AASW
Australian Association of Social Workers

Submission to the Senate Standing Committees on Education and Employment

Re: The Role of Commonwealth, State and Territory Government in Addressing the High Rates of Mental Health Conditions Experienced by First Responders, Emergency Service Workers and Volunteers

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Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 11,000 social workers throughout Australia.

We set the benchmark for professional education and practice in social work and have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession

Social work is a tertiary-qualified profession recognised nationally and internationally that supports individuals, families, groups and communities to improve their wellbeing. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge.

Social workers practice in a diverse range of settings, including health and mental health. Social workers consider the relationship between biological, psychological, social and cultural factors, and how they impact on a person's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may have a negative impact, such as inequality, injustice and discrimination.

Social workers are an integral part of the mental health workforce and are well-placed to consider and respond to this issue and the AASW welcomes the opportunity to contribute to this inquiry.

Our submission

First responders play a critical role in our society. Due to the nature of their unique work, first responders are at risk of developing debilitating mental health conditions. Their role is often characterised by high-risk and life-threatening situations that can result in numerous forms of trauma, including post-traumatic stress disorder (PTSD), injury, and even workplace death.[1] Furthermore, as a workforce they are on the frontline of dealing with complex social issues. For example, police and ambulance officers are increasingly working with people who have complex histories and needs (including mental health, trauma, family violence, drug and alcohol), but as a workforce they may not be well-equipped to deal with them. Recent reports have highlighted the increased pressures faced by first responders and the inadequate training they receive to deal with these complex issues. This in turn increases the likelihood of poorer outcomes in the immediate response and the health and wellbeing of all involved.

Given the high incidence of mental health issues for this workforce, stronger supports and preventative measures are needed for individuals and their families. Social workers are an important part of the mental health workforce and in their roles as counsellors and family support workers see the devastating impact that this type of high stress work can have on workers, their families and communities. Feedback from our members who work with first responders, and their families, highlights that addressing mental health issues is not just about accessing support, but also providing early intervention measures and cultural change that can address the barriers experienced by many first respondents in need of help. Underlying this is the urgent need for a federal strategy to make

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[1] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF

sure that first responders are well supported in undertaking their vital work in keeping communities safe.

Key Recommendations

- Greater priority be given to early intervention strategies and educational campaigns to address the barriers preventing workers from accessing supports.
- The Government consider the Mental Health and Wellbeing Strategy for First Responder Organisations in NSW as a model, and through COAG Health Council implement this framework at a Federal level.
- Greater consideration be given to the needs of family members and loved ones.
- The Government fund further research and continue to build an evidence base to better understand the mental health of first responders and evidence-based interventions that are effective in improving the wellbeing of first responders and their families.
- Greater focus on post-retirement services and needs across the lifespan and at different career stages.
- Greater regulation of counselling and mental health supports.

Response

a. **the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers;**

The nature and causes of mental health conditions experienced by first respondents is a multifaceted issue. Not only does their work require them to attend dangerous, high-stress, high-intensity, low control emergency situations but it also requires them to put their health and safety at risk while assisting others in need.[2,3]The compounding effects of exposure, also known as cumulative stress, increase vulnerability to psychological illness, which is widely confirmed by peer reviewed studies.[4,5]. Exposure to devastating events (e.g. major disasters, natural disasters and witnessing death), unpredictable working hours, separation from family and friends, and high-intensity working conditions puts first responders at risk of higher levels and stress and physical and psychological trauma.[6,7,8]

Exposure to trauma can result in a myriad of psychological symptoms. These include depression, anxiety, adjustment disorder, and alcohol use (as a form of coping).[9,10,11] The regular exposure to trauma, as well as caring for trauma survivors, can contribute to mental health problems and long-term consequences.[12] While such events are rarely experienced by other members of society, first responders experience such events on a regular basis. This comes at a significant personal cost to

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[2] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[3] https://emdrtherapyvolusia.com/wp-content/uploads/2016/12/First-Responders.pdf
[4] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[5] http://journals.sagepub.com/doi/abs/10.1177/0004867415615217?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed
[6] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[7] https://emdrtherapyvolusia.com/wp-content/uploads/2016/12/First-Responders.pdf
[8] https://www.researchgate.net/publication/6440702_First_Responders_Mental_Health_Consequences_of_Natural_and_Human-Made_Disasters_for_Public_Health_and_Public_Safety_Workers
[9] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[10] http://journals.sagepub.com/doi/abs/10.1177/0004867415615217?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed
[11] https://ajem.infoservices.com.au/items/AJEM-31-03-15
[12] https://emdrtherapyvolusia.com/wp-content/uploads/2016/12/First-Responders.pdf

the individual and their families.

Mental health is a complex issue and there isn't a single determining cause. What we do know is that prevention and early intervention are key to addressing the issue and its devastating impacts. Nationally the mental health service delivery system for first responders is fragmented across each workforce group and across States and Territories. There are also significant barriers to accessing supports due to professional cultures that see accessing help as a sign of weakness.[13] Furthermore, from the feedback of our members not enough attention has been paid to the varying support needs across the lifespan and the impact that this work has on children, partners and other family members.

We would like to draw the Committees attention to the Mental Health and Wellbeing Strategy for First Responder Organisations in NSW.[14] The strategy fundamentally seeks to address the nature and underlying causes of mental health issues for first responders. This work is being done collaboratively by the NSW Police Force, Fire and Rescue NSW, NSW Ambulance, the Rural Fire Service of NSW, the State Emergency Service (SES), Marine Rescue NSW and the Volunteer Rescue Association (VRA) in conjunction with the Black Dog Institute and the NSW Mental Health Commission. The strategy provides a model for a comprehensive and preventative approach to mental health that can serve as a model for a Federal framework that could be implemented by the COAG Health Council.

In particular, we would like to highlight the 6 main strategic objectives, which include:

- Strategic objective 1: Promote and support the good mental health and wellbeing of first responders throughout their career
- Strategic objective 2: Develop strategies to reduce the risk of mental disorder and promote mental resilience among first responders
- Strategic objective 3: Create a culture that facilitates early identification of mental health problems in first responders and encourages early help seeking
- Strategic objective 4: First responders who develop a mental disorder receive high quality, evidence-based mental health care that facilitates the best possible functional recovery
- Strategic objective 5: The unique factors associated with first responder work are acknowledged and appropriate systems put in place to identify and mitigate the mental health consequences of repeated trauma exposure
- Strategic objective 6: Continue to build an evidence base to better understand the mental health of first responders and to facilitate the development of new evidence-based interventions to improve their mental health and wellbeing.

The framework provides a comprehensive and collaborative model that addresses underlying causes of mental health conditions, and which can be replicated at a national level.

Recommendation

- Greater priority be given to early intervention strategies and educational campaigns to address the barriers preventing workers from accessing supports.
- The Government consider the Mental Health and Wellbeing Strategy for First Responder Organisations in NSW as a model, and through COAG Health Council implement this framework at a Federal level.

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[13] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[14] https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/First%20Responders_FINAL_WEB%20%281%29.pdf

- Greater consideration be given to the needs of family members and loved ones.

b. research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions;

Research has made strong linkages between first/emergency responder roles and the incidence of mental health conditions. Peer reviewed studies determined that prevalence rates of psychological illness exceed that of the general population.[15] According to some studies, 7 per cent of fire fighters have PTSD, which far exceeds that of the general population.[16] Fire fighters experience acute stress disorder (ASD), PTSD, major depressive disorder and substance abuse post an emergency event. Fire fighters feel that cumulative stress is the greatest contributor to PTSD and intensifies with every exposure to traumatic events.[17]

In some instances, when firefighters sustained workplace injuries, they experienced direct and indirect costs including economic loss and subsequent lowered quality of life.[18] Co-morbidity of mental illness is also common including PTSD and depression.[19] Post-traumatic responses have a range of symptoms including sleep disturbance, depression, lowered concentration, increased substance abuse and difficulties in interpersonal relationships.[20]

Emergency medical response (EMR) was found to be the most stressful type of work.[21] Paramedics are often the first to respond to a medical emergency. Paramedic shift workers are at a significant risk of depression regardless of age or gender.[22] They have higher than normal levels of anxiety and depression[23] and are at a greater risk of developing a mood disorder than the general population.[24,25]

First responders also experience cumulative trauma where every traumatic incident hinders mental health. There is a relationship between cumulative trauma, fatal incident witnesses and the prevalence of PTSD, depression and heavy drinking.[26] International research and Australian research confirm that alcohol was used as a coping mechanism to deal with stress.[27] Research has found that emergency response personnel have PTSD rates greater than 20 per cent and drug and alcohol use is as high as 40 per cent.[28] These linkages have immense implications for the individual and their family members as well as our society.

Fire fighters stated there were some adverse impacts of their role on their family life.[29] Fire fighters reported missing family events including birthdays and Christmas events, added pressure onto their

[15] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[16] https://link.springer.com/article/10.1007%2Fs00127-011-0408-2
[17] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[18] ibid
[19] ibid
[20] https://www.researchgate.net/publication/6440702_First_Responders_Mental_Health_Consequences_of_Natural_and_Human-Made_Disasters_for_Public_Health_and_Public_Safety_Workers
[21] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[22] https://link.springer.com/article/10.1007%2Fs10900-012-9599-z
[23] ibid
[24] ibid
[25] https://emj.bmj.com/content/emermed/21/2/235.full.pdf
[26] http://journals.sagepub.com/doi/abs/10.1177/0004867415615217?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed
[27] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF
[28] https://www.ncbi.nlm.nih.gov/pubmed/20066645
[29] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF

family due to shift work and that their families feared for their lives.[30] PTSD symptoms can have detrimental effects on interpersonal relationships. The individual experiencing PTSD may on one hand display anxiousness and irritation while on the other hand displaying a flat affect such as numbed emotion.[31] Eighty per cent of fire fighters who fought the Ash Wednesday bushfires reported greater irritability with family members and 50 per cent spent less time with their families after the event.[32]

This can have ripple and multi-generational effects flowing into the individual's social circles and ultimately disrupting the homeostasis within the family.[33]Support is clearly needed not just for first responders but for their families. Families need greater support and tools to assist with coping.

Recommendation

- The Government fund further research and continue to build an evidence base to better understand the mental health of first responders and evidence-based interventions that are effective in improving the wellbeing of first responders and their families.

c. **management of mental health conditions in first responder and emergency services organisations, factors that may impede adequate management of mental health within the workplace and opportunities for improvement, including:**

Research into the experiences of first responders suggests that mental health conditions may go unreported.[34] For example, studies have identified that fire fighters have been reluctant to access the available programs and disclose their internal state because they feared they would be perceived as "weak".[35] In some work cultures, especially male-dominated workplaces, there is a limited amount of sharing and discussion about personal struggles due to fear of perception and discrimination in terms of fitness to perform.[36] Furthermore, the nature of the role is such that it may be difficult to manage any mental health conditions. Some of the barriers include shift work, unpredictable working hours and high-risk conditions. There have also been reports of perceived inadequate support from management.[37]

Greater focus needs to be given to mental health needs at different stages of the lifespan and career. For example, in relation to post-retirement mental health support services, those who retire are at risk as they are no longer receiving supports from their colleagues, organisation and services available to them.[38,39] A recent study looked at military personell and their retired counterparts. The retired cohort had higher levels of PTSD, anxiety and depressive symptoms than the serving cohort.[40,41] Greater

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[30] ibid

[31] https://www.tandfonline.com/doi/pdf/10.1080/14681990124457?needAccess=true

[32] http://psycnet.apa.org/record/1988-17092-001

[33] https://www.tandfonline.com/doi/pdf/10.1080/14681990124457?needAccess=true

[34] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF

[35] ibid

[36] https://ajem.infoservices.com.au/items/AJEM-31-03-15

[37] https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3914/8609/8798/Attachment_-_UFU_Submission_to_FSR_-_ANNEXURE_59.PDF

[38] http://journals.sagepub.com/doi/abs/10.1177/0004867415615217?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

[39] https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.12022

[40] ibid

[41] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3336153/pdf/nihms366406.pdf

attention and support needs to be offered to retired emergency responders as symptoms may continue for months or years.[42]

There is also a general lack of appreciation for what mental health issues look like and therefore an inability to identify symptoms that require professional support. Although some symptoms may not meet the threshold criteria of mental illness, pervasive symptoms may disrupt day-to-day functionality.[43] Symptoms can include milder forms of PTSD, such as anxiety, sadness or increased drug and alcohol use.[44] These symptoms may often be dismissed, yet they still have a capacity to impact the work space and family life.[45]

First responder occupations are male dominated, and in these settings men are less likely to engage with available services and are more likely to refrain from discussion relating to mental health.[46] Therefore, changing the culture in these occupations and workplaces must be a key priority. This begins with education and awareness raising.

In relation to workplace culture, we would like to draw the Committee's attention to the work that Beyond Blue has done in this space, including their guide *Good practice framework for mental health and wellbeing in first responder organisations*.[47]

The document provides a model for effective workplace supports identifying the key principles of good practice, which include:

- Shared responsibility: A strong organisation is a shared responsibility. Promoting good mental health and preventing suicide is everyone's business – from senior leaders, managers, line supervisors, unions, colleagues, and workers themselves, through to mental health and health professionals working with the organisation.
- Modifying risk and protective factors: Take action at the organisational, team and worker level. First responder organisations need to consider strategies to modify risk and protective factors at the organisational, team and worker level. Directing actions at worker level that aim to modify how workers respond to job stressors (and therefore increase their protective factors) is an important part of an integrated approach.
- Strengths-based culture: Build organisational resilience. Mentally healthy first responder organisations take active steps to create and maintain a culture that focuses on worker and organisational strengths. First responder leaders are educated about the benefits of mentally healthy workplaces and contribute to a strong culture by demonstrating positive behaviours and leading by example.
- Integrated, holistic approach: A broad focus to promote mental health. An effective, integrated approach promotes the mental health of all first responders. Doing so helps prevent the development of mental health conditions, which is equally as important as providing support and/or treatment to people with a mental health condition and/or at risk of suicide.

Feedback from our members who work directly with first responders, and those who see the impacts on their families and communities endorse these principles as key elements in a strategic approach to ensuring the health and wellbeing of workers in these high-risk occupations is safeguarded.

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[42] https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1748-720X.2011.00567.x
[43] https://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.28.021406.144037
[44] ibid
[45] ibid
[46] https://ajem.infoservices.com.au/items/AJEM-31-03-15
[47] http://resources.beyondblue.org.au/prism/file?token=BL/1675_A

Other strategies identified by AASW members as a way of managing the mental health conditions of first responders and addressing the factors that may prevent an adequate response to their needs, include:

- Implementation of preventative strategies and enabling timely access to mental health services
- Collaborations between emergency response organisations to identify and implement appropriate responses
- A lifespan approach and access to services and support post-retirement
- Access to supports for families and children.

Access to qualified and adequately trained professionals

AASW would also like to draw attention to the need for access to qualified and adequately trained mental health professionals and counsellors for people in first responder roles. Counselling is a poorly understood concept resulting in a great variety of practices that can come under that banner, with not all based on the best evidence available. We also know that the first engagement with mental health services needs to be positive to assure ongoing support. With a fragmented and poorly regulated workforce this can be difficult.

For social workers, the AASW regulates our mental health workforce through the provision Accredited Mental Health Social Work (AMHSWs) status. AMHSWs are members of the AASW and meet the highest standards in professional recognition. They are subject to the same accreditation requirements as both their registered and unregistered allied health counterparts, such as psychologists and speech pathologists, in adhering to professional and ethical standards, maintaining continuing professional development and engaging in professional supervision.

In order to achieve AMHSW accreditation, social workers must be able to demonstrate: appropriate use of evidence-based interventions; integrating concepts of recovery into practice; utilising a psychosocial assessment and formulation addressing physical, psychological and social aspects of the person and their situation; and basing interventions on the best evidence available.

Through models like the AASW's mental health accreditation and most recently the National Redress Scheme's Trauma Support Providers' Directory[48] is a way to assure that professionals are able to provide the supports that those who selflessly risk their own safety for our wellbeing require.

Recommendations

- Prioritise access to mental health services and preventative strategies to be implemented at a workplace level.
- Promote collaborations between emergency response organisations, including, as identified earlier, the implementation of a national plan.
- Greater focus on post-retirement services and needs across the lifespan and at different career stages.
- Greater focus on family supports and impact on children, partners and loved ones.
- Greater regulation of counselling and mental health supports.

Conclusion

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[48] https://www.aasw.asn.au/document/item/10932

Due to the nature of their work, it is undeniable that first and emergency responders are susceptible to a spectrum of mental health conditions. The role of a first responder requires high-level critical thinking and decision making while assisting in a high-intensity situation. Greater attention is needed to a collaborative service delivery model that prioritises prevention, education, access to appropriate services, and the needs of family members and loved ones. We welcome the opportunity to further discuss any of the points raised in this submission.

Submitted for and on behalf of the Australian Association of Social Workers Ltd

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