond to disasters.

Table 4.7- Employee Assistance Providers for Western Australian agencies which respond to disasters

Organisation	EAP Provider
Australian Red Cross	PPC Worldwide
Coroner's Court	PPC Worldwide
Department for Child Protection	PrimeXL
Department of Health	Access Programs *(Royal Street Divisions/Pathwest/WACHS- Goldfields, Midwest, South West)* Anglicare *(WACHS - Great Southern)* Converge International *(Child and Adolescent Health Service/North Metropolitan AHS/ South Metropolitan AHS/ WACHS- Area Office)* Davidson Trahaire Corpsych *(WACHS- Pilbara, Midwest, Goldfields, Great Southern)* Kinway Counselling Services *(WACHS - East Kimberley)* PPC Worldwide *(Royal Street Divisions/North Metropolitan AHS/ WACHS - South West)* PrimeXL *(Health Corporate Network/WACHS - West Kimberley, Wheatbelt, Midwest)* South Coast Counselling Service *(WACHS- Great Southern)*
Department of Education	PrimeXL
Department of Environment and Conservation	PPC Worldwide
Fire and Emergency Services Authority	Access and People Sense
St John Ambulance	PrimeXL
Western Australia Police	PPC Worldwide (counselling only)

In a similar fashion to the chaplaincy services, the EAP providers' main task is dealing with staff stress during and after an incident or disaster, and these functions are described in later chapters. The Committee was told that for Western Australian public sector agencies, about 6% of their staff make use of the EAP service. This is a higher

rate than for non-public sector organisations, mainly because the EAP programs have been well promoted over time to public servants.[316]

Agencies contract their EAP organisation to provide counselling services for their employees and their family members and, in some cases, volunteers who work with the agency (eg FESA). These confidential counselling services are one-on-one sessions that are initiated by the staff member. EAP organisations use psychologists and social workers to provide that counselling services and support for staff. Some agencies also use their EAP provider to run other training and consulting tasks, including in the past, training for peer support officers.[317]

EAP providers were previously chosen from a State public service common use panel arrangement but the Committee was told that this is no longer supported by Treasury. Agencies now select a provider by requesting a tender or expression of interest. PPC Worldwide gave evidence that the majority of agencies:

> *have a single provider so they have clarity about where to go and what sorts of services are available, and it enables us to develop a nice close relationship so that we understand the culture and the needs of the organisation, where the hot spots are and in some cases* [agency] *representatives come in and talk to our counsellors about the nature and environment of the work they are doing.*[318]

The Department of Health advised the Committee that it is looking at rationalising its current seven EAP providers.[319]

The services of the EAP provider are advertised to staff and volunteers by a range of posters and small wallet cards, as well as presentations by welfare section staff during the training of new recruits. The EAP services were well received by Inquiry witnesses. FESA told the Committee that their EAP "is great and seems to be working."[320] However, the State Emergency Service Volunteers Association gave evidence that

316 Mr Brett Butler, Manager, Client Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p2.

317 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p2.

318 Mr Brett Butler, Manager, Client Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p8.

319 Ms Muriel Leclercq, Manager, Disaster Preparedness And Management Unit, Disaster Management, Regulation And Planning, Public Health And Clinical Services Division, Department Of Health, Email, 20 July 2012.

320 Mr Christopher Arnol, Acting Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p8.

FESA's EAP and associated processes wasn't helpful for volunteers and "appear to be staff-focused."[321]

WAPOL (who provide their own critical incident support) told the Committee that during 2010-11, there were about 271 (or about 4.2% of its staff) referrals to its EAP for counselling.[322] An EAP provider has estimated that there is a substantial financial benefit of around $8,240 per client to agencies who contract out their services.[323]

The experience of EAP providers across Australia is variable, with some putting "considerable effort into training their staff around traumatic exposure in the organisations they are working with" while other don't. The Committee was told that emergency agencies should actually investigate how their EAP provider was going to train their counsellors to deal with staff affected by a disaster and stipulate the required training in their contracts and not "assume you would get good value by just using, … the services that are basically there for marital problems and smoking and things like that."[324]

Planning and simulations

The State's emergency agencies coordinate the planning for their response to a disaster through the State Emergency Management Committee and these efforts focus on a biannual simulated disaster exercise. The Committee was told that this exercise was often held at Perth Airport and was based on a crash of a public transport airplane. The last one was on 4 May 2011.[325] A similar exercise was recently held at Port Hedland International Airport on 11 August 2012, which simulated an emergency landing of an aircraft.[326] St John Ambulance (SJA) told the Committee that these simulations were attended by their volunteers, chaplains and peer support officers, as well as their paramedics.[327]

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321 Mr Phillip Petersen, Committee member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, p2.

322 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p11.

323 Davidson Trahaire Corppsych, *EAP Return on Investment Summary*, nd, p2. Available at: www.davcorp.com.au/media/5910/DTC%20EAP%20Return%20on%20Investment%20Summary%20-%202011.pdf. Accessed on 14 August 2012.

324 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, pp6-7.

325 Westralia Airports Corporation, *Emergency Response Exercise at Perth Airport*, 3 May 2011, p1. Available at: www.perthairport.com.au/Libraries/Media_Releases/Emergency_Reponse_Exercise_at_Perth_Airport_2.sflb.ashx. Accessed on 24 August 2012.

326 Town of Port Hedland, *Urgent: Role Players Needed for Emergency Response Exercise*, 2 August 2012. Available at: www.porthedland.wa.gov.au/NewsfromTownofPortHedland/Enewsletter/enews2012/enews020812. Accessed on 24 August 2012.

327 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p4.

However, the Committee was told in New York that, based on the experience of the 9/11 attack and Hurricane Katrina, agencies should plan and base their exercises on the worst possible scenario. For example, one of the outcomes of 9/11 attack compared to the previous simulations in New York involving airplane crashes, was an awareness of a limit to the number of mental health professionals available, "and getting them to the people in need is very tricky when you have large numbers of [affected] people."[328]

Similarly, the Committee heard from SJA that they hold an operational debrief after every disaster and a common theme is that they were unprepared for the scale of the disaster.[329] The Committee was told that the State's worst scenario would be "a substantial structural fault in the [Perth] CBD on a peak afternoon where the CBD population increases by 120 to 130%", but that a simulation of this event would create too much disruption to the public and responding organisations, such as hospitals.[330]

This evidence was reinforced by Dr Rob Gordon, who said that while some emergency services such as fire and police organisations exercised regularly:

> *it is actually too expensive to do full-scale practices of recovery programs and deploy the health, welfare, child protection, disability and so on and disrupt hospitals and so on. For instance, how we set up evacuation sectors and staff them and have the rotations and so on, are not exercised often and end up being improvised* [in a disaster].[331]

This was confirmed by the Department of Health which has moved away from field exercises "because they are fairly majorly time consuming and resource consuming" to Emergotrain simulations in its hospitals. These simulate surgery, diagnostic testing and all the procedures that may create problems during a disaster.[332] The Committee was due to attend such a simulation at Royal Perth Hospital on 29 August 2012 but it was cancelled as staffing issues would "not allow suitable [staff] numbers to be diverted to the exercise and still safely maintain normal patient care."[333]

Finding 16

The State's emergency agencies undertake regular planning, exercises and simulations for the most likely disaster, not one posing the worst outcome for the State.

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328 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p13.

329 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p4.

330 Ibid.

331 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, p3.

332 Dr Andrew Robertson, Director, Disaster Management, Regulation and Planning, Department of Health, *Transcript of Evidence*, 29 February 2012, p9.

333 Mr Neil Keen, A/Manager, Disaster Preparedness and Management Unit, Public Health and Clinical Services Division, Department of Health, Email, 23 August 2012.

Recommendation 15

The Ministers for Health, Emergency Services, Environment and Police provide additional funds to their agencies so that a detailed exercise is held on a regular basis based on a disaster that will create the worst outcome for the State.

The Committee heard that one weakness in the current preparedness for a disaster is the sharing of information between the Department of Health (DoH) and St John Ambulance (SJA) using their WebEOC software. For example, SJA need better access to information on the current status of DoH's health facilities and bed capacities so that SJA do not deliver patients to a facility and overwhelm it. FESA was provided $1.8 million in this year's State Budget and is the last of the State's emergency agencies to purchase the WebEOC software.[334] It would be an appropriate time for all agencies to now review the usefulness of the WebEOC software in sharing information to improve the State's disaster response.

Recommendation 16

The Minister for Emergency Services request the State Emergency Management Committee to review by June 2013 the sharing of data between the State's emergency response agencies using the WebEOC software and any further enhancements that can be made to this process.

334 Government of Western Australia, *Fire and Emergency Services Authority of Western Australia*, 17 May 2012, p692. Available at: www.treasury.wa.gov.au/cms/uploadedFiles/State_Budget/Budget_2012_13/14_part_13_fire_and_emergency_services_authority_of_western_australia.pdf. Accessed on 13 August 2012.

Chapter 5

Chaos reigns

This chapter summarises the activities undertaken by the State's emergency agencies, and those in other jurisdictions, during a critical incident or disaster.

Best practice

Critical incidents are a daily reality for the State's first responder agencies. The Department of Education told the Committee that their 800 schools face the same critical incident challenges as emergency agencies, outside of responding to a natural disaster, "whether that be a suicide or a car accident that involves one of our students or one of our staff, or a sudden death, or events as fell out in Esperance last year with the incident of someone coming onto the [school] premises with a gun."[335]

The tasks undertaken by emergency agency staff and volunteers expose them to critical incidents on a regular basis. Reactions to these events produce a broad range of physical, emotional and behavioural responses that can hamper a person's ability to function during or following the incident. The chaos that occurs in the first moments of an incident or disaster test how effective an agency's plans are, especially to prevent or mitigate any adverse impact on its staff, "as soon as there is an emergency we are going to have chaos and then it is trying to regulate the chaos as best we can with a defined system."[336]

The disasters that have recently occurred in Western Australia have allowed emergency agencies time to undertake some pre-incident planning. This is different to the impacts on emergency agencies and their staff in Christchurch after the 2011 earthquakes, where there was no warning and there was severe social dislocation over a long period.[337]

The Victorian Department of Human Services has guidelines that describe the measures that can be taken during an incident to minimise the trauma of critical incident stress (CIS), including:

- **Limiting the incident's duration** by reducing uncertainty, disorganisation of management, or decision-making structures;

335 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p2.

336 Mr William Johnson, Vice Chair, Victoria Emergency Services Association, *Transcript of Evidence*, 2 July 2012, p7.

337 Submission No. 10 from St John (South Island), 23 November 2011, p4.

- **Managing the departure of staff** from the scene by following the principals of demobilisation and defusing;
- **Re-establishing personal functions** in regard to work roles and responsibilities, family contact and decision making;
- **Resuming normality** as soon as appropriate to provide structure and familiarity;
- **Providing information** to ensure staff understand the event, why it occurred, what its effects are, and what will be required of them in the future;
- **Reconstituting support networks** of affected staff;
- **Confirming that it is OK to have symptoms** and to use available supports;
- **Providing information on CIS** and management's responses;
- **Sensitising support systems** to the needs of affected staff; and
- **Conveying recovery systems** that will continue to monitor staff needs.[338]

Untreated staff stress flowing from a critical incident can have agency-wide implications, including the loss or reduction of staff efficiency, confidence or competence or disillusionment, and affected staff eventually leaving the agency.[339]

What actually happens

Welfare sections

The operations of each agency's welfare section is critical if the tiered services offered by their chaplains, peer support officers and EAP providers are to work effectively. The key to a successful response to a critical incident is effective communication systems. The Department of Education said that their system sends a notification to both the regional and central offices. One of the things immediately checked is that a response has gone to the school.[340] Additionally, the response will often require networking with other agencies, especially the declared Hazard Management Agency.[341]

338 Department of Human Services Victoria, *Resource Guide for Critical Incident Stress and Debriefing in Human Services Agencies*, 55 Collins Street Melbourne, May 1997, pii. Available at: www.health.vic.gov.au/archive/archive2004/96ma124/downloads/96ma124.pdf. Accessed on 21 August 2012.

339 Ibid, p11.

340 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p3.

341 Ibid, p4.

For staff such as paramedics and firefighters, welfare services may not know which incident will trigger staff into having a stressful response.[342] That is why they need an accurate database of the number of incidents each staff member has already attended. This can be difficult as a 'normal' house fire may be attended by 8-10 firefighters, while a single rescue unit vehicle may have six staff.[343] In Western Australia, FESA's new 'dispersed relieving' operations made it more difficult to collect data on firefighters attending an incident. The WA Firefighters' Union said this new process "is the scattering of relievers across the metropolitan area" and following up crew "who have attended a tragic incident becomes so much harder if there are a number of relievers who are not based within a constant crew who are being monitored and supported by their peers."[344]

Relieving firefighters also feel stress as they are generally young and have no sense of belonging. They are transient and "put all their gear in the boot of their car and they go into Perth in the morning and a district officer appoints them to, say, Bassendean for a week and then the next week they might go to Malaga or they might go to Fremantle."[345] This meant that, while they might see as much trauma as more experienced firefighters, they "have no station officer and no buddy, if you like, to look after them and have a chat. So the next week they are somewhere else."[346] The WA Firefighters' Union has proposed to FESA that these staff be housed in three satellite stations placed in north, south and central Perth.[347]

Finding 17

FESA's current procedures for using relief staff across the metropolitan area makes it difficult for those staff to build a supporting network of colleagues to help reduce their stress from attending a critical incident.

Exposure to a high number of critical incidents is a large risk factor for first responders. Dr Craig Katz of the Mt Sinai School of Medicine told the Committee that measuring exposure is problematic during many disasters. Exposure is simpler to measure in an event such as the 9/11 disaster where the number of hours worked by police and firefighters could be measured to some degree. Dr Katz said that, "science supports

342 Professor David Forbes, Director, Australian Centre for Posttraumatic Mental Health, *Transcript of Evidence*, 2 July 2012, p9.
343 Mr Rodney Egglestone, Peer Support Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p5.
344 Ms Lea Anderson, Assistant Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p6.
345 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p7.
346 Ibid.
347 Ibid.

that the longer you were down there [9/11 site], the more likely you were to sustain some kind of lasting psychological damage."[348] Dr Katz went on to say:

> *there is a whole debate about whether repeated traumas create 'callouses' and make you tougher, or scrape up the 'wounds' and make you more vulnerable. But generally, I think, after a while you can only take so much, so many repeated traumas.*[349]

For Police officers, the Committee was told the most stressful event is the shooting of one of their colleagues, especially if they are killed.[350] In a disaster, some first responders may also face tremendously traumatic situations. In Queensland the Committee was told of one firefighter who was given a list of rescues:

> *that needed to be performed immediately … I think it might have had about 15 or 20 people calling for help who were in urgent and dire need, and the list was over two and a half hours old and no-one had got there yet. He was actually making decisions about who to save and who to not save, without any real information. He was just saying, "Okay, they are probably gone. The risk of getting guys in there is probably too great. Let's save this person and that person".*[351]

Another factor common to natural disasters is that many agency staff are also victims of the disaster, but are required to still deliver their services. The NSW Department of Health said that the Queensland floods were the first time that they had deployed mental health teams, and many ended up assisting Queensland health staff affected by the floods.[352] The Director General of the Department for Child Protection (DCP) said the Carnarvon floods was one example where local staff were badly affected in Western Australia. The impact on its office of just eight people was enormous as they had to establish the evacuation centre while continuing their day to day welfare roles. DCP used "back-up staff on a voluntary basis to go and man [sic] the front-line and make sure that the [normal] work did not bank up too much."[353]

One area that is often overlooked is to ensure that the welfare section's emergency plans also cater for non-front line and senior staff managing the critical incident.

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348 Dr Craig Katz, Psychiatrist, Mt Sinai School of Medicine, *Transcript of Evidence*, 24 January 2012, p2.

349 Ibid.

350 Inspector Danny Bodycoat, Wellbeing Services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p12.

351 Mr John Oliver, State Secretary, United Firefighters' Union Queensland, *Transcript of Evidence*, 5 July 2012, p2.

352 Ms Rosemary Hegner, Director, Health Emergency Management Unit, New South Wales Health, *Transcript of Evidence*, 17 November 2011, p5.

353 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p2.

The Victorian Department of Human Services activated some of its trained staff during an emergency to rotate around a large call centre checking on staff:

> *There would always be someone in the room who could just move over and chat quietly to someone who is on an intense call, wait till they finish and just come over and say, "How was that?" and so on, and provide this low-key support.*[354]

The Committee was told that it was important that in command centres there needs to be someone who does not have operational responsibility so they can monitor staff managing the incident, "it is terribly important to organise to have somebody in the system who is not in high arousal. …Their responsibility is back onto the staff. My observation is that that gets lost when the senior managers go into high arousal."[355]

On-site support

Many of the disasters faced in Western Australia over the past 10 years have allowed the emergency agencies time to prepare their staff. This enabled a measured response to the disaster. For example, the lead in time for the 2011 Queensland cyclone and floods allowed Queensland Ambulance to prepare the on-site support that would be needed:

> *Some of our towns were flooded four or five times. Emerald had two hits, Roma four and Goondiwindi was evacuated twice. We had all this stuff going on but there was a lead time that enabled us to just hand-pick counsellors and peer supporters, and we delivered them to the regions.*[356]

At recent disasters, the Western Australian Department of Health altered their response to a critical incident, depending on the circumstances:

> *Part of our role is, really, if we need to deploy additional staff, and we have done that as well. For example, in Cyclone George, with the number of casualties there, we deployed the medical team. Part of their role as the medical team deployees is not only to provide sometimes specialist expertise—surgical expertise, for example—but also to provide support to staff and to allow them to take time off and deal with their issues. … That would be factored in our planning.*[357]

354 Dr Rob Gordon, Consultant Psychologist, *Transcript of Evidence*, 3 July 2012, p4.
355 Ibid.
356 Mr Paul Scully, Manager/Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July, p13.
357 Dr Andrew Robertson, Director Disaster Management Regulations and Planning, Department of Health, *Transcript of Evidence*, 29 February 2012, p8.

The Committee heard from Australian Customs and Boarder Protection that their resources are often used to mobilise and fly in their contracted EAP counsellors to assist their staff on site:

> *Where we do have something more disastrous, such as SIEV 221 or the Brisbane floods, for example, we mobilise our contracted counsellors as a matter of course. We fly them in. We make formal arrangements for officers to have appointments with them. … if I had reason to believe, … that we have staff members who are at risk of particular stress—for example, at risk of suicide; we identify officers this way from time to time—I would fly counsellors in for that to try to intervene ahead of anything happening.*[358]

Concern for their families

An obvious stressor for staff and volunteers during a disaster or critical incident is concern for their partners and families. Despite research recommending measures be taken to facilitate family contact during deployment, in the main, State agencies told the Committee that they left staff to manage this communication themselves. During the Margaret River bushfires for instance, the Committee was told there was no formal mechanism in place for Police officers to contact their family.[359]

Similarly, the Metropolitan Volunteer Sea Rescue Group have no formal procedures for facilitating contact with family as it is not seen as a serious issue:

> *Very rarely do we get a problem with a volunteer's family inquiring after him. This day and age with mobile phones, he just rings from wherever the heck he is and says, "I'm still out here."*[360]

The situation was worse for some Western Australian SES volunteers who recorded 100 days of continuous operation as a consequence of assisting during the Carnarvon floods. This led to some negative feedback from their partners, "We really need you here with us, the kids, during the cyclone, but you are down there playing [with the SES]".[361] Volunteers often develop guilt for not being able to contribute to things such as having to go to their normal workplace and sharing their family responsibilities.[362]

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358 Dr Ben Evans, Regional Director Queensland, Australian Customs and Boarder Protection, *Transcript of Evidence*, 6 July, p3.

359 West Australia Police, *Briefing*, 8 June 2012.

360 Mr Roger Howell, President, Western Australian Volunteer Sea Rescue, *Transcript of Evidence*, 20 June 2012, p6.

361 Mr Phillip Petersen, Committee member, State Emergency Service Volunteers Association, *Transcript of Evidence*, 2 May 2012, p6.

362 Ibid, p7.

The Queensland Ambulance Service ensured that its staff sent to Christchurch in New Zealand could communicate with their families via NZ's mobile phone network.[363] First responders also made use of their own mobile telephones to access social media, as well as to communicate with their families and friends. In the Victorian 2009 bushfires and the Queensland 2011 floods the Committee was told that this was not a planned strategy. Agencies are now undertaking a review of social media as "The young fellas with their phones were finding out more about what was going on in Queensland than we were telling them." The review will allow agencies to highlight any negatives flowing from the use of social media and how to plan for them.[364]

The Committee was briefed by Fires and Rescue New South Wales (FRNSW) on the measures they took in providing critical incident support following both the Christchurch earthquake and the tsunami in Japan. In terms of information, there is strong support extended to the families of deployed staff. This included regular SMS messages sent twice a day, after the ABC AM and PM radio news, to counter any alarmist reports. Families were also contacted every second day by telephone.[365]

Finding 18

The ability to remain in contact with their family remains an important issue for deployed emergency agency staff. This is very important where a deployment period exceeds a regular shift or where staff are deployed to a very large disaster.

Finding 19

In their response to the Queensland floods, the use of social media by emergency agencies alleviated the stress of first responders having to deal with media enquiries. Social media postings allowed the media, the community and the families of first responders to follow the progress of the disaster response.

Recommendation 17

The Fire and Emergency Services Authority should expand their use of social media to better inform the Western Australian community.

Due to the nature of overseas deployment, local support services are often utilized in conjunction with those provided by the agency. A Welfare Officer accompanied the NSW urban search and rescue team sent to Japan and a Peer Support Officer was included in the team sent to Christchurch to provide support for its members.[366]

363 Mr Todd Wehr, Staff Counsellor, Queensland Ambulance, *Transcript of Evidence*, 5 July 2012, p10.
364 Mr Andrew Henderson, Assistant Commissioner, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p10.
365 Fire and Rescue New South Wales, *Briefing*, 17 November 2011.
366 Ibid.

St John (New Zealand) briefed the Committee on the immediate actions taken to support staff who responded to the Canterbury earthquake in February 2011. Due to the extensive damage to their Christchurch premises, the St John human resource team in Auckland was used to commence the staff welfare program, which included:

- **Establishing an 0800 HR SUPPORT number** which was sent by text to the database of members living in Canterbury. This was monitored 24/7 by human resource staff to provide instant intervention;
- **Additional peer supporter officers** were deployed from Victoria;
- **Collegial support** with many staff accommodated other staff members whose homes had not been damaged;
- **Provision of food and water** from outside Christchurch;
- **Additional staff** were deployed from other regions to allow Christchurch staff to take rest periods;
- **Senior and team managers** were tasked to urgently establish contact with their team members; and
- **Individual welfare plans** were commenced for those members who were identified as at risk.[367]

Some of these actions were taken because the response to the disaster was prolonged and not simply an incident scene that could be dealt with before the end of one shift. Staff were often going home to situations that were not as comfortable as their working environment in terms of access to water, energy and psychological support.[368]

Another staff stressor the Committee was told about was **NOT** being despatched to assist at a disaster. Some of the Queensland Police Service (QPS) staff in the southern region staffing stations "who actually got upset were the ones who were not deployed" to the Queensland floods. These officers wanted to be part of the response and said, "Well, I have got 20 years policing experience. You called in the New South Wales guys and you did not use me." The QPS needed these officers to continue to deliver their core policing business. QPS ensured that the citation for emergency services personnel presented after the floods "was given to all Police whether they were working during

367 Submission No. 10 from St John South Island (New Zealand), 23 November 2011, pp7-9.
368 Mr David Thomas, General Thomas, St John South Island, *Briefing*, 15 November 2011.

that event or were back at some police station [as] … they were trying to manage with half their staff."[369]

Response by local agencies

Department of Health (DOH)

DoH ensures that Health Commanders and senior staff who attend the site of a critical incident are trained to monitor staff during disasters and identify anyone who is struggling psychologically. Their strategies to manage their staff include selecting the appropriate response teams, monitoring staff hours on duty, and appropriate meal breaks and rest periods. DoH send its Occupational Health and Safety staff and ensure that counselling from its Employee Assistance Program (EAP) providers is available. Other routine actions include regular phone contact with staff at the incident and the dissemination of information at staff meetings as it comes to hand. In addition, support is given to the staff of the Royal Flying Doctor Service by briefing staff before they attend an incident on what injuries might be expected, the number of victims and the facilities and equipment available at the site.[370]

West Australian Police (WAPOL)

WAPOL also ensure they select the most appropriate staff for deployment to a disaster. Immediately prior to deployment the names of those selected are reviewed by Forensic Divisional management, the DVI Co-ordinator and the Health and Welfare Branch to ensure an officer's suitability for deployment. Information pertaining to officers and their immediate family is collected to facilitate support and contact during the course of the deployment. Officers are supplied with 24-hour support numbers and they receive telephone contact from the DVI Commander, DVI Coordinator and Health and Welfare's Clinical Psychologist during their deployment.

WAPOL's Health and Welfare Branch have created agreements with support staff such as chaplains and psychologists from other organisations to support their officers during deployment, but feedback indicates that Police officers are reluctant to speak with unknown staff from other agencies.[371]

Fire and Emergency Services Authority (FESA)

FESA advised the Committee that the nature of their support for their staff and volunteers varies with the nature, scale and location of the disaster itself. FESA's responsibilities are outlined in WESPLAN, including when it should undertake the role of the Hazard Management Agency.

369 Mr Andrew Henderson, Assistant Commissioner, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p11.
370 Submission No. 11 from Department of Health, 28 November 2011, pp2-3.
371 Submission No. 7 from Western Australia Police, 27 October 2011, p3.

FESA's response is not formally mandated and is determined by one or a combination of the following:

- a FESA manager or Brigade, Group or Unit Captain involved in the response to the incident;
- FESA's Chaplain or Welfare Coordinator ; and
- a member of the Peer Support Officers network.

The response may include the deployment of Chaplaincy and Welfare Services to the incident; the deployment of Welfare Services and management to meet members upon return from an incident; and the provision of support service via a telephone link-up and referral to other services such as the EAP provider.[372]

Department of Environment and Conservation (DEC)

DEC guidelines for managing stress during a critical incident are based on those from the Victorian Department of Human Services quoted earlier in the chapter.[373]

Department for Child Protection (DCP)

DCP report that a psychologist is available on a '24 hour/7 day a week' roster for each of their Early Response Teams (ERTs). These support services are promoted through ongoing interaction between DCP's Local Welfare Coordinators and volunteers onsite. Local Welfare Coordinators can access ERT members and psychologists to monitor the psychological welfare of both staff and volunteers.[374]

Fatigue management

Disaster mental health expert Professor Gerard Jacobs told the Committee that prolonged exposure to a disaster or critical incident dramatically escalates the number of casualties and is a key factor in determining those staff who may go on to develop serious trauma issues, or even PTSD.[375] The scale of the Christchurch earthquake disaster resulted in St John paramedics working an initial 15-16 hour shift before going home for about five hours and then returning. Self-responding was an issue important management issue, as staff rostered on for a night shift at 7pm then returned again at 3pm the following afternoon. Staff with skills wanted to assist survivors and not rest.[376]

372 Submission No. 9 from Fire and Emergency Services, 3 November 2011, p9.
373 Submission No. 6 from Department of Conservation and Environment, 27 October 2012, Appendix 2, Acknowledgements.
374 Submission No. 4 from Department for Child Protection, 7 October 2011, p2.
375 Professor Gerard Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence,* 24 January 2012, p6.
376 Mr David Thomas, General Thomas, St John South Island, *Briefing*, 15 November 2011.

Police at an incident are monitored by WAPOL's State DVI Commander and the Health and Welfare Branch's Clinical Psychologist. Durations of not more than 14 days are preferred and situational and individual factors are considered when determining if the duration should be lengthened.[377]

The WA Firefighters' Union told the Committee that during a bushfire it is "not uncommon to do 12 or 14 hours straight on the fire ground. The reality is that the guys are not getting the relief." The Union gave evidence that in some cases it was worse for managers who "can be asked to do 24 hours straight, which is ridiculous. They are managing the fatigue of those firefighters below them, whilst they are tired and should be rested."[378] FESA acknowledged these issues and is developing a new fatigue management policy. Its current policy allows staff to work:

> *24 hours on the first day and then up to 16 hours thereafter provided you do not drive. Those exposures are for a campaign-style fire that meant that you were going to be exposed time and again. What that does not factor in is what you have done in your private life or work life. We need to get a better mechanism than that.*[379]

The Australian Red Cross (ARC) has fatigue management guidelines that are designed to set limits on the number of hours and days personnel may work during any given deployment, and the number of deployments personnel may participate in during the year. These guidelines assist in minimising the build-up of fatigue and over-exposure to trauma in personnel responding to a disaster.[380] These guidelines suggest that an eight day roster be made up of a travel day, four days of work, a travel day and two days off.[381]

Similarly to the New Zealand experience quoted above, the ARC advised the Committee that their guidelines were at times not adhered to, though this was more evident in other jurisdictions where there had been prolonged periods of disaster (such as the Queensland floods).[382] However, a database which records rostering deployment was being introduced to address this. The system will have the capability to set up a red flag to ARC safety officers when staff or volunteers are exposed for extended periods.[383]

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377 Submission No. 7 from Western Australia Police, 27 October 2011, p3.

378 Mr Frank Martinelli, President, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p7.

379 Mr Christopher Arnol, Acting Chief Operations Officer, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p7.

380 Submission No. 5 from Australian Red Cross, 10 October 2011, p1.

381 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, Letter, 3 April 2012.

382 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 21 March 2012, p5.

383 Ibid.

The Western Australian Department of Health also have strict fatigue management guidelines with staff able to work up to 12 hours if the situation warrants it. They are then stood down for adequate rest breaks. If the incident runs over a period of days, staff would be given a full day off to recover.[384] St John Ambulance (SJA) prescribes hours of attendance in their disaster plans and have a dedicated safety officer whose role it is to look after the welfare of the staff. This officer monitors the logistics and stands people down as necessary, but the SJA has also found their staff "want to keep on going to address the disaster, ... You see the people staying there far too long."[385]

The Committee was advised that the recent Margaret River bushfires were operated within this SJA management framework with a designated safety officer ensuring paramedic rotations took place.[386] WAPOL also managed their officers at the Margaret River bushfires with a 12 hour maximum shift. Police travelling from Bunbury were sent with four officers to a car to enable driver exchanges. They were also given adequate food and drink breaks prior to commencing their shifts at the fires.[387]

The Committee heard from the Metropolitan Volunteer Sea Rescue (MVSR) its volunteers continue to work if they think there is still a chance of finding a person alive. However, the length of time each member spends on site is never more than eight or nine hours before a replacement squad is activated.[388] MVSR's President, Mr Roger Howell, outlined the need to consider their volunteers following a long shift:

> *In addition they are tired. We organise transport. We organise food and other things to make sure that they are being maintained. There is a whole network behind the skipper and the crew.*[389]

In Victoria during the Black Saturday bushfires, volunteer firefighters operated shifts with 12 hours on the fire ground and 12 hours off, with most volunteers doing at least two or three tours of duty.[390] However, the Victorian SES volunteers on the same fire grounds worked on eight hour shifts while volunteers at the incident control centres were allowed to operate on 12-hour shifts.[391]

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384 Dr Andrew Robertson, Director Disaster Management Regulations and Planning, Department of Health, *Transcript of Evidence*, 29 February 2012, p4.

385 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p4.

386 St John Ambulance, *Briefing*, 8 June 2012.

387 West Australia Police, *Briefing*, 8 June 2012.

388 Mr Roger Howell, President, Western Australian Volunteer Sea Rescue, *Transcript of Evidence*, 20 June 2012, p4.

389 Ibid.

390 Mr Allan Monti, Executive Officer, Volunteer Brigade Captain, Volunteer Fire Brigades Victoria, *Transcript of Evidence*, 2 July 2012, p5 & p8.

391 Mr William Johnson, Vice Chair, Victoria Emergency Services Association, *Transcript of Evidence*, 2 July 2012, p7.

Finding 20

A robust database to record staff activity at the scene of a prolonged disaster is paramount to the proper fatigue management of staff and to monitor any over-exposure to trauma.

Chaplains

Each agency's critical incident response plan is different but the Committee heard, without exception, that the immediate response to any fatality would be to notify the welfare team along with the Chaplain. The Clinical Director of St John Ambulance (SJA), Professor Ian Jacobs, describes the immediate action taken following a fatality:

> *We will automatically in those sorts of events dispatch an ambulance team leader…and/or a clinical support paramedic. Equally, we will also then ring the Chaplain and say, "You might want to follow this up", and they will follow it up almost at the point of call.*[392]

Throughout the Inquiry, the Committee heard that events involving the death or serious injury to children impact adversely on first responders. A paramedic described to the Committee the impact of attending an incident involving the death of a child:

> *I reckon that would have been six-odd years ago. It is quite bizarre, because I could take you to the exact spot; I could put you in a car and take you there. They burn in your brain. You do need a bit of out time after jobs like that.*[393]

Mr Ron Wingate, FESA's Chaplain, said "We do talk about things, and anything involving children is always very difficult for [firefighters]."[394] He described his response to a call:

> *If it is a fatality, I am notified immediately from our Comm Centre, wherever it might happen in the State. Depending where it is in the State, I will either ring the station when they get back on station or if it is in the metropolitan area within a reasonable distance, I will attend the incident. I will have a chat—I suppose you could call it a debriefing—with the crew after, and advise them and make sure they are aware of what* [support] *is available.*[395]

392 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p 7.
393 Mr Justin Ingrey, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p4.
394 Mr Ronald Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p1.
395 Ibid, p2.

However, if the incident doesn't involve a death there is no alert to the Chaplain and Mr Wingate believes this to be a current shortcoming in FESA's systems:

> *we do not have quite as good a follow-up with when they go to incidents where people do not die, and sometimes they are far more traumatic than the ones where they do. Sometimes the welfare department do not even know that they have been to them, because there is no recording system—no system to notify us that they are at a particularly nasty job.*[396]

The need for agencies to have another category of critical incident where there hasn't been a fatality was addressed in Case Study One in Chapter 2.

Peer support officers (PSOs)

Most agencies send their PSOs to a disaster to offer support to their colleagues who are working. A critical role then becomes the supervision of the PSOs to ensure their own psychological health. The Queensland Police Service had three of their psychologists "on the ground" during the 2011 floods to support their PSOs and staff. Australian Customs staff were also affected by the floods and their PSOs attended the sinking of SIEV 221. They require their PSOs to report:

> *any change in circumstances that might impact on their psychological wellbeing to remain in that role. That is then referred on and assessed and the officer is usually interviewed by a psychological practitioner and assessed on whether or not they should continue…*[397]

The Queensland Ambulance Service avoid using PSOs from the acutely impacted area but send in peers from elsewhere and pay for their travel costs.[398] On the other hand, the Victorian SES avoid using their PSOs at all during an incident as it "is not indicated that is going to be very effective as it can get in the way." Their PSOs' main task is to look after staff after the incident.[399] The Victorian SES was the only agency who gave evidence to the Inquiry that restricts the work of their PSOs in this way.

In Queensland, when the SES deploy their task forces to an area, each will have at least one peer supporter to monitor the incident and response of the volunteers. If the PSOs think there is a requirement for significant counselling of staff, then they move more

396 Ibid, p7.
397 Ms Rebecca Pollock, Manager, Regional People Services, Queensland, Australian Customs and Border Protection Service, *Transcript of Evidence*, 6 July 2012, p8.
398 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p9.
399 Mr Peter Kueffer, Clinical Director/Psychologist, Victoria State Emergency Service, *Transcript of Evidence*, 2 July 2012, p8.

peer supporters to that area to provide assistance. These PSOs are deployed "on a five-day regime—first day travel, three days of work, fifth day travel."[400]

The Victorian Metropolitan Fire Board (MFB) has an on-call system for critical incidents during the week where its peer coordinator has a pager and there is a guarantee for its PSOs of a response within 15-minutes. If neither of the peer coordinators respond, then the paging service contact the MFB Employee Assistance Coordinator on their mobile number.[401]

The Committee was told that the standard Australian approach to managing disasters for the past 20 years– the Australasian Inter-service Incident Management System (AIIMS)– does not have a module guiding the provision of welfare services for emergency service workers during a disaster.[402] As has been outlined, different agencies have different processes for using their PSOs. The Australasian Fire and Emergency Services Authorities Council (AFAC) coordinates the Steering Committee which manages the development of further versions of AIIMS. Both FESA and DEC are members of AFAC.[403]

Recommendation 18

The Chief Executive Officer of the Fire and Emergency Services Authority request the Australasian Fire and Emergency Services Authorities Council to include a new module in the Australasian Inter-service Incident Management System to guide the provision of welfare services for emergency service workers during a disaster.

Employee Assistance Program (EAP) providers

The role of each agency's EAP providers is more important prior to and after a critical incident. EAP counsellors can help identify staff who may be stressed from work activities when they seek assistance with a family or financial matter. However, they sometimes also play a role during a large incident or disaster, with their staff often attending the incident, as explained by PPC Worldwide:

> *With situations such as the Boorabbin fires, … or the Margaret River incident, we got a call from* [DEC] *to say, "We've got a fire. We'd like your support" … What we do is mobilise an individual or a team of individuals to go onsite to provide support, but it is a debriefing support–type model, not a counselling model. … The critical incident*

400 Mr Peter Jeffrey, Director, State Emergency Service, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p5.

401 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p1.

402 Mr Brandon Shortland, Vice-President, WA Police Union, *Transcript of Evidence*, 20 June 2012, p7.

403 Australasian Fire and Emergency Services Authorities Council, *Who We Are*, nd. Available at: www.afac.com.au/who. Accessed on 10 September 2012.

> *response model is very much around supporting the individual, normalising their reactions to the incident, and tracking them to make sure that they return to pre-incident routines once the incident has closed.*[404]

Finding 21

Chaplaincy services, peer support officers and employee assistance providers all undertake important, but different, roles in supporting staff responding to critical incidents or disasters. The deployment of these supporting services should follow a well-developed plan that has been regularly reviewed and exercised.

404 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p6.

Chapter 6

Sucking it up…climbing back on the horse

This chapter outlines the activities undertaken by emergency agencies following a critical incident or disaster.

This chapter outlines the activities undertaken by staff and volunteers in emergency agencies after they return to their regular day-to-day tasks following a critical incident or disaster. It starts with a review of the key factors the Committee feels may inhibit staff from utilising the agencies' processes for dealing with stressed or traumatised staff. The Committee was reminded that the horror of a disaster didn't necessarily end when emergency staff returned to their normal work. For example, experienced firefighters working on a Bushfire Cooperative Research Centre project after the 2009 Black Saturday bushfires left the research teams early as "they could not cope with what they were seeing. … they were not the people interviewing; they were the people going around to the houses and looking at the house losses."[405]

Key barriers affecting agencies dealing with stressed staff

Culture

As noted in Chapter 2, a key factor in determining whether staff report work-related trauma issues is the prevailing culture of an emergency response agency. These agencies remain male-dominated and in the past managers and supervisors commonly took a 'macho' approach and advised staff to 'suck it up' when they were stressed. The Committee heard that this even extended to Police who were being medically retired not being told in person but having their personal effects sent to their home by mail:

> *Some people I spoke to got that on the answering machine. They had not been told it in real life; they are at home all the time. The phone rings; their answering machine is on. "Sorry your employment ceased at so and so time yesterday." Sometimes it is days after it actually ceased.*[406]

The Committee heard evidence about how far this culture had changed now that there were more women and younger staff in the emergency agencies, particularly the Western Australia Police (WAPOL) and St John Ambulance. The Queensland Ambulance Service told the Committee that younger recruits coming to their service from a

405 Dr Richard Thornton, Deputy Chief Executive Officer, Bushfire Cooperative Research Centre Ltd, *Transcript of Evidence*, 3 July 2012, p4.

406 Mr David Nelson, Medically retired police officer, *Transcript of Evidence*, 16 May 2012, p12.

university program was one of the reasons behind a 135% increase in officers with less than five years' service using their counselling and peer support programs.[407]

In terms of managing staff stress, this change in an agency's gender balance is important as the Committee was told by an expert in New York that:

> *We know that women admit to more difficulties. We are not sure they have more difficulties; ... We think that is more a matter of women are more willing to talk about the stress of the experience, but we always— this is around the world— get far higher numbers for women than for men.*[408]

In arguing for a mandatory approach to providing counselling to Police affected by a critical incident, the WA Police Union told the Committee it agreed that the culture had changed, but it often depended on the approach of an individual supervisor:

> *I guess a lot of old-school people will say, "Toughen up, she'll be right", and those sorts of things, but culturally we have actually changed. We have a new generation coming through and a lot of the younger ones are more willing to seek help, but I guess not publicly in that they do not want their peers to be aware of it. … something mandatory that was put in place, it would remove that stigma and become part of normality.*[409]

A witness gave evidence of the cultural change in WAPOL by pointing to two examples of how Police involved in a shooting had been dealt with:

> *Many years ago* [1989][410] *I was at Fremantle and I saw—…—Dave Matthews immediately after the shooting incident. I saw him seated by himself in an area of the Fremantle Police Station. As a young constable, I said, "Can I go and speak to him?" and was told, no, he was on his own. He stayed that way for what I perceived to be many, many hours. In my mind, I thought that was a miserable way of treating our people.*
>
> …[in] *2006. I …was directly responsible for the care and intervention for Sergeant Shane Gray …. May I say that the response from the WA Police in relation to the Shane Gray shooting has been absolutely*

407 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p6.

408 Professor Gerard A. Jacobs, Director, Disaster Mental Health Institute, University of Southern Dakota, *Transcript of Evidence*, 24 January 2012, p7.

409 Mr George Tilbury, President-elect/Director, WA Police Union, *Transcript of Evidence*, 20 June 2012, p11.

410 Mr David Matthews, Medically retired police officer, *Transcript of Evidence*, 16 May 2012, p2.

> *superb. From day one, the Commissioner became involved, his colleagues and peers became involved, and members of Parliament became involved. It was a wonderful response to what was a really tragic event.*[411]

The Committee was told by FESA's Chaplain that the macho culture continued in FESA, "Certainly there is. As I was saying earlier, there is that culture of they are tough and they do not need it [assistance]; there is that barrier."[412]

Trust

The Committee heard that another key factor in convincing staff to either speak to their colleagues, or a peer supporter about being stressed is to trust that the information provided will remain confidential and not be used against them when it comes to future activities such as promotion. The Committee was told that EAP providers are bound by the rules of the Australian Psychological Society to maintain confidentiality unless the staff member gives permission otherwise.[413]

However, in some agencies such as FESA, there remain staff who say "I wouldn't trust FESA; they'll stitch us up." The Committee was told that this situation has recently improved but there remained a "them and us" issue between FESA staff and management.[414] The Committee was told of one firefighter who is paying for his own treatment (at a cost of about $30,000) at Hollywood Hospital' specialist stress treatment program due to his lack of trust in FESA.[415]

The Committee was told by the Firefighters' Union in Queensland that trust was eroded after the 2009 floods as firefighters were:

> *traumatised either by a lack of support or a perceived lack of support. They started ringing me personally … and they could not believe they did not get the support they should have got." They now only have a high level of trust in the union.*[416]

Retired emergency agency staff

411 Sergeant Jon Groves, Vice-President, WA Police Union, *Transcript of Evidence*, 20 June 2012, p5.
412 Mr Ronald Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence,* 18 June 2012, p6.
413 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p5.
414 Mr Ronald Wingate, Chaplain, Fire and Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p6.
415 Mr Frank Martinelli, President, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p11.
416 Mr John Oliver, State Secretary, United Firefighters' Union Queensland, *Transcript of Evidence*, 5 July 2012, p2 & p5.

The first submission the Committee received was from a retired firefighter who joined in 1973 and said that firefighters at that time "had NO Mental Health education in those days. No post incident counselling. No support." He goes on to say:

> *After an incident we may sit around a table with a cup of tea and talk about the incident or crack jokes or have some light hearted banter. Management supplied no debrief or counselling. I had no idea that I was in the early stages of Post Traumatic Stress Disorder. If it had of been diagnosed then I may not have suffered as badly as I did.*[417]

Many submissions and emails were also received from retired Police who wanted the Committee to know the poor way in which they had been treated. The concern over the way in which some Western Australian Police were treated by WAPOL stretches back 15 years to a Parliamentary debate in May 1997 over injuries received by Senior Constable Glenn Murray in an on-duty traffic accident.[418] A witness to this inquiry, Mr David Matthews, received an ex-gratia payment of $230,000 on 9 July 2012 in recognition of the emotional trauma flowing from when he shot dead a violent criminal in 1989.[419] He had retired from WAPOL in 1996. The Police Commissioner commented on the gap between this payment and the $3.3 million payment to Constable Matthew Butcher for injuries from a physical assault. Constable Butcher is still employed by WAPOL. The Police Commissioner said he "wants to review an 'inequitable' system where officers who cannot work because of mental trauma receive less compensation than those physically injured in high-profile cases."[420]

Finding 22

The compensation received by first responders in Western Australia is currently skewed towards staff who receive a physical injury rather than those suffering mental trauma.

Recommendation 19

The Minister for Police immediately instigate processes to ensure that the psychological well-being of officers is at the forefront of the Western Australia Police's staff planning. These processes should include all officers being trained in psychological first aid, with subsequent regular refresher courses. Senior officers should be the first priority for psychological first aid training.

417 Submission No. 1, 19 September 2011, p1.
418 Submission No. 15 from Mr David Nelson, 9 May 2012, p23.
419 Mr Daniel Emerson & Mr Luke Eliot, 'Ex-cop gets $230,000 for Shootings Trauma', *The West Australian*, 12 July 2012, p6.
420 Mr Luke Eliot, 'Rethink on Police Hit by Stress', *The West Australian*, 126 July 2012, p10.

Changed public expectations

Some emergency agency staff believe that the public now has less tolerance for 'failure' by an emergency agency during a disaster.[421] The Victorian Country Fire Authority reported "You still hear people say, "I pay my rates. I expect the emergency services to arrive", even though they are in a volunteer area." The public may have unrealistic expectations about how quickly agencies can respond and in Victoria the Committee was told "that provincial cities like Bendigo or outer metropolitan Melbourne and they do not even know in many cases that it is a volunteer service" and not a career unit fighting a fire.[422]

This is similar evidence to what the Committee heard in Margaret River from Department of Environment and Conservation (DEC) staff. They reported a community backlash to some DEC staff who had fought the Margaret River fires:

> *They stopped in town and there was jeering, barbed comments and the like as they walked in uniform to a shop to buy lunch and those types of things. We have a number of staff who live in the Margaret River community and work in DEC's local district. ... The staff who live in the Margaret River community, and one in particular who had done for some time, expressed embarrassment and a reluctance to be seen in public for some time after the fire.*[423]

Activities of main welfare support services

Welfare sections

The welfare sections of each of the State's emergency response agencies coordinate the activities of a tiered range of support services, as well as undertake other roles such as communicating with staff post-incident. Chapter 2 highlighted that the lack of a comprehensive database of potential stress inducing incidents as the main factor in inhibiting the welfare sections from being effective in dealing with traumatised staff.

Another factor is that staff and volunteers regard their response to traumatic events as a personal and highly sensitive issue, which they might not even discuss with their family or work colleagues.[424] A retired firefighter told the Committee that in his early stages of anxiety after 15 years of service:

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421 Mr Paul Holman, Operations Manager, Ambulance Victoria, Telephone call, 15 August 2012.

422 Mr Patrick O'Brien, Regional Director, Loddon Mallee Region, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p15.

423 Mr Peter Dans, Director, Regional Services, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, pp8-9.

424 Submission No. 9 from Fire and Emergency Services Authority, 8 November 2011, p2.

> *As my condition worsened I was more determined to keep it to myself. I did not want my colleagues to see that I couldn't handle it. Strangely enough, when I went to an incident I preformed to a high standard, I was told.*
>
> *I sunk to the depths of depression to where I would lock myself in the house, not answer the phone or door bell. I would just pier* [sic] *through the curtains to see who had called. I would just come out to go to work. On the way there, I would drink a couple of cans of Scotch and Coke to steady my nerves and fear. I would say hi to the boys and then disappear to the TV Room. The fact was I didn't want anyone to see me like this.*[425]

FESA advised the Committee that in the five-year period to 2011 it had 34 medical retirements and its "Human Resource Information Management System does not specify the cause for medical retirement." According to RiskCover, stress-related claims by FESA's staff represent approximately 5% of all claims. Using this ratio, about two of FESA's medical retirements might be attributed to stress over the 2007-11 period. FESA said "Our experience is that stress related [RiskCover] claims are generally more complex, involve longer periods of being totally unfit for work, are costlier and have poorer prognosis in terms of return to work outcomes."[426]

WAPOL data shows that in the five years to July 2012 there were a total of 93 medical retirements. Its records don't readily identify the cause of each retirement but its human resource section advises that "readily accessible records show an average of 64% of Medical Retirements in the last 12 years were stress-related." On that basis, 60 of the medical retirements in the last five years would be stress-related.[427] This rate is about seven times that for FESA's medical retirements.

Finding 23

Medical records for the past five years indicate that WAPOL's medical retirement rate for stress-related illness is about seven times that for FESA.

One of the welfare sections' major roles after an incident is to reinforce to staff and their families the services available to them. All agencies provide posters for work places and a wallet card with the contact number for their EAP provider. The efficiency of these processes was called into question by several witnesses as some of the material is sent to their workplace rather than homes (and therefore families might be

425 Submission No. 1, 19 September 2011, p1.

426 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, Email, 28 August 2012.

427 Ms Philippa Reid, Senior Ministerial Liaison Officer, Office of the Executive Director, Western Australia Police, Email, 29 August 2012.

unaware of the services available). Additionally, an experienced witness could not recall the name of either of FESA's EPA providers.[428]

Victoria Police (VP) have procedures where, after every serious critical incident, welfare staff refer to the incident fact sheet for the names of officers involved and make email contact with them. An email is used in preference to a telephone call because if a staff member is still at work they may not be able to speak openly to welfare staff (including peers and chaplains), while if they have gone off shift they may not want the welfare call registered in the station's message book for other officers to see.[429]

VP's email to staff says "we are aware that you have attended this incident. We notice this is the third one that you have attended in the last six weeks" and reminds them of the range of services offered by VP and how they can engage them. VP said they get one of three responses to the emails:

> *One saying, "Thank you very much, but I am okay, but gee, I really appreciate the contact." … sometimes it is "Piss off. Leave me alone. This is my job. Don't annoy me." …. Occasionally it is, "You know what? I've been to a number of these, and this one has really hit me. Thank God you made contact."*[430]

The other activity undertaken by VP to try and ensure that affected staff make use of the services offered by their welfare section is to send a uniformed welfare staff member along with an on-call clinician to a severe critical incident. The uniformed officer helps "break down any barriers that could be there by saying, "This is one of my work colleagues; this is Michelle; she is a clinician; she will be able to follow up later," and just soften that interface between the uniform member and the professional."[431]

The Western Australian Department of Education told the Committee that it was also important to ensure that management staff were cared for after an incident, and they are really careful about "caring for the carers, whether that is the principal or those in leadership positions or our own psychologists, to make sure that those do not get overwhelmed as well, which can happen."[432]

Large disasters stretch the resources of welfare sections in being able to properly respond. For example, the Committee was told in NSW that the Rural Fire Service sent about 3,500 personnel to the Black Saturday bushfires in Victoria in 2009. This required

428 Mr Max Osborn, Executive Officer, WA Volunteer Fire and Rescue Services Association, *Transcript of Evidence*, 22 February 2012, p4.

429 Inspector Danny Bodycoat, Wellbeing services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p4.

430 Ibid.

431 Ibid, p6.

432 Mrs Maura O'Connell, School Psychologist, Department of Education, *Transcript of Evidence*, 18 June 2012, p8.

them to do a more general follow-up as "That would be a logistical nightmare to be able to follow-up individually, so we do it from a global perspective; that is, we do briefings, operational debriefings, after-action reviews."[433] These included a written communication from the CEO specifically mentioning support programs available to staff.

Chapter 2 highlighted the willingness of the Queensland Police Service to make their staff tracking database available to other jurisdictions. Similarly, the Victorian Metropolitan Fire Brigade has modified the database used by the Country Fire Authority so that it allows the MFB to track staff who have attended a number of critical incidents. Their 'AIRS 2' system can:

> *run a monthly report that will give us the registered number of every individual who has reached our threshold, which I think is five incidents a month, and they will receive an email from me acknowledging their workload and providing them with all the attachments with the various resources that are available. If their number comes up more than once, we do not just keep sending out spam emails; Rod or another peer would make telephone contact.*[434]

One of the important roles undertaken by CEOs is attending the sending off of staff, such as urban search and rescue teams, and welcoming them when they return. This made the participating staff feel an important part of the service and their tasks as critical to the agency's response.[435] The Director General of the Department for Child Protection (DCP), Mr Terry Murphy, said the most import thing was for him to reassure his staff, especially after a tragedy, that:

> *if you have done your best and you are open about what has happened, the reality is that we are living in an imperfect world; we deal with uncertainty all the time. … as I say, "You've done your best; you're open and honest," your bosses will be lined up behind you, including me in front of the TV cameras.*[436]

Mr Murphy said that a corrosive effect is created if there is a scapegoating or blaming of staff who have done their best while operating in an imperfect world with behaviour

433 Mr Paul Scott, Manager, Counselling and Support Unit, NSW Rural Fire Service, *Transcript of Evidence*, 17 November 2011, p5.

434 Ms Sue Jamieson, Employee Assistance Coordinator, Metropolitan Fire Brigade, *Transcript of Evidence*, 3 July 2012, p4.

435 Superintendent Susan Webster, Acting Director, Special Operations Unit, Ambulance Service of New South Wales, *Transcript of Evidence*, 17 November 2011, p5.

436 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p5.

they can't totally control.[437] A sense of trust in the agency and the operations of the welfare section are vital for helping staff overcome stress from critical incidents.

A lack of recognition of staff efforts at incidents was given by one witness as a reason for a lack of trust in FESA, as "that they never get recognition. They are out there in the wilderness doing all these things for the community and no-one ever pats them on the back. No-one goes to the station straight after what they have done and says, "You did a fantastic job."[438]

Exit interviews

The undertaking of formal exit interviews for staff leaving Western Australian agencies was mixed, with many offering a voluntary process.[439] None of the State's agencies keep track of their staff, and their health outcomes, once they have left the agency. In 2011 FESA launched a voluntary online exit survey for all separating employees, including bushfire volunteers. They have about 2,000 volunteer separations a year and the surveys specifically ask "both volunteers and career personnel issues around how well they thought they were inducted, how satisfied they were around welfare and family support and safety." FESA is expecting a participation rate of around 20% and told the Committee that they would add a question about 'exposure to trauma' to the range of motivating factors for departing.[440] FESA has also prepared a draft framework for a pre-retirement transition service, which prepares staff "for life after being in the job, of which [a medical assessment] would be a key element."[441]

The WA Police Union had received a number of complaints from members that the exit interviews conducted by WAPOL are not adequate. Officers who have been employed for a number of years, "feel undervalued and that basically the agency does not care."[442] They agreed with a suggestion that there was a need for a more comprehensive exit interview and that this issue should receive a more important emphasis from officers at a higher level within the agency. In response to this concern, the WA Police Union will launch a website with a member's forum to gather data on wellbeing, welfare and health issues or seek assistance.[443]

437 Ibid.
438 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p8.
439 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p7.
440 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p10.
441 Ibid, p13.
442 Mr George Tilbury, President-elect/Director, WA Police Union, *Transcript of Evidence*, 20 June 2012, p12.
443 Mr Brandon Shortland, Vice-President Elect, WA Police Union, *Transcript of Evidence*, 20 June 2012, p12.

In some interstate agencies, the results of the interviews showed that very few left because of stress or trauma as "we usually see them before. They will go off on workers' comp; they will usually go off on stress [leave]."[444] DCP has an annual staff turnover of about 12% and its Director General agreed that his Department hadn't seen evidence of trauma being a major factor:

> *We do the exit interviews for anyone who leaves, wherever we can, and keep our eyes out for those tell-tale signs: if they say they are burnt out, ... They are the things we look out for, and they do not come up.*[445]

Recommendation 20

The State's emergency response agencies should offer exit interviews to all of their staff and volunteers and use the information they gather to improve their trauma management procedures.

Self-harm

Self-harm among emergency response staff and volunteers seems to be at a low level, even given the amount of traumatic situations they confront. This might change if the State's agencies need to respond to a major disaster. In New York, pre-9/11 the Fire Department (NYFD) had about one suicide every two years. This rate has doubled to about one per year since 9/11. After a decade, the NYFD reported severe marital fallout and an elevated rate of substance use from staff who have gone on to develop PTSD.[446] The NYFD's Counselling Service Unit have had to be proactive as some staff have an acute problem of which they are either unaware of or are in denial of.[447]

There has been little research undertaken into the suicides of first responders. The Western Australian Coroner recently made a number of recommendations following the suicide of Sergeant Elliot Watt. These included the need for more regular health checks of officers.[448] Victoria Police told the Committee that their suicide rate was previously about five per year but was now less than one, with a four-year period to 2009 with no suicides.[449] Research into the deaths of NSW Police between 1990 and

444 Superintendent Susan Webster, Acting Director, Special Operations Unit, Ambulance Service of New South Wales, *Transcript of Evidence*, 17 November 2011, pp8-9.
445 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, pp6-7.
446 Dr Kerry Kelly MD, Chief Medical Officer, Fire Department New York, *Briefing*, 26 January 2012.
447 Ibid.
448 ABC Online, *Coroner Recommends Police Health Checks*, 9 March 2012. Available at: www.abc.net.au/news/2012-03-09/wa-coroner-recommends-mental-health-checks-for-police/3880522. Accessed on 21 August 2012.
449 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p12.

2005 showed there had been 192 deaths of which 35 were suicides (a rate of about two per year).[450]

While Police usually work closely with other colleagues, and are employed by an organisation with well-developed human resource systems, this issue is more pertinent to them than other first responders as officers have ready access to firearms and hence a highly lethal means of self-harm. The World Health Organisation estimates that for each person who completes suicide about 20 others attempt it, resulting in significant deployment of public health resources.[451]

Family violence

The Committee heard first hand of some of the relationship violence that can occur following a disaster. New Zealand Police reported a 53% increase in call-outs over the weekend of the Canterbury earthquake.[452] They told the Committee that it had observed episodes of violent incidents that had not been evident before in its own police officers' families.[453] Volunteer Peer Support Officers of the New Orleans Fire Department also reported similar issues following Hurricane Katrina, with firemen confiding to them their mental problems and issues with their children and partners.[454]

The Committee attended the *Identifying the Hidden Disaster: First Australian Conference on Natural Disasters and Family Violence* and heard a direct account of the toll of trauma from the partner of a firefighter who fought the Black Saturday bushfires in Victoria. Her personal account detailed her family breakdown following the bushfires. Though it took some years, her formerly non-violent partner was ultimately diagnosed with PTSD as a result of his participation in the bushfires.[455] The secrecy that often surrounds the issue of family violence in the wider community makes it equally difficult to assess its full extent within the families of first responders. This conference provided data collected from many families that suggested it was a higher rate than estimated by senior managers in Victoria's emergency agencies. The Victorian Country

450 Dr Stephen Barron, *Police Officer Suicide: A Review and Examination Using a Psychological Autopsy*, Barron Psychology, NSW, October 2007, p6.

451 World Health Organisation, *Suicide Prevention*, 2012. Available at: www.who.int/mental_health/prevention/suicide/suicideprevent/en/. Accessed on 21 August 2012.

452 Mr Keith Lynch, 'Huge Jump in Domestic Abuse Following Quake', *The Press*, 8 September 2010, as quoted in Victoria Women's Transmission House Society. Available at: www.transitionhouse.net/2011/02/earthquake-increases-domestic-violence-we-prepare. Accessed on 4 September 2012.

453 Inspector John Price, Acting District Commander Canterbury District, New Zealand Police, *Briefing*, 15 November 2012.

454 Mr Larry Carbo, Crisis Counsellor, Catholic Charities, Archdiocese of New Orleans, *Briefing,* 20 January 2012.

455 Ms Sharon Burke, 'Hearing Women's Voices from the Bushfires', presentation at the *Identifying the Hidden Disaster: The First Australian Conference on Natural Disasters and Family Violence*, Melbourne, Victoria, 9 March 2012.

Fire Authority told the Committee that their earlier research showed that after Black Saturday they should expect "a 40% increase in drug and alcohol use—…and a 50% increase in partner conflict, ranging from everything from just general dissatisfaction to domestic abuse and domestic violence."[456]

Volunteers

As highlighted in Chapter 1, managing the State's volunteers after a critical incident is a challenge. The Australian Red Cross (ARC) told the Committee that it went door-to-door throughout Margaret River a month after last year's bushfires and talked with people about "how they are tracking and how they are getting on with things."[457] It undertook this work with the Shire of Augusta-Margaret River. ARC found this activity was well-received by its volunteers and they received "a lot of positive feedback from the community that … somebody is still thinking of them."[458] The ARC did this work as it finds:

> *that a month after an event is when people start to get their immediate practical needs met—so electricity, power, all of those sorts of issues—but those long-term creeping issues around insurance and those sorts of things are starting to arise for people, and it is also the point at which community fractures start to occur. … also just letting them know that the wider community has not forgotten about them, even though the disaster is no longer in the headlines.*[459]

Regionalisation

St John Ambulance reported to the Committee that it has moved to a regionalisation framework and their regions are aligned with those used by the Department of Health. These have regional officers, regional training coordinators and community support paramedics and it is "the regional managers and the regional support staff that will now tag these [stress] matters rather than it being very head office centric."[460] This is a similar approach to that used in Queensland where the Police have distributed their

456 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p8.
457 Ms Ruth Lane, State Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 21 March 2012, p7.
458 Ibid, p8.
459 Ibid.
460 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p2.

welfare staff to their eight regions and two commands,[461] while the other emergence agencies have theirs spread over seven regions.[462]

Post-disaster inquiries

The Committee heard in Victoria, Queensland, and locally, that post-disaster inquiries are a particularly stressful event for staff, many of whom require substantial support from agency welfare services during the inquiry. The Victorian Country Fire Authority said that the Royal Commission became a 'rolling trauma' for some staff and it "provided very significant support to anybody who gave evidence ... That was very difficult, regardless of whether you were being scrutinised or not, even if you were just telling the story."[463]

The Director General of the Department of Environment and Conservation (DEC) highlighted that inquiries into the recent Margaret River fire, and previously the Boorabbin Coronial Inquest, had singled out individual staff members. The language used by the Coroner was quite direct and caused DEC staff great distress.[464] The inquiries and accompanying media attention affected not only those named but also DEC's other 800 staff who undertake firefighting roles.[465]

The Committee heard directly from affected DEC staff that, not only did they feel terrible that they had let the local community down, but they had to suffer media reporters coming onto their family property. In their view DEC does not have enough welfare services to handle both its normal business and a crisis like the Margaret River bushfires.[466]

Chaplains

The emergency service chaplains continue their important work after an incident or disaster as well as undertaking their 'normal' tasks of "conducting weddings, funerals, christenings … and visiting sick or injured firefighters in hospital or at home".[467] FESA's Chaplain talks to affected staff after every critical incident involving a fatality:

461 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p14.
462 Mr Stephen Grant, Executive Director, Operations, Emergency Management Queensland, *Transcript of Evidence*, 5 July 2012, p1.
463 Mr Patrick O'Brien, Regional Director, Loddon Mallee Region, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p12.
464 Mr Keiran McNamara, Director General, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p2.
465 Mr Peter Dans, Director, Regional Services, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p3.
466 Department of Environment and Conservation, Margaret River, *Briefing*, 8 June 2012.
467 Mr Ronald Wingate, Chaplain, Fire & Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, pp1-2.

> *Depending where it is in the State, I will either ring the station when they get back on station ... I will have a chat—I suppose you could call it a debriefing—with the crew after, and advise them and make sure they are aware of what is available. Then there would be a follow-up, probably within the next week or so anyhow from either myself or one of the welfare team.*[468]

This support is also provided to volunteer firefighters in regional areas. As well as providing information via a telephone call about FESA's EAP scheme and the operations of the welfare team, "if they say they have some people who are not travelling terribly well, then there would be a trip to …follow them up."[469] The Committee was told that the Maritime Sea Volunteers make use of a member who is an ordained Anglican Priest to provide chaplaincy services, although they have also been offered the support of the FESA Chaplain. However, because they work closely with the Water Police in many of their recovery operations, they tend to use WAPOL's Chaplain rather than FESA's.[470] The Victorian Country Fire Authority suggested there was less stigma attached for staff to talk to a chaplain and that chaplains are far more mobile in being able to attend a station than their welfare section's psychologists.[471]

Given the limited number of chaplains employed by the State's emergency services, the Committee was told that for disasters such as the Margaret River bushfires, additional chaplains are provided by the Salvation Army and through the Department for Child Protection. This has an added benefit in that they also assist the general public as well as agency staff.[472] The recent experience of the bushfires in Margaret River and Perth Hills has led the Department of Environment and Conservation to consider a proposal to employ their own chaplain to support its staff exposed to future critical incidents.[473]

The stress arising from these events can occur some months after they have concluded. The chaplain may get a call from a work colleague or family member, "Very often I get phone calls from somebody saying, "Don't tell him I rang you, but he is not travelling well. He is grumpy at work or he is just not himself."[474] The reason this may occur is that a minor event may trigger stress long after an particular incident due to the accumulated stress an emergency worker builds up:

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468 Ibid, p2.
469 Ibid.
470 Mr Roger Howell, President, Metropolitan Volunteer Sea Rescue, *Transcript of Evidence*, 20 June 2012, p5.
471 Ms Angela Seach, Manager, Organisational Wellbeing, Country Fire Authority, *Transcript of Evidence*, 3 July 2012, p2.
472 Mr Ronald Wingate, Chaplain, Fire & Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p4.
473 Mr Keiran McNamara, Director General, Department of Conservation and Environment, Letter, 30 July 2012.
474 Mr Ronald Wingate, Chaplain, Fire & Emergency Services Authority, *Transcript of Evidence*, 18 June 2012, p5.

> *I have had many a firefighter ring me up and say, "We had a job last night. It wasn't anything terribly particular, but I am not travelling well as a result of it." When you sit down and talk to them, you find they have a whole range of other incidents they have been to that they have not really dealt with well, so they have this accumulation building on them.*[475]

The Committee was told that agencies generally have adequate systems in place to register a fatality, but often the chaplain and welfare units do not have knowledge about other stressful incidents not involving deaths due to inadequate agency data systems.

Finding 24

There are a small number of chaplains employed by the State's emergency agencies. Their work is a very important part of agency programs to assist staff deal with trauma after a critical incident, but their face-to-face activities are mainly confined to the metropolitan region.

Peer support officers (PSOs)

The Committee was told that in the immediate aftermath of a critical incident the volunteer PSOs are a preferred source of information for staff compared to an external psychologist who does not work in the emergency management area. One reason for this is that the communication between the peer supporters and staff are immediate and confidential.[476] Additionally, the work of the peer supporters is important as "because you do not need a psychologist or a social worker to deliver psychological first aid."[477] The peer supporters continue their roles of monitoring and supporting their fellow workers but post-disaster these tasks are limited by their:

- own need for rest and leave to recover from a disaster;
- limitations flowing from the need to complete their normal tasks; and
- limited number in regional areas of the State.

As was described in Chapter 3, PSOs are not paid an additional allowance and are required to get permission from their supervisor to be able to offer assistance, "A lot of

475 Ibid, p3.
476 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p3.
477 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p3.

the PSOs will go in their own time and make phone calls and follow up in their own time; or, if the station is quiet, there might be a bit of leeway there."[478]

Nationally, the Australian Red Cross (ARC) has a process by which their volunteers at a disaster are contacted by a trained PSO within about 10 days of returning home. The PSO has a set of questions that checks on a volunteer's health, such as "How are you going? What was the experience like? Are you sleeping okay? Are things back to normal at home?"[479] After the 2011 floods, the ARC undertook a survey of its volunteers asking them questions about their experience in the field and administrative arrangements such as "How effective was the activation process? Did you get the right phone calls at the right time to get you there?"[480] They then ran a two-day workshop in Melbourne with 60-70 staff and volunteers to discuss the feedback from the questionnaires. This provided about six major projects to be undertaken over the next three years.[481]

Victoria Police faced a very large problem after the Black Saturday bushfires because they had about 5,500 officers who attended the fires but no clear process for identifying who had attended. Similarly to the ARC, they arranged for each of their PSOs to ring approximately 50 Police who had been rostered to the fires and ask "How did you go with the fires?"[482] The VP welfare team ended with 530 staff who needed assistance from the 5,500 who attended the fires. Three years after the fires there are only eight staff with active welfare files.[483]

Witnesses from both FESA and the WA United Firefighters' Union acknowledged that the peer support program at FESA was no longer operating as well as it had prior to about 1999 (when it was the Fire Brigades' Board). FESA acknowledged the program "has probably lacked organisational commitment … in the past" and is working to improve it.[484] Feedback from both local academic experts and fire agencies interstate has indicated the importance of a vibrant peer support officer program. The results of a staff survey conducted by FESA indicated that:

> *95% of respondents said yes, they would use a peer support program. Those ones who have used the peer support program, 95% of those would recommend the program to others. One of the interesting*

478 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p4.
479 Mr Andrew Coghlan, National Manager, Emergency Services, Australian Red Cross, *Transcript of Evidence*, 3 July 2012, p4.
480 Ibid, p5.
481 Ibid, p6.
482 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p10.
483 Inspector Danny Bodycoat, Wellbeing services (during 2009 bushfires), Victoria Police, *Transcript of Evidence*, 3 July 2012, p3.
484 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, *Transcript of Evidence*, 28 March 2012, p11.

> *findings for us, …, was respondents overwhelmingly wanted to have a peer support person of their own tribe* [agency].[485]

An example of the stress created by not having a peer support program, particularly for volunteer firefighters, was given to the Committee:

> *I used to do a lot of volunteer training and I used to hear first-hand the things that they used to say. One that comes to mind is the cliff collapse down in Margaret River at Gracetown. I was down there doing breathing apparatus training probably two months after that happened and* ***the trauma that was in that firehouse down there was enormous*** [emphasis added]. *I did not leave that station until about four o'clock in the morning, listening and just congratulating them on what they did.*[486]

While not having a peer support program, the Director General of the Department for Child Protection (DCP) told the Committee his agency has an advantage over the other State emergency response agencies:

> *supervision is built into how we do our work. That supervision has a few functions: learning, management and workload management, but the learning part encompasses people's emotional wellbeing because our work is emotional. I am really confident that our supervision processes pick that up with our service delivery staff.*[487]

DCP's staff supervision processes flow up the Department through to the Director General, who personally supports and supervises the Department's emergency services manager. These internal processes have been developed to deal with the day to day stress of staff dealing with "difficult families in family support, [which] carries more serious, vicarious trauma. Vicarious trauma is part and parcel of doing child protection work" and they aim to ensure "the people on the emergency response team are emotionally robust. If they are not, we will pull them out of their work and make sure they get the support they need."[488]

Finding 25

Except for the Department for Child Protection and the Fire and Emergency Services Authority, the State emergency response agencies' peer support programs seem to be

485 Ibid, p9.
486 Mr Kevin Jolly, Secretary, United Firefighters' Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p8.
487 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p4.
488 Ibid, p5.

the strongest element of their processes to reduce staff trauma following critical incidents.

Recommendation 21

The Minister for Emergency Services ensure that the Fire and Emergency Services Authority's peer support program is rejuvenated as soon as possible with increased funding to provided added training for staff volunteering for this program.

Use of retired staff as mentors or peer supporters

While in the USA, the Committee was told in both New Orleans and New York that their fire services use retired firefighters to act as peer supporters during and after a fire. This process was first established by the New York Fire Department (NYFD) after the 9/11 attack on the World Trade Centre as a majority of experienced firefighters and those from senior ranks left due to the stress associated with dealing with the attack. (NYFD's current attrition rate is about at the level it was before 9/11.) This program pays the retired members a casual rate per hour of service on a weekly basis. The NYFD's peer program is funded by grants from the National Institute of Occupational Health and the non-government National Fallen Firefighters Foundation.[489]

NYFD employ 30 retired firefighters in this way and the main advantage has been that NYFD firefighters see them as senior colleagues who do not control their career and are not competing for jobs.[490] NYFD then helped to establish a Counselling Service Unit and train retired firefighters in New Orleans after Hurricane Katrina in 2005. The New Orleans Fire Department's (NOFD) retired firefighters are employed through the Catholic Charities organisation, which is part of the Archdiocese of New Orleans. NOFD retired firefighters have over 30 years of experience as firefighters and have been trained by Catholic Charities as counsellors.[491]

In Victoria, the Committee heard that for the 2009 bushfires Ambulance Victoria brought back some recently retired staff who had been trained as peer supporters to assist their paramedics. Similarly, Victoria Police made use of recently retired PSOs who offered their services during the bushfires. While keen to use more retired staff in a voluntary capacity, Victoria Police noted there were likely to be legal issues around occupational health and safety and workers' compensation.[492]

None of Western Australia's emergency agencies currently use retired staff in this way. The proposal was put to witnesses from every agency and received consistent support.

489 Mr Frank Leto, Fire Department New York, Email, 21 August 2012.
490 Dr Kerry Kelly MD, Chief Medical Officer, Fire Department New York, *Briefing*, 26 January 2012.
491 Chief Terry Hardy, District Chief, New Orleans Fire Department, *Briefing*, 20 January 2012.
492 Mr Joe Gazis, Clinical Adviser, Welfare Services/Peer Support, Victoria Police, *Transcript of Evidence*, 3 July 2012, p8.

A paramedic told the Committee he could see "an absolute benefit in something like that" as:

> *a lot of the recently retired guys, I would say, probably over the last five to eight years would be a fantastic resource, because they have come through, because a lot of them have been in the job for a long time. ... They have been there and experienced a lot of that kind of trauma before, so they know what someone is talking about.*[493]

Apart from the temporary measures used by VP and Ambulance Victoria during the Black Saturday bushfires, other interstate emergency agencies were also very supportive of the proposal but none had put in place such a program. The Queensland Fire and Rescue Service had considered it as a way of providing peer support to retired firemen, or to act as mentors to new recruits.[494] Queensland Ambulance is also keen to establish such a program to support their retired officers association, which was established three years ago.[495]

A volunteer firefighter said the proposal was definitely worth pursuing as many of the retired firefighters "would love to be a mentor". Both WAPOL and FESA are heavily unionised and have active retired members' associations and these factors would assist the implementation of such a proposal. The WA Firefighters' Union told the Committee they support the proposal as many firefighters retire prematurely given their limited career path opportunities:

> *If they do not necessarily want to do desk work or they do not want to seek promotion, we can see a role for some of those personnel in providing peer support and mentoring.*
>
> *People's capacity to mentor goes beyond the rank structure. It is important that mentors come from all ranks because not only do firefighters and station officers require it, but so do our senior officers.*[496]

The President of the WA Police Union also supported the proposal because current staff sometimes found it difficult to relate to psychologists and counsellors provided by the EAP service:

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493 Mr Justin Ingrey, United Voice Committee member, Ambulance Paramedic, St John Ambulance, *Transcript of Evidence*, 18 June 2012, p8.

494 Ms Barbara Gonda, Manager, FireCare, Queensland Fire and Rescue Service, *Transcript of Evidence*, 6 July 2012, p7.

495 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p5.

496 Ms Lea Anderson, Assistant Secretary, United Firefighters Union of Australia (WA Branch), *Transcript of Evidence*, 23 May 2012, p9.

> *People who have done the job, who were certain police officers understand what we go through on a daily basis, and I think the officers or our members could certainly relate to those people a lot better than other qualified people in certain instances.*[497]

While acknowledging the potential of this proposal, St John Ambulance told the Committee such mentors or peer supporters needed to be contemporary to the current staff and not someone who may have been in the job some time ago, "It is someone who may have done that job instead of me, or who may have done a similar sort of job last week and has got a really contemporary understanding of what the situation may be."[498]

Finding 26

The use of retired emergency staff as mentors or peer supporters has proven valuable overseas and is well-supported by all agencies which gave evidence to the Committee.

Recommendation 22

The Fire and Emergency Services Authority, Department of Environment and Conservation and Western Australia Police explore the usefulness of using retired staff as mentors or peer supporters, either directly employed or through a suitable non-government organisation.

Employee Assistance Program (EAP) providers

All State Government agencies have an external provider of counselling services which allows their staff to obtain support 24 hours per day, seven days per week, for both personal issues and the stress flowing from critical incidents. WAPOL reported that in 2011-12 they had 271 referrals to the Employee Assistance Programs (EAP), about 4.2% of their staff.[499] WAPOL use their own internal welfare staff to support officers after critical incidents. The Royal Flying Doctor Service has 234 staff and in 2011-12 it had nine new staff contacts with their EAP provider (or 3.8% of staff). Four of these contacts were for work-related issues and one for stress from a critical incident.[500]

FESA's statistics for the use of its EAP service is provided in Table 6.1 below.

497 Mr George Tilbury, President-elect/Director, WA Police Union, *Transcript of Evidence*, 20 June 2012, p4.

498 Professor Ian Jacobs, Director of Clinical Services, St John Ambulance, *Transcript of Evidence*, 16 May 2012, p6.

499 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p11.

500 Dr Stephen Langford, Director of Medical Services, RFDS Western Operations, Email, 15 March 2012.

Table 6.1- FESA's EAP sessions- 2006 to 2011[501]

	2006-07	2007-08	2008-09	2009-10	2010-11	July-Dec 2011
EAP sessions	303	417	359	296	356	146
Av. No. of sessions/referral	2.3	2.7	2.7	2.7	3.2	2.4
No of staff using EAP	94	97	101	110	85	43
No of family members using EAP	22	34	19		22	4

One of the State's major EAP providers told the Committee that their work probably starts 24 to 48 hours after a disaster or incident as "That is probably where the work of a social worker or a psychologist is more beneficial because then we are starting to assess those acute reactions and acute stress".[502] The model followed by PPC Worldwide is:

> *to follow-up a week after our initial contact and to follow-up a month after our initial contact. There would be some people in that first contact that we would probably prioritise as requiring to be contacted more rather than less, and I guess that is a clinical assessment that is made on the basis of the individual, what other pressures there are in their lives and how connected they might be to family and friends.*[503]

DCP have more than 60 counsellors on staff and the Coroner's Court has three of Australia's 30 coronial counsellors, but both maintain an EAP program for staff who may find it difficult to discuss their issues with other agency staff.[504] The Coroner's Court and WAPOL were involved in the process of managing the worst recent disaster in this region when a refugee boat sank at Christmas Island on 15 December 2010, with a loss of 48 people.[505]

As with their activities during a disaster, each of the Government agencies allow the immediate families of staff to access their EAP program. Staff and their families generally receive six free treatments. If staff need more sessions, agencies told the Committee that they can be approached and will provide some flexibility to staff. The Department of Education said that they had not had to provide more than six sessions

501 Ms Karen Roberts, Director Human Resources, Fire and Emergency Services Authority, Supplementary Information, 28 March 2012.
502 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p4.
503 Ibid.
504 Mr Gary Cooper, Principal Registrar, Coroner's Court of Western Australia, *Transcript of Evidence*, 13 June 2012, p6.
505 Ibid, p1.

for staff, but "six is an arbitrary number; … but we say six … is enough usually for a counsellor to be able to determine with someone, "You have a long-term problem here"".[506]

WAPOL obtain monthly updates from their EAP providers:

> *on the numbers of people that we have had visiting and in very broad terms why they visited the EAP. We do not know who they are—this is a completely confidential service—and we do not know the specifics of why they are going there.*[507]

PPC told the Committee that family members of about 10% of agency staff access the EAP services at any time.[508] Sessions for staff and family members follow a 'brief therapy model', and if any staff are diagnosed with post-traumatic stress disorder:

> *then we would actually talk to that individual about the options for treatment around post-traumatic stress. Typically with post-traumatic stress we would actually refer to a specialist in trauma and post-traumatic stress interventions.*[509]

As an example of the geographic spread of staff offered by a large external EAP provider, PPC Worldwide said they have 76 counselling staff available across the State, with local staff in about 36 centres from Kununurra to Esperance. It also operates in 11 locations in the metropolitan area to decrease travel time for staff accessing their services. For regional staff, about "20% of our work with individuals is also by telephone, by Skype and by online services, so through delayed email processes as well as online or through CBT programs, to help people work through those things."[510]

PPC clarified for the Committee the different confidentiality requirements for EPA support for a staff member affected by a critical incident compared to one responding to a natural disaster. These are two different processes. The day to day EAP counselling with individuals is entirely confidential, although PPC may obtain permission from the employee to approach their agency "where we see that working with the individual on their own is not going to get … an outcome in relation to their wellbeing."[511]

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506 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p7.

507 Mr Darian Ferguson, Director, Human Resources, WA Police, *Transcript of Evidence*, 22 February 2012, p11, p11.

508 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p9.

509 Ibid, p6.

510 Mr Brett Butler, Manager, Client Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, pp8-9.

511 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p5.

If PPC is aware that a person is a risk to themselves or people in the workplace or the general public, "they have a duty of care that overrides that confidentiality" they would escalate the situation and alert the organisation. PPC may also be made aware by the organisation that a staff member appears to be struggling and be asked to check on them, but "**it is up to the individual to want to engage with us moving forward**." [emphasis added][512]

Additionally, PPC counsellors meet regularly around 'hot spots' within organisations, which might occur because of events happening in that organisation; and then PPC will try to find a way of getting that feedback through to the organisation.[513]

PPC undertake a different process with staff involved in a disaster response:

> *the feedback to the organisation is immediate, it is ongoing and* [PPC] *will often have discussions about individuals and their progress or how they are actually coping and whether there are recommendations for ongoing support for those individuals. … obviously, we need to do that with the permission of the individual involved. ... the discussion that occurs as the result of a critical incident is a lot more open.*[514]

During a disaster, PPC mobilise a team from the Perth office as their local counsellors may also be victims of the disaster. The support offered is a debriefing-support model, not a counselling model. The PPC disaster debriefing model supports agency staff, "normalising their reactions to the incident, and tracking them to make sure that they return to pre-incident routines once the incident has closed." This tracking continues for a month, although for an issue that goes to the Coroner's Court, it may last for up to two years.[515] The Committee was told in NSW that the Rural Fire Service follow up staff at both the two to four week mark, as well as at a two to three month mark to "gauge whether or not that person is stabilised still, returning to normal recovery or is now a little bit more problematic and may be moving to either acute distress or post-traumatic reactions."[516]

If a PPC counsellor is seeing a staff member through the agency's normal EAP process and the staff member then needs assistance due to working at a disaster, the counsellor would "be very careful to disengage myself from that process … and bring in

512 Ibid, p10.
513 Ibid, p5.
514 Ibid, p5.
515 Ibid, p6.
516 Mr Paul Scott, Manager, Counselling and Support Unit, NSW Rural Fire Service, *Transcript of Evidence*, 17 November 2011, p17.

one of my colleagues to actually work with that individual in relation to the critical incident".[517]

PPC told the Committee that:

> *people rarely come to EAP with the presenting issue of trauma. They will come with family issues, alcohol, depression and anxiety issues and they will not necessarily make the connection, for those who have been involved in a traumatic incident,* ***that that is how it is manifesting itself*** [emphasis added]. *It is up to the clinician, through their collection of data and mapping of the history of the individual, to diagnose what the depression is about.*[518]

PPC said that if a staff member presented with family or drinking issues for a counselling session sometime after working at a natural disaster, "There would not necessarily be a connect between the [disaster] and what is happening to an individual 18 months down the track."[519]

The Department of Education (DoE) told the Committee that it mobilised its EAP provider, PRIMEXL, during the Margaret River bushfires in 2011 as teachers' houses were likely to have been affected or they might be offering support to other affected family and friends. DoE said they have a good working relationship with PRIMEXL. They rang them to ensure their counsellors were able to speak to DoE staff after the Margaret River fires and wanted to make sure if teachers or their families rang the EAP, the "last thing we want to do is tell someone to call your number and it goes through to a switchboard and no-one answers then they get fobbed off."[520]

Gap in EAP services

One gap in the current services provided by EAP companies is they don't offer follow-up checks a year or two later for staff who had attended a natural disaster. The Committee was told that in Christchurch the Police were preparing for a spike in stress disorders 18 months after the earthquake. This could involve 12-18% of the community.[521] Medical staff at the New York Fire Department (which had 343 firemen killed at 9/11) told the Committee they were surprised by firefighters coming forward for the first time seeking assistance to deal with their stress 10 years after 9/11.[522]

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517 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p5.
518 Ibid, p9.
519 Ibid, p6.
520 Mr David Axworthy, Deputy Director General, Schools, Department of Education, *Transcript of Evidence*, 18 June 2012, p5.
521 Mr Chris Shield, Human Resource Manager, Canterbury District, New Zealand Police, *Briefing*, 15 November 2011.
522 Dr Kerry Kelly MD, Chief Medical Officer, Fire Department New York, *Briefing*, 26 January 2012.

PPC Wordwide said in Victoria it was providing assistance to staff from the Country Fire Authority who fought the Black Saturday bushfires in February 2009[523], and:

> *I guess to date we have not been engaged to provide that sort of support* [in WA], *and the research is only now starting to come through around the significance of the anniversaries and how long it does take for the reactions to come through following a disaster.*[524]

Use of EAP counsellors

The Committee also heard reservations about the benefits of using external EAP counsellors. The Director General of the Department for Child Protection said:

> *We use Prime; they are pretty good. Counselling, though, is as good as the individual. Different organisations have different individuals who are better or worse at any given time. We reviewed our EAP about 18 months ago, I think, and I think you would say it came up as okay. I would not give it an A-plus, but I certainly would not give it a C-minus either.*[525]

The Department of Environment and Conservation's Director General said that some staff have benefited greatly from using the EAP councillors while other staff felt "it is not for them and they do not think that they need that sort of support and assistance." Some staff felt the councillors were no doubt very professional and competent in their fields, but did not have a "really sufficiently understanding of the business and what people are going through to be as helpful as it might be", as they:

> *do not necessarily get it in terms of the pressure and the experience that people actually go through in the field or in the decision-making that they do in incident management situations under extremely high pressure.*[526]

WAPOL have addressed this problem by negotiating specific arrangements in their contract with PPC. When Police ring the 24-hour EAP support line, rather than being told they have rung PPC Worldwide, they are told:

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523 Mr Brett Butler, Manager, Client Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p6.

524 Ms Rose Zaffino, Head of Clinical Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p4.

525 Mr Terry Murphy, Director General, Department for Child Protection, *Transcript of Evidence*, 23 May 2012, p5.

526 Mr Keiran Mcnamara, Director General, Department of Environment and Conservation, *Transcript of Evidence*, 28 March 2012, p4.

> *that they have rung the WA Police counselling support line. It is a much more dedicated system. In taking on that contract,* [Police health and welfare] *also met with their providers and provided them with training, … with police-specific information to assist them in providing a quality service.*[527]

Other EAP models

The Queensland Police Service (QPS) told the Committee that it doesn't use an external EAP provider but has its own staff deliver these services. The annual cost for employing its 25 psychologists is around $2 million a year. There is an additional budget of $80,000 a year for external referrals for treatment to psychologists in the private sector and a budget for hospital treatment as well. The welfare section also manages the QPS drug and alcohol program.[528] The reason for continuing with an internal EAP program, given that an external provider is cheaper,[529] was:

> *The single biggest learning for me, and I have managed external programs of support services and hybrids of both, was just the value of having people who understand the geography, understand the people, how policing organisations work, and know the personalities…*[530]

QPS said that an internal EAP section assisted in developing credibility with their membership, developing relationships and better understanding issues, while an external EAP provider:

> *subcontract out to other people all over the place, particularly when you have a cover a state like Queensland, ... It will all be subcontracted out. They are all running businesses, they all have … their own priorities. The quality of work and the quality assurance around that and the intelligence that you contract away—I am not even prepared to look at that issue.*[531]

The Queensland Ambulance Service (QAS) offered a third model. It uses external psychologists but has "been actively resistant to the proposition that a contract be let to a provider. What we have done over the years is engage individuals - one by one on contracts." Individual psychologists in the QAS's seven regions are carefully screened and checked that they are competent in the area of trauma and general anxiety

527 Ms Angela Martinovich, Clinical Psychologist, Health and Welfare Branch, Western Australia Police, *Transcript of Evidence*, 22 February 2012, p11.
528 Mr Colin Anderson, Director, Safety and Wellbeing, Queensland Police Service, *Transcript of Evidence*, 5 July 2012, p9.
529 Ibid, p12.
530 Ibid, p2.
531 Ibid, p12.

disorders as described in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.[532] The concerns of QAS about an external provider mirror those of the QPS:

> *When you recruit a group, unfortunately, you do not have any control on screening the* [psychologists] *who provide the service. You have to take whom the group nominates, whereas I have hand-selected these individuals over the years and am satisfied that they have got some significant experience in their locality.*[533]

The QAS system has the same staff confidentiality arrangements as other EAP programs, but they ensure a statutory term is provided by the psychologists when they see a client and is sent with their invoice. Data is used to evaluate the psychologists and they are supervised by the QAS Counsellor Staff Support Services Manager. He sees them "at least twice a year and then we bring them all together for a counsellors' workshop once a year." The QAS process is audited in two ways. Firstly, staff who present for counselling sign a form at the time that they attend. Secondly, twice in the last 20 years QAS has had a third party randomly visit a number of the psychologists and check that their invoices match the staff file and the staff signature.[534]

Auditing EAP providers

PPC Worldwide confirmed to the Committee that their work is not easily audited and they are currently not audited in this way by the Western Australian emergency agencies for which they provide EAP services. They have to maintain an agency's trust "in everything we do to avoid people being concerned about are we feathering our own nest or gilding the lily about what is actually happening".[535] One of the processes PPC initially completes with clients:

> *is to get very clear about the organisational information that is specific to that organisation, and people have to give us that information around what their occupation is, what their division is and what their location is, and it needs to match our data.*[536]

FESA advised the Committee that its current contract management specifications with its two external EAP providers "do not provide for independent audit to confirm actual services delivered and eligibility of clients to receive services." Similarly to PPC

532 Mr Paul Scully, Manager, Counsellor Staff Support Services, Queensland Ambulance Service, *Transcript of Evidence*, 5 July 2012, p8.
533 Ibid.
534 Ibid.
535 Mr Brett Butler, Manager, Client Services, PPC Worldwide, *Transcript of Evidence*, 13 June 2012, p7.
536 Ibid.

Worldwide, FESA's two EAP providers ask for the registration details of employees and volunteers, "however this information is not authenticated with FESA as a matter of course." Instead, FESA relies on the providers abiding by their professional obligations outlined in the Psychologists Code of Ethics which requires psychologists to be "honest in their financial dealings."[537]

FESA told the Committee that when "contracts are due for review at the end of this year, we will amend the contracts to make provision for audit."[538]

Finding 27

Currently State emergency agencies do not audit their EAP providers as to the veracity of information provided in invoices for payment.

Recommendation 23

The Ministers for Emergency Services, Environment and Police ensure their departments include provisions for regular external audits of invoices for payment in their next round of Employee Assistance Program contract negotiations.

537 The Australian Psychological Society Ltd, *Code of Ethics*, 2012. Available at: www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf, p29. Accessed on 3 August 2012.

538 Ms Karen Roberts, Director, Human Resources, Fire and Emergency Services Authority of WA, Email, 2 August 2012.

Appendix One

Inquiry Terms of Reference

With a focus on State Government workers and volunteers who work with, or under the supervision of, State Government agencies which are involved in emergency responses, the Committee will examine:

- whether existing agency responses adequately address the trauma experienced by staff and volunteers during and after declared natural disasters which have occurred since 2001;
- the barriers to those suffering trauma from accessing available assistance services; and
- the measures to mitigate any health impacts from trauma to those State Government workers and volunteers who responded to a declared disaster.

Appendix Two

Committee's functions and powers

The functions of the Committee are to review and report to the Assembly on:

(a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;

(b) annual reports of government departments laid on the Table of the House;

(c) the adequacy of legislation and regulations within its jurisdiction; and

(d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament, and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each Committee. Annual reports of government departments and authorities tabled in the Assembly will stand referred to the relevant Committee for any inquiry the Committee may make.

Whenever a Committee receives or determines for itself fresh or amended terms of reference, the Committee will forward them to each standing and select Committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

Appendix Three

Acronyms

ACPMH	Australian Centre for Posttraumatic Mental Health
AFAC	Australasian Fire Authorities Council
AIIMS	Australasian Inter–service Interagency Management System
ARC	Australian Red Cross
AUSMAT	Australian Medical Assistance Team
CC	Cochrane Collaboration
CEO	chief executive officer
CFA	Country Fire Authority (Victoria)
CISM	critical incident stress management
DCP	Department for Child Protection
DEC	Department of Environment and Conservation
DoE	Department of Education
DoH	Department for Health
DVI	disaster victim identification
EAP	Employee Assistance Program
EMQ	Emergency Management Queensland
ERT	DCP's Early Response Team
FESA	Fire and Emergency Services Authority
LGAs	local government authorities
MAPS	(SJA's) Maintaining Awareness and Peer Support program
MFB	Metropolitan Fire Brigade (Victoria)
MVSR	Metropolitan Volunteer Sea Rescue

NOFD	New Orleans Fire Department
NYFD	New York Fire Department
PFA	Psychological First Aid
PTSD	post-traumatic stress disorder
PSOs	peer support officers
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
RTTA	Road Trauma Trust Account
SEMC	State Emergency Management Committee
SES	State Emergency Service
SJA	St John Ambulance
SUDI	sudden unexpected death of an infant
USAR	urban search and rescue (team)
VESPA	Victorian Emergency Services Peer Alliance
VFRSA	Volunteer Fire and Rescue Services Association
VP	Victoria Police
WAPOL	Western Australia Police
WHO	World Health Organization

Appendix Four

Submissions received

Submission Number	Name	Position	Organisation
1	**Confidential**	Retired firefighter	
2	**Mr Paul du Boulay**	President	WA Volunteer Fire and Rescue Services Association Inc.
3	**Associate Professor David Mountain**	President	Australian Medical Association (WA Branch)
4	**Mr Terry Murphy**	Director General	Department for Child Protection
5	**Mr Steve Joske**	Executive Director	Australian Red Cross
6	**Mr Keiran McNamara**	Director General	Department of Environment and Conservation
7	**Dr Karl O'Callaghan**	Commissioner of Police	Western Australia Police
8	**Mr Stephen Yule**	Chief Executive Officer	Gascoyne Development Commission
9	**Mr Wayne Gregson**	Chief Executive Officer	Fire and Emergency Services Authority
10	**Mr David Thomas**	General Manager	St John, South Island, New Zealand
11	**Dr Andrew Robertson**	Director, Disaster Management, Regulation and Planning	Department of Health
12	**Ms Sharyn O'Neill**	Director General	Department of Education
13	**Mr Phillip Petersen**	Committee member	SES Volunteers Association
14	**Mr David Matthews**	Retired Police officer	
15	**Mr David Nelson**	Retired Police officer	
16	**Ms Louise Pickett**	Commander	Volunteer Marine Rescue Western Australia
17	**Mr George Tilbury**	President	WA Police Union
18	**Ms Fran Boyd**	Executive Director, People and Culture	Country Fire Authority, Victoria

Appendix Five

Witnesses who provided evidence at hearings

Date	Name	Position	Organisation
17 November 2011 **Sydney, NSW**	**Professor Richard Bryant**	Professor of Psychology	University of New South Wales
	Ms Wendy Graham	Director, Disaster Welfare Services	Ministry for Police & Emergency Services, NSW
	Mr Paul Scott	Manager Counselling and Support Unit	Rural Fire Service, NSW
	Ms Gina Mammone	Manager, Critical Incident and Counselling Services	State Emergency Service, NSW
	Acting Chief Superintendent Susan Webster	Acting Director, Special Operations Unit	Ambulance Service of NSW
	Ms Rosemary Hegner	Director, Emergency Management	Department of Health, NSW
22 February 2012	**Mr Gregory Italiano**	Executive Director	Western Australia Police
	Inspector Gordon Fairman	A/Divisional Superintendent Forensic Division	
	Ms Angela Martinovich	Clinical Psychologist	
	Mr Darian Ferguson	Director, Human Resources	
	Mr Max Osborn	Executive Officer	WA Volunteer Fire and Rescue Services Association
29 February 2012	**Dr Andrew Robertson**	Director, Disaster Management, Regulation and Planning	Department of Health
21 March 2012	**Ms Ruth Lane**	Senior Manager, Emergency Services	Australian Red Cross
28 March 2012	**Ms Karen Roberts**	Director Human Resources	Fire and Emergency Services Authority
	Mr Chris Arnol	A/Chief Operations Officer	
	Mr Graham Swift	Assistant Chief Operations Officer	

	Mr Keiran McNamara	Director General	Department of Environment and Conservation
	Mr Peter Dans	Director Regional Services	
	Mr Alan Walker	Director Regional Policy and Projects	
2 May 2012	**Mr Phillip Petersen**		SES Volunteers Association (Inc)
16 May 2012	**Professor Ian Jacobs**	Clinical Services Director	St John Ambulance (WA)
	Mr David Bentley	Retired Police Officers	
	Mr David Mathews		
	Mr David Nelson		
23 May 2012	**Mr Frank Martinelli**	President	United Firefighters' Union (WA Branch)
	Mr Kevin Jolly	Secretary	
	Ms Lea Anderson	Assistant Secretary	
	Mr Terry Murphy	Director General	Department for Child Protection
13 June 2012	**Mr Gary Cooper**	Acting Principal Registrar	State Coroner's Office
	Ms Rose Zaffino	National Head of Clinical Services	PPC Worldwide
	Mr Brett Butler	Manager, Client Services	
18 June 2012	**Mr Ron Wingate**	Chaplain	Fire and Emergency Services Authority
	Mr Justin Ingrey	United Voice	Ambulance paramedic and Committee member
	Mr David Axworth	Deputy Director General, Schools	Department of Education
	Ms Maura O'Connell	Senior School Psychologist	
20 June 2012	**Mr Roger Howell**	President	Metro Volunteer Sea Rescue
	Mr George Tilbury	President Elect/ Director	WA Police Union
	Mr Brandon Shortland	Vice President Elect/ Director	
	Mr Jon Groves	Deputy Vice President	
	Mr Tom Barratt	Research Officer	
2 July 2012 **Melbourne, VIC**	**Mr Neil Hedger**	Chair	Victoria Emergency Services
	Mr William Johnson	Vice Chair	

	Mr Peter Kueffer	Clinical Director/ Psychologist	Association
	Mr Bruce McKenzie	Assistant Secretary	The Police Association Victoria
	Mr Christopher Kennedy	Industrial Relations Manager	
	Professor David Forbes	Director	Australian Centre for Post-traumatic Mental Health
	Mr Gregory Leach	Regional Manager Grampian Region	Ambulance Victoria
	Ms Heather Bancroft	Clinical Director	
	Ms Sue Bull	Field Officer	Volunteer Fire Brigades Victoria
	Mr Timothy Desmond	Volunteer Lieutenant	
	Mr Allan Monti	Executive Officer	
3 July 2012 **Melbourne, VIC**	**Dr Richard Thornton**	Deputy CEO	Bushfire CRC Ltd.
	Mr Andrew Coghlan	National Manager Emergency Services	Australian Red Cross
	Mr Paul Garvey	Executive Manager People and Culture	Country Fire Authority Victoria
	Ms Angela Seach	Manager Organisational Wellbeing	
	Mr Patrick O'Brien	Regional Director Lodden Mallee Region	
	Mr Joe Gazis	Clinical Advisor Welfare Services Peer Support	Victoria Police
	Ms Michelle Spinks	Social Worker, Police Psychology	
	Inspector Danny Bodycoat	Wellbeing Services (during 2009 bushfires)	
	Mr Rodney Egglestone	Peer Support Co-ordinator	Metropolitan Fire Brigade
	Ms Sue Jamieson	Employee Assistance Co-ordinator	
	Dr Rob Gordon	Clinical Psychologist	Consultant to DHS (VIC) and Red Cross
5 July 2012 **Brisbane, QLD**	**Mr John Oliver**	State Secretary	United Firefighters' Union (QLD)
	Mr Luke Donaldson	Research Assistant	
	Mr Paul Scully	Manager Staff Support Services	Queensland Ambulance Service
	Mr Todd Wehr	Staff Counsellor	

	Mr Andrew Henderson	Commander Police Operations Centre	Queensland Police Service
	Mr Colin Anderson	Director Safety and Wellbeing	
	Ms Eve Gavel	Manager Employee Wellbeing	
	Mr Peter Jeffrey	Director, State Emergency Services Unit	Emergency Management Queensland
	Mr Brian Cox	Director Disaster Management Services	
	Mr Stephen Grant	Executive Director Operations	
6 July 2012 **Brisbane, QLD**	**Ms Barbara Gonda**	Manager FireCare	Queensland Fire and Rescue Service
	Mr Justin Choveaux	Acting Chief Executive Officer	Rural Fire Brigades Association of Queensland Inc
	Dr Ben Evans	Regional Director Queensland	Australian Customs and Boarder Protection
	Ms Rebecca Pullock	Manager, People Qld	

Appendix Six

People who briefed the Committee

Date	Name	Position	Organisation
14 November 2011 **Christchurch, NZ**	**Mr Brenden Winder**	CBD Red Zone Cordon and Access Manager	Canterbury Earthquake Recovery Authority
15 November 2011 **Christchurch, NZ**	**Mr David Thomas**	General Manager, South Island	St John
	Ms Jocelyn Rhodes	Human Resources Advisor, South Island	
	Ms Mary Gordon	Executive Director of Nursing	Canterbury District Health Board
	Mr Wayne Thomas	Deputy Chief Executive	Environment Canterbury
	Mr Neville Gurr	Human Resources Manager	
	Mr James Thompson	Operations and Training Coordinator	Canterbury Civil Defence Emergency Management
	Mr Julian Hughes	National Manager Safety and Wellbeing	New Zealand Fire Service
	Inspector John Price	Acting District Commander	New Zealand Police
	Mr Chris Shield	Human Resources Manager	
	Mr Philip Manhire	Staff Welfare Officer	
	Mr Murray Sinclair	Manager, Civil Defence and Emergency Management	Christchurch City Council
	Mr Chris Till	General Manager, Human Resources	
	Mrs Melissa Haskell	Health and Safety Auditor	
	Ms Sharon McFarlane	Health and Safety Advisor	
16 November 2011 **Christchurch, NZ**	**Hon Ms Lianne Dalziel**	Member for Christchurch East	New Zealand Parliament
17 November 2011 **Sydney, NSW**	**Chief Superintendent Mal Connellan**	Chief of Staff	Fire and Rescue NSW

	Chief Superintendent Gary Picken	Team Leader TF1 (Christchurch)	
	Superintendent Kim Reeson	Planning Officer (Japan)	
	Station Officer Greg Williams	Acting Critical Incident Support Officer	
16 January 2012 **New Orleans, USA**	**Dr Sally Sleeper**	Director, Gulf States Policy Institute	RAND
19 January 2012 **New Orleans, USA**	**Associate Professor Frederick Weil**	Department of Sociology	Louisiana State University
20 January 2012 **New Orleans, USA**	**Ms Alexandra Miller**	Director of Program Development, EnviRenew	The Salvation Army
	Mr Joe Threat	Acting Executive Director	FEMA, US Department of Homeland Security
	Mr Andre Cadogan	Deputy Director	
	Ms Andrea Davis	External Affairs Director	
	Ms Katherine Zeringue	Environmental and Historic Preservation Officer	
	Mr Michael Hunnicutt	Deputy Section Chief, Hazard Mitigation NFIP/Compliance	
	Mr Eddie Williams	Public Assistance Infrastructure Branch Director	
	Ms Nora Huete	Individual Assistance Section Chief	
	Chief Terry Hardy	District Chief	New Orleans Fire Department
	Mr Larry Carbo	Crisis Counsellor	Catholic Charities, Archdiocese of New Orleans
	Mr Garry Carbo	Crisis Counsellor	
	Ms Kay W. Wilkins	Chief Executive Officer	American Red Cross, Southeast Louisiana Chapter
	Mr Bruce Cuber	Director, Community Outreach Department	
	Captain Tom Kaye		United States Coast Guard
	Commander Joseph Honea		

	Ms Kellie Bentz	Director of Disaster Services	HandsOn Network
	Ms Shaula Lovera	Director, Spirit of Hope and Latino Health Access Network	Catholic Charities, Archdiocese of New Orleans
	Ms Christi Julian	Spirit of Hope Program Coordinator	
	Mr Tom Costanza	Executive Director, Office of Justice and Peace	
	Ms Sofia Curdumi	Program Manager, Disaster Resilience Leadership Academy	Tulane University
	Ms Jessica Vermilyea	Acting Director	Greater New Orleans Disaster Recovery Partnership
23 January 2012 **New York, USA**	**Dr Fatih Ozbay, MD**	Director, World Trade Center Worker and Volunteer Medical Screening Program	Mount Sinai School of Medicine
	Ms Kathryn Marrone	Clinical Director	
	Ms Diane Ryan	Director, Mental Health & Service Programs, Disaster Planning & Response	American Red Cross in Greater New York
	Dr Georgine Gorra	Clinical Social Worker & Disaster Mental Health Volunteer	
	Mr Dario Diaz	Regional Director Mass Care and Logistics & International Delegate	
	Mr Luis Avila	Emergency Services Officer	
	Mr James A. Keane	General Manager, Operations Safety	The Port Authority of New York & New Jersey
	Ms Robin Martin	Medical Director	
	Dr Howard Fisher, MD	Chief Medical Examiner	

	Ms Cristina Lado	Director, Government and Community Relations	
	Ms Lillian D. Valenti	Director, Procurement	
24 January 2012 **New York, USA**	**Professor Gerard A. Jacobs**	Director, Disaster Mental Health Institute	The University of South Dakota
	Dr Craig L. Katz, MD	Psychiatrist	Mount Sinai School of Medicine
25 January 2012 **New York, USA**	**Ms Barbara Butcher**	Chief of Staff, Director Forensic Training Program	City of New York, Office of Chief Medical Examiner
	Ms Elissia Conlon	Coordinator, Special Operations Division	
26 January 2012 **New York, USA**	**Dr Kerry Kelly, MD**	Chief Medical Officer	Fire Department-City of New York
	Ms Suzanne Sebert	Assistant Commissioner	
	Ms Dianne Kane	Assistant Director, Counselling Support Unit	
8 June 2012 **Margaret River, WA**	**Mrs Annie Riordan**	Acting CEO	Shire of Augusta-Margaret River
	Mr Nigel Anderson	Manager Human Resources	
	Mr Paul Gravett	Manager Community Development and Safety and Recovery Coordinator	
	Mr Brendan Jordan	Community Emergency Services Manager	
	Superintendent Lawrence Panaia		West Australian Police
	Senior Sergeant Peter Jenal		
	Mr John Tillman	Regional Director, Lower South West Region	Fire and Emergency Services Authority
	Mr Danny Mosconi	District Manager, Lower South West Region	
	Mr Rob Bootsma	Chief Bushfire Control Officer	Volunteer Bush Fire Service
	Mr Kevin Cartright	Captain	Margaret River Volunteer Fire & Rescue Service

	Mr Robert Lewis	Deputy Local Manager	Augusta Margaret River State Emergency Services
	Mr Leon Gardiner	District Manager	State Emergency Services
	Mr Chris Boag	General Manager Country Ambulance Service	St John Ambulance
	Mr Darren Ginnane	Operations Manager Country Ambulance	
	Ms Dianne Langford-Fisher	Assistant Regional Manager	
	Mr Brad Commins	Operations Manager Blackwood	Department of Environment and Conservation
	Mr John Carter	Nature Conservation Program Leader	
	Mr Greg Mair	District Manager	
	Mr Murry Mitchell	Fire Manager	
	Mr David Meehan	District Parks and Visitor Services Coordinator	
	Mr John Ireland	Manager Risk	

Appendix Seven

Guidelines for peer support in high-risk organisations

Eight key domains of recommendations emerged from the project findings.[539]
The following recommendations should not be interpreted rigidly but, rather, should be implemented as appropriate to the specific context of the program. This is particularly important since there is currently an absence of objective empirical evidence for the effectiveness of peer support in improving psychosocial outcomes.

1. The Goals of Peer Support: Peer supporters should:
(a) provide an empathetic, listening ear;
(b) provide low level psychological intervention;
(c) identify colleagues who may be at risk to themselves or others; and
(d) facilitate pathways to professional help.

2. Selection of Peer Supporters: In order to become a peer supporter, the individual should:
(a) be a member of the target population,
(b) be someone with considerable experience within the field of work of the target population,
(c) be respected by his/her peers (colleagues), and
(d) undergo an application and selection process prior to appointment that should include interview by a suitably constituted panel.

3. Training and Accreditation: Peer supporters should:
(a) be trained in basic skills to fulfil their role (such as listening skills, psychological first aid, information about referral options);
(b) meet specific standards in that training before commencing their role; and
(c) participate in on-going training, supervision, review, and accreditation.

4. Mental Health Professionals: Mental health professionals should:
(a) occupy the position of clinical director, and
(b) be involved in supervision and training.

5. Role: Peer supporters should:
(a) not limit their activities to high-risk incidents but, rather, should also be part of routine employee health and welfare;
(b) not generally see “clients” on an ongoing basis but should seek specialist advice and

539 Professor Mark C. Creamer *et al.,* 'Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method', *Journal of Traumatic Stress*, vol. 25, April 2012, p134–141.

offer referral pathways for more complex cases; and
(c) maintain confidentiality (except when seeking advice from a mental health professional and/or in cases of risk of harm to self or others).

6. Access to peer supporters: Peer supporters should normally be offered as the initial point of contact after exposure to a high-risk incident unless the employee requests otherwise. In other situations, employees should be able to self-select their peer supporter from a pool of accredited supporters.

7. Looking after peer supporters: In recognition of the potential demands of the work, peer supporters should:
(a) not be available on call 24 hours per day;
(b) be easily able to access care for themselves from a mental health practitioner if required;
(c) be easily able to access expert advice from a clinician; and
(d) engage in regular peer supervision within the program.

8. Program evaluation: Peer support programs should establish clear goals that are linked to specific outcomes prior to commencement. They should be evaluated by an external, independent evaluator on a regular basis and the evaluation should include qualitative and quantitative feedback from users. Objective indicators such as absenteeism, turnover, work performance, and staff morale, while not primary goals of peer support programs, may be collected as adjunctive data as part of the evaluation.