

School of Medical and Health Sciences



20 June 2018

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To whom it may concern

Re: Edith Cowan University submission to the Senate Inquiry on the Role of Governments in Addressing the Mental Health of First Responders

Thank you for the opportunity to contribute to the Senate Education and Employment Committees' inquiry on the role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers ("the Inquiry"). The School of Medical and Health Sciences (SMHS) at Edith Cowan University (ECU) has a long history of providing high-quality, innovative and responsive health education across a number of disciplines, and of particular relevance to this Inquiry, paramedicine, occupational safety and health, and public health. ECU's graduates are recognised and respected for their work-readiness, commitment to the highest standards of practice and patient-centred care, and a sound understanding of safety and quality.

Our submission addresses most of the Terms of Reference. Our response to this Inquiry is framed by our role as a provider of professional-entry health education and in consideration of our responsibility to educate and train the future health workforce in paramedicine. Overall, and as a general principle, ECU believes the role of government is to offer advocacy pathways, strategies and solutions to formulate an action plan for change within the industry to optimise mental health services and support for first responders, their families and the first aid volunteer community.

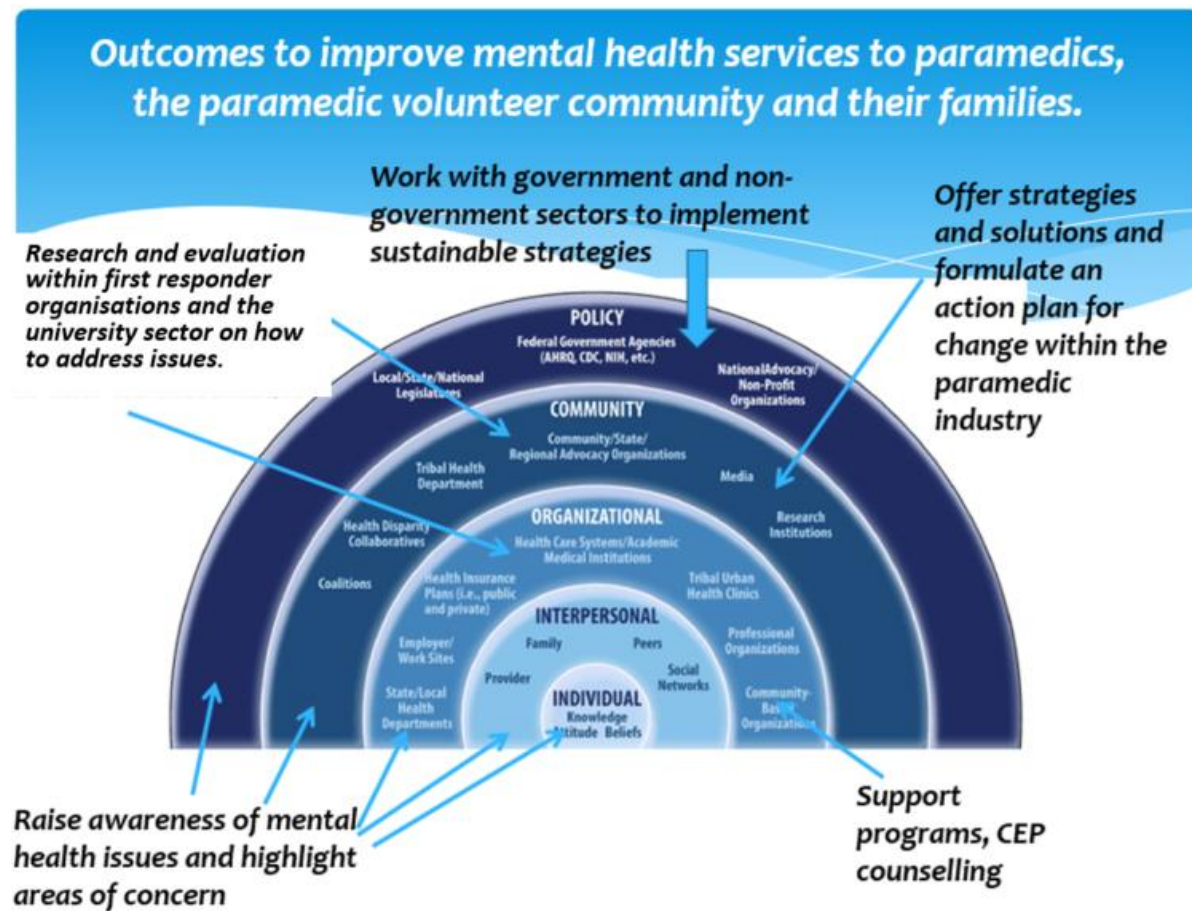
The *Paramedic Professional Competency Standards* state that paramedics are responsible for developing and maintaining their own personal health and well-being strategies, including:

- Practices safe manual handling techniques within the scope of paramedic duties;
- Maintains physical health, fitness and nutrition;
- Maintains psychological well-being;
- Actively maintains a safe working environment for self and partner; and
- Identifies, uses or establishes personal support networks and shares experiences with colleagues related to professional issues.¹

While ECU acknowledges the individual's responsibility for their own mental health and safety, we also believe that governments of all levels have a responsibility to provide services which systemically support the mental health of first responders across the education, practice and professional development domains.

¹ Council of Ambulance Authorities (2013). *Paramedic Professional Competency Standards: Version 2.2*. CAA: Melbourne.

This can be seen most clearly in adopting Bronfenbrenner's socio-ecological model to structure a systems approach to implement change across all sectors. This approach is predicated on the principle that all sectors are equally responsible for raising awareness of the mental health of first responders, the volunteer community, and their families.²



In relation to the training of the first responder workforce, strategies include greater dialogue between industry stakeholders and the higher education sector on how to address these issues to provide a sustained approach that is independent of funding and the changing political and policy environment. In addition, support programs need to be implemented at the organisational level for example, [Mental Health First Aid](#) (MHFA) training.

Specific responses to the Terms of Reference are below.

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

Paramedics are at high risk of experiencing physical and mental injury in their occupation.³ Recent research has revealed a variety of mental illnesses suffered by paramedics that include the common focus areas of post-traumatic stress disorder (PTSD) and depression. However, very little attention has been paid to other mental health conditions such as anxiety, psychosis, and substance use.⁴ In addition, the

² See also *Appendix A: Government action and policy.*

³ See Roberts, M. H., Sim, M. R., Black, R. & Smith, P. (2014). Occupational injury risk amongst ambulance officers and paramedics compared with other healthcare workers in Victoria, Australia: analysis of workers' compensation claims from 2003 to 2012. *Occupational and Environment Medicine*, 72(7), 489-495.

⁴ See *Appendix B: Thesis Abstract.*

misuse of substances and gambling as coping strategies often co-exist with mental illnesses, however this does not seem to be well-researched in relation to paramedics, first responders and emergency service workers. There is potential for further government funding in the first responder research area to include other mental health conditions.

Paramedics are exposed to cumulative trauma for which they are often poorly prepared. Students and experienced paramedics agree that the inclusion of comprehensive preparation within professional entry programs would aid mental health awareness and reduction in stigma, and potentially increase early support-seeking.⁵

ECU has responded to this by embedding mental health awareness, education and the promotion of coping/well-being strategies in our undergraduate and postgraduate paramedicine courses. This proactive approach encourages students to openly discuss mental health, illness, culture, stigma, and reflect on their own views, as well as learning how to approach and treat a patient who may be experiencing mental health issues or episodes. Students are encouraged to take responsibility for their own mental and physical welfare through developing well-being and coping strategies, and to support each other including having difficult conversations.

ECU's occupational therapy program has included the MHFA training as a mandatory component of the course, which we believe provides a model for undergraduate paramedicine courses as well. While the occupational therapy (and paramedicine) program covers mental illnesses, dealing with distress, and dealing with suicidal risk, the MHFA training increases students' confidence in knowing how to respond appropriately and empathetically. More importantly, the training helps to build the resilience of the future workforce through increasing awareness and recognition of the individual student's own mental health, and helping them to recognise the need to deal with issues early. ECU believes the MHFA training could usefully be included in the accreditation guidelines for paramedicine courses.

- 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:*
 - i. *reporting of mental health conditions*

Mental health conditions are common in the community; there is a lifetime prevalence of 1 in 2, and at any one time 1 in 5 people in the community are experiencing a mental illness. Having a mental illness is not the same as being impaired and care needs to be taken not to stigmatise a person with mental illness who is functioning well.

Acknowledgement of a mental health condition can assist the organisation to provide supports and this is valuable, but reporting can also lead to adverse outcomes such as fear of seeking help.

Among medical practitioners, the introduction of mandatory reporting by the [Australian Health Practitioner Regulation Agency](#) (AHPRA) has been associated with suicides, and a number of states in Australia are introducing legislation to protect treating doctors from having to report in order to encourage help-seeking. Paramedics are expected to become registered health providers under AHPRA towards the end of 2018. Once this is in place, there will be mandatory reporting requirements for impairment, therefore a second reporting mechanism would be unnecessary duplication.⁶

⁵ Holmes, L., Jones, R., Brightwell, R., Cohen, L., (2017). Student paramedic anticipation, confidence and fears: Do undergraduate courses prepare student paramedics for the mental health challenges of the profession? *Australasian Journal of Paramedicine*, 14(4), Paramedics Australasia: Australia.

⁶ See the following articles: '[Mandatory reporting of health professionals: The case for a Western Australian style exemption for all Australian practitioners](#)'; '[Doctor suicides prompt calls for overhaul of mandatory](#)

Services to assist paramedics will need to have clear confidentiality guidelines and regular evaluation to ensure appropriate use of information and engender the trust and good faith of first responders. The abovementioned research confirmed that there is a level of suspicion felt by paramedics about the current reporting systems and internal processes. This has increased the stigma of help-seeking behaviours, for fear of losing shifts and their livelihood, and created further barriers for first responders and employers alike.

Many first responders seek counselling and/or other types of support services independently outside of their employer organisations, which results in potentially inaccurate data on how many first responders are actually seeking support.

- ii. Specialised occupational mental health support and treatment services*
- vi. Collaboration between first responder and emergency services organisations*

Many first responder organisations and services are already investigating the area of mental health support and treatment services. To date, however, communication, collaboration, and sharing of findings across and between organisations has been limited, which has led to unnecessary duplication and represents a poor investment of limited resources. Paramedics who do not trust their own organisation may specifically seek services elsewhere. Promotion of more collaborative, partnership-based approaches between organisations and governments which offer confidentiality and safety for the paramedic will offer a stronger base for mental health support and treatment services, and allow the redirection of funds into specific innovative resources aligned with the profession.

- v. Occupational function and return-to-work arrangements*

The research literature suggests there is a lack of recovery time between major traumatic incidences in the paramedic and first responder workforce. This is compounded by a lack of appropriate support for paramedics after returning to work from time off due to stress, and includes paramedics and first responders not being appropriately re-introduced to shift work and their well-being not being monitored. Similarly, research has revealed that paramedics who have had to leave the service through mental illness suffer a great loss of identity and comradeship, which can lead to further mental health issues.

ECU suggests that government has a role in establishing systems and networks to support paramedics and first responders during return-to-work arrangements, in order to decrease stressors and reduce the recurrence of mental health issues. Government organisations and employers could usefully investigate:

- Developing an algorithm to monitor staff during their return to work as a minimum,
- Utilising the skills and experiences of paramedics to mentor, educate and support their colleagues in times of stress, and
- Providing additional training for those staff working in a mentoring / support role.

[reporting laws](#)'; ['Adopt WA Model of Mandatory Reporting – AMA'](#); and, ['Changes to mandatory reporting rules underway'](#).

Coronial attendance

Paramedics and first responders are often required to attend coronial inquiries related to on-road clinical practice. These formal inquiries are often demanding, confronting, and require mental and emotional resilience to deal with the stresses of appearing at coronial inquiries and investigations. However, there does not appear to be any professional training or preparatory activities offered to first responders in this area.

ECU recommends that employment organisations introduce individualised training by an appropriately qualified person as a requirement before requiring a first responder to attend coronial court. In addition, employers should provide a support person / manager during the coronial inquiries, and post-appearance support offered or a debrief

vii. Post-retirement mental health support services

Support for paramedics and first responders post-retirement should be the same for mental and physical health issues. Just as over the course of a career there will be a reduction in physical capabilities, a career of repeated mental and psychological stress may lead to a cumulative adverse effect on the mental health of first responders. Additionally, role-based concerns can add to anxiety, demoralisation, and fear of failure prior to and after retirement.

In light of this, it is essential to recognise the importance of supporting first responders after they have left service, as well as during their tenure. Pathways need to be put in place for retiring paramedics and proper succession planning conducted. This might include creating opportunities for paramedics and first responders to transfer to teaching and tutoring roles. Private and government employer organisations should also develop plans for staff retention, through appropriate support and early intervention, to ensure corporate knowledge is maintained and there is a sustainable first responder workforce with lower staff turnover and burnout.

The issue of the “avatar” – the embodiment of having an identity and self-perception that is tied to being a first responder – impacts on mental health through loss of identity when staff leave the workforce. The transition process out of the first responder workforce and its impact on the avatar needs to be recognised and support. As a start, ECU believes that the continuing professional development (CPD) requirements for paramedics should include a topic to address avatar, self-identity, and transition out of the workforce.

[Paramedics Australasia](#) and [Australian and New Zealand College of Paramedicine](#) offer extensive CPD opportunities but do not mandate topics. However, ECU believes that the newly-established [Paramedicine Board of Australia](#), under the umbrella of AHPRA as a government authority, could investigate developing guidelines for CPD curriculum which aligns with and builds on the accreditation guidelines for professional entry education programs.

d) Any other related matters

Justice system

Recent national news reports and subsequent media attention regarding two women who assaulted a paramedic and successfully won their appeal to avoid jail time has resulted in a huge outcry from paramedics who feel they are not being supported by the justice system. ECU notes the response from Paramedics Australasia in their [press release](#). This highlights the need for the governments of all levels to ensure that laws are upheld, and that the justice system is seen to protect paramedics, first responders, and emergency service workers in the course of their duties.

Definition of first responder

Traditionally, first responders have been viewed as the emergency services (fire, police, ambulance). However, there are other first responders, particularly during mass casualty incidents, who are often forgotten. These include emergency call-takers and recovery workers. After the events of 11 September 2001, these two groups were as equally impacted by mental health issues as the uniformed emergency service personnel. Any consideration of the mental health of emergency service workers needs to include other types of first responders.

RECOMMENDATIONS:

In general, ECU recommends that a whole-of-government approach be established to address systemic barriers and develop integrated, accessible, and shared support and information services. There are already many projects across professions in this area; government has a role in facilitating collaboration and information-sharing, which in turn represents a more cost-effective use of limited resources for a greater return.

Specific recommendations include:

- Establish an online, single entry point resource for first responders and emergency service workers with links to specific information for each area (police, fire, paramedics, recovery workers, call-centre operators, etc.);
- Mental Health First Aid training to be implemented across first responder organisations, including investing in training staff to become accredited trainers to then offer in-house training and support;
- Establishing specific programs for suicide prevention and intervention, based on current evidence and international best practice;⁷ and
- Utilising experienced, retired and/or off-road paramedics and emergency service workers in mentorship, support, and counselling services, to be supported through scholarships and traineeships.

Thank you again for the opportunity to contribute to the Inquiry. I look forward to the outcomes of the Inquiry, and to helping implement any resulting reforms in health education and training.

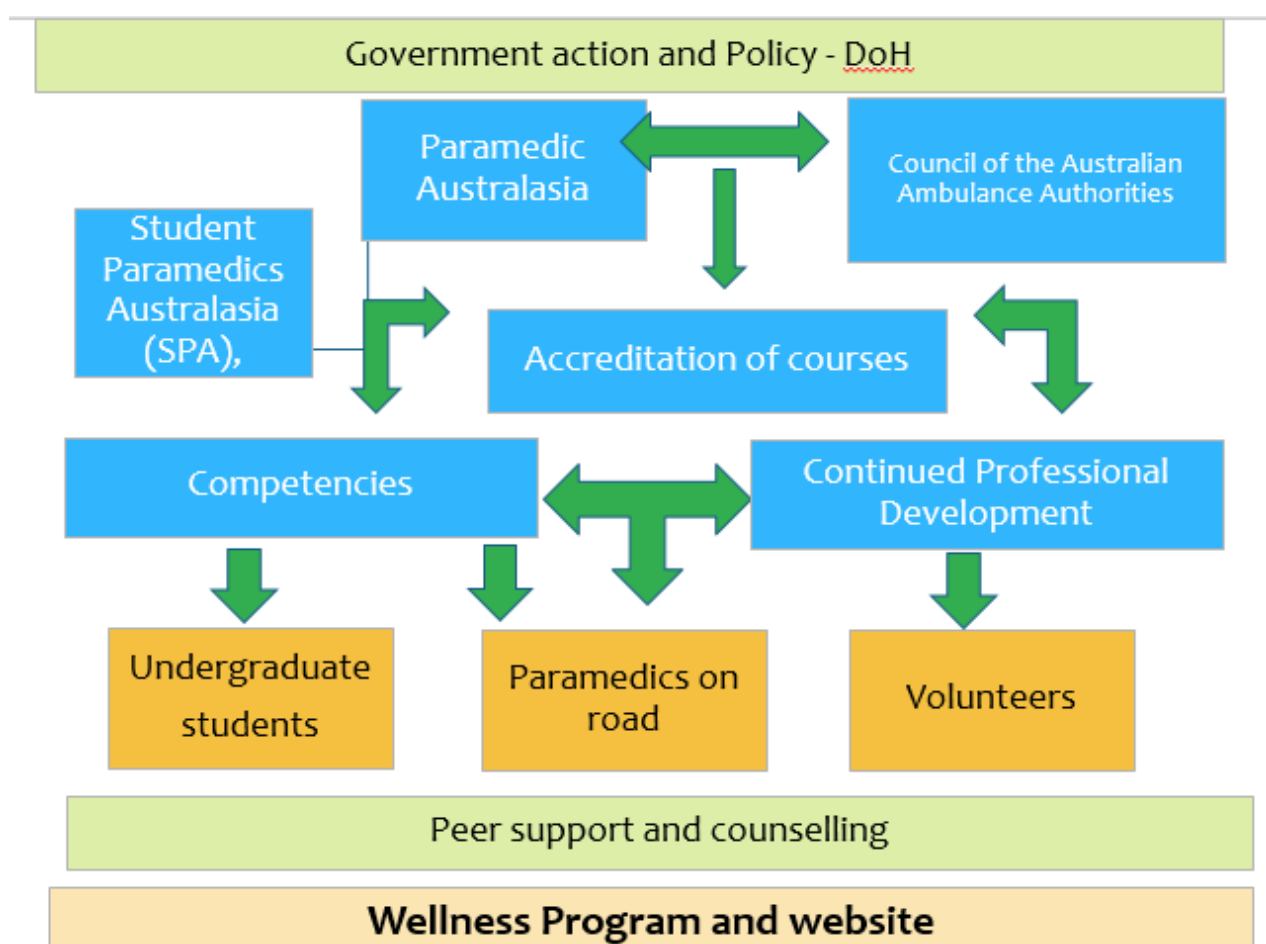
Yours sincerely

Professor Moira Sim
Executive Dean

⁷ See for example the [Houston Fire Department Mental Health Services](#); and Mishara, B. L., & Martin, N. (2012). 'The Effects of a Comprehensive Police Suicide Program'. *Crisis*, 1;33(3): 162-68. doi: 10.1027/0227-5910/1000125.

APPENDIX A: GOVERNMENT ACTION AND POLICY

Paramedics Australasia (PA) is the peak professional body representing paramedics in Australia, New Zealand and the Pacific region. The organisation has an important role in setting standards of practice for the profession, and this role includes the development of paramedic competencies that inform the design of paramedic education programs. These competency standards represent the first consensus document that describes essential paramedic attributes. These have been developed to support course accreditation and regulatory frameworks to enable paramedics to provide safe and effective health care for the communities they serve.



APPENDIX B: THESIS ABSTRACT

‘Exploring the Preparedness of Novice (Student) Paramedics for the Mental Health Challenges of the Paramedic Profession. Using the Wisdom of the Elders’

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This study investigates the preparedness of novice (student) paramedics for the mental health challenges of the paramedic profession and identifies the coping strategies used by veteran paramedics to successfully meet these challenges. The lived experience of veteran paramedics is utilised to provide assistance in preparing novice (student) paramedics for their future mental health challenges.

Initially, two surveys were developed and administered to 16 course coordinators and 302 students of the 16 accredited undergraduate degree paramedicine courses across Australia and New Zealand, to identify the perceived need for preparation within the curriculum. In addition, the anticipations, confidence and fears of novice (student) paramedics, course coordinators and veteran paramedics were also collected as a means to facilitate the preparedness through self-evaluation, reflection and discussion.

Twenty semi-structured interviews with veteran paramedics, each with a minimum 15 years paramedic experience from across Australia and New Zealand, were conducted to gain an understanding of their veteran experiences, mental health coping strategies and advice for novice (student) paramedics. Results from the interviews were validated by three focus groups comprised of veteran paramedics.

All 16 course coordinators and 302 novice (student) paramedics responded to the surveys. Results suggest there is widespread recognition for the need to include preparation for the mental health challenges of the profession within accredited undergraduate paramedic courses with 100% of course coordinators and 97% of students recognising this need.

The semi-structured interviews with veteran paramedics provided valuable insights into the experiences and strategies used to aid the survival of the veterans throughout their careers. Within the interviews 70% of participants expressed a sincere love for the paramedic role, and 70% identified black humour as the coping strategy most used by themselves and colleagues. In addition, extensive advice was given to novice (student) paramedics based on the veterans lived experiences. This advice focused on three main areas; support, health and the profession.

The findings of the study indicate that the preparation of novice (student) paramedics for the mental health challenges of the paramedic profession throughout the undergraduate curriculum is advantageous. By utilising the anticipation, confidence and fears of novices, course coordinators and veterans, the advice offered within undergraduate paramedic curricula can be delivered through the lived experiences of successful veteran paramedics. These lived experiences are highly credible and an opportunity for veterans to contribute positively to the future of paramedicine. Guidelines for their inclusion to the paramedic curriculum have been prepared to facilitate the knowledge and commence the development of conscious coping strategies by novice (student) paramedics during their learning phase.