

If calling please ask for:  
Mr Crossman

Telephone:  
8204 3754

Reference: A985144



Committee Secretary  
Senate Education and Employment Committees  
PO Box 6100  
Parliament House  
Canberra ACT 2600

By email: [eec.sen@aph.gov.au](mailto:eec.sen@aph.gov.au)

99 Wakefield Street  
Adelaide SA 5000

GPO BOX 98  
Adelaide SA 5001

Tel +61 8 8204 3600  
Fax +61 8 8204 3838

[www.mfs.sa.gov.au](http://www.mfs.sa.gov.au)

ABN 26 897 550 904

Dear Committee Secretary

## SENATE SUBMISSION

The South Australian Metropolitan Fire Service (MFS) welcomes the opportunity to make a submission on "*The high rates of mental health conditions experienced by first responders, emergency service workers and volunteers*"

### 1. About the MFS

The MFS is the primary provider of structural firefighting services to the State of South Australia. The MFS was established in 1862 and is based in the city of Adelaide, population approximately 1.35 million and capital of South Australia. The MFS is a fully professional organisation, recognised for excellence of service provision and employs more than 1,100 staff across 36 stations (20 metropolitan and 16 regional) in South Australia.

#### Contact information

For further information, contact:  
Greg Crossman, AFSM, MBA  
Chief Officer and Chief Executive Officer  
99 Wakefield St, Adelaide, South Australia. 5000

### 2. Summary

Operational firefighting places extensive and repeated physical, cognitive and emotional demands on personnel who regularly operate in high-risk situations. Most firefighters confront significant injuries, trauma and fatalities during their careers. Studies from the *Australian Centre for Posttraumatic Mental Health* indicate that approximately 7% of firefighters suffer from some form of PTSD<sup>1</sup> and if not diagnosed/treated during their career will take this condition into their retirement.

The MFS recognises that maintaining physical capability and emotional resilience over an extended career in the emergency services places unique demands on personnel. In the 1980's the MFS became one of the first Australasian emergency service organisations to



Government  
of South Australia

<sup>1</sup> Australian Centre for Posttraumatic Mental Health- Australian Guidelines for the treatment of ASD & PTSD

introduce an employee mental health support program. Although initially met with suspicion and scepticism, this initiative, now known as the Employee Support Program (ESP) provides confidential access to support, counselling and other mental health services. In addition to providing support to employees in need, the ESP has also significantly reduced the stigma associated with mental health issues. Significant factors in the success of the program have included the ongoing appointment of an Employee Support Coordinator (ESC) position that is filled by a respected operational firefighter and long-term use of a credible and increasingly respected external counselling service.

In this submission, we discuss:

- the nature and underlying causes of mental health conditions experienced by MFS personnel;
- research identifying linkages between emergency service occupations and the incidence of mental health conditions; and
- the management of mental health conditions within the MFS.

### **3. The nature and underlying causes of mental health conditions experienced by MFS personnel.**

In the National Health and Medical Research Council Partnership Grant Study of the Metropolitan Fire Service, a comprehensive assessment was made of the mental health of fire officers. The central finding was that 17.1% of the MFS met the criteria for a mental disorder in the previous 12-months. Anxiety disorders were the most common class of 12.5%, followed by affective disorders with a prevalence of 5.5% and alcohol disorders with a prevalence of 3%. The most common 12-month single disorder type in the MFS was posttraumatic stress disorder (5.8%) followed by panic attacks (5.6%) and depressive episodes. It is important to emphasise that many other fire officers have had episodes of mental disorders that were in remission at the time of the study. The lifetime prevalence rate was approximately 50%.

The specific occupational risk to fire officers is their lifetime trauma exposures, which plays a significant role in contributing to their mental health disorders. For example, 76.7% of the workforce had seen somebody badly injured or killed in the workplace. Dealing with deceased persons and mass casualties were of particular relevance to predicting the mental health outcomes of fire officers. The data demonstrates that there is a cumulative burden of risk, so the longer that fire fighters have been in the workplace then, there is, an accumulation of risk with the increasing number of trauma exposures. As with any workforce, a range of background risk factors that are shared with the civilian community contribute to their mental health conditions. Apart from the traumatic exposures in the workplace, other occupational stressors are also a contributor. It is also important to recognise that traumatic stresses experienced outside of the individual's occupation also contribute to the risk. This is relevant to understanding the potential risks of individuals who have previously been involved in other occupations, such as the military or other emergency service personnel who then become fire officers. Traumatic stress exposures are the strongest predictors of currently reported posttraumatic stress disorder symptoms in the workforce. It is important to emphasise that there is a significant subgroup of fire officers who have subsyndromal levels of distress and are at risk of developing a full blown mental disorder with further traumatic exposures.

### **4. Research identifying linkages between MFS personnel and the incidence of mental health conditions**

The *MFS Health and Wellbeing Study* was a collaborative project between the *Metropolitan Fire Service* and the *Centre for Traumatic Stress Studies* at *The University of Adelaide*. It was built on similar methodology to that used to study the *Australian Defence Force* in 2010, in *The ADF Mental Health and Wellbeing Survey* and the 2007, *Australian Bureau of Statistics National Mental Health and Wellbeing Survey*. This allowed comparisons between the mental health of these populations.



Importantly, the methodology allowed an assessment of the prevalence within the workforce and was not simply based on a convenience sample. The diagnosis of the mental disorders was made using a structured diagnostic interview. To date, this is the first study using such a methodology to examine the mental health of an emergency service.

An important aspect of this study was also to take a comprehensive history of the lifetime trauma exposures. The individual's physical health and rates of injury were also examined. This allowed the documentation of a complex matrix of causation so as to understand the risk factors for mental health conditions in this population.

This project then informed a comprehensive review of the mental health support and wellbeing in the MFS. The recommendations are in the process of being implemented

Furthermore, if the Committee would like to review the executive summary or full report of the *MFS Health and Wellbeing Study* it can be accessed by following the link:

[http://www.mfs.sa.gov.au/site/publications/published\\_reports.jsp](http://www.mfs.sa.gov.au/site/publications/published_reports.jsp)

## **5. The management of mental health conditions within the MFS.**

The MFS utilises a number of strategies to support the mental health of its employees. These strategies include:

- i. *Identification and reporting of mental health conditions*
- ii. *Specialised occupational mental health support and treatment services*
- iii. *Workers' compensation*
- iv. *Workplace culture and management practices*
- v. *Occupational function and return-to-work arrangements*
- vi. *Collaboration between first responder and emergency services organisations*
- vii. *Post-retirement mental health support services*
- viii. *Resource allocation*

### **i. Identification and reporting of mental health conditions**

The MFS employs a number of strategies to ensure early identification of mental health issues. Firstly, MFS employees have a number of options to report a mental health issue. Personnel can make direct contact with the Employee Support Coordinator or make an appointment with the primary contracted Psychological support service. Personnel may also use the option of referring their issue to their own doctor or specialist. The MFS de-identifies data for reporting requirements.

MFS employees can also use the option of seeking support from a workplace Peer. MFS Peers operate within a formal network of collegiate support. MFS staff volunteer to participate in the Peer program and are located at each work site. Peers provide informal support, principally through brief discussion and problem solving. To manage Peer workload, the MFS is developing a Peer Contact time reporting system that monitors and manages the contact time (exposure) and mental health of each peer.

Secondly, the MFS also identifies cases where personnel are exposed to potentially harmful situations through *Exposure to Trauma* monitoring. This is a process where the Incident Commander/Manager completes an Exposure to Trauma form after a traumatic/emotionally traumatic incident. The Employee Support Coordinator then manages these cases. The MFS can track the exposure to trauma on an individual basis, by individual work sites or type of work site (rescue station, Urban Search and Rescue etc.).

Where a mental health condition is deemed a work place injury, necessary assistance is provided in the lodgement of relevant Workers Compensation forms and completion of the workplace Hazard and Incident Reporting System (HIRM). Generally, the Return to Work (RTW) Co-ordinator or the Senior WHS/RTW Advisor provide this service.

ii. ***Specialised occupational mental health support and treatment services***

The services available for MFS personnel to support them if they experience some form of stress and associated reactions during their career are prescribed by organisational procedure. The procedure provides proactive support to staff and their families by responding promptly with Peer Support and other Employee Support Programs including:

- Use of the Employee Assistance Program
- On-scene support
- Station visits
- Group Support sessions
- Family Support
- Absence Contact Program
- Chaplain (on request)

Because some personnel may not feel comfortable in accessing services provided by the MFS alternate providers are accessible through sector partner EAP providers.

The MFS has committed resources for Mental Health First Aid (MHFA) training to its entire workforce, including recruits. This training commenced in January 2018 and is a part of an overall strategy to provide education and support in Mental Health issues from recruitment to retirement and beyond.

iii. ***Workers' compensation***

South Australian Fire and Emergency Services Commission (SAFECOM) provides 'corporate' support services that are integral in allowing the Emergency Service Organisations – CFS, MFS and SES – to provide the frontline services that directly support and protect the community of South Australia.

SAFECOM Injury Management manages all new and existing Workers Compensation claims. RTW is managed by MFS RTW Coordinator (1.0 FTE) and SAFECOM Senior WHS/RTW Advisor (50/50 split).

SAFECOM Injury Management also manages schedule One Claims (resulting from current EA). The *Firefighting Industry (SAMFS) Award 2007* has been varied to include Clause 29 and a new Schedule 1 to provide additional compensation for Certain Work Related Injuries or Illnesses (including mental health) once entitlements have ceased under the repealed *Workers Rehabilitation and Compensation Act 1986* (WR&C Act) and *Return to Work Act 2014* (RTW Act 2014).

There has been some dissatisfaction concerning how claims have been handled by the SAFECOM Injury Management unit. Disputes have caused additional stress to individuals submitting claims and have increased the workload on MFS personnel assisting those effected. The MFS position is that claims should be managed internally due to the greater understanding of MFS culture, the risks faced by firefighters and more comprehensive knowledge return to work options that suit the needs of each individual.

iv. ***Workplace culture and management practices***

The MFS has placed great emphasis on increasing awareness and understanding of Mental Health (MH) and reducing the stigma associated with it. This has succeeded in fostering a culture where it is more acceptable to seek and provide help. This has been achievable through:

- onsite workplace Peers;
- continual education involving the Employee Support Coordinator and EAP. The MFS has a long-standing relationship with the contracted EAP service provider, Cognition. This has resulted in a great deal of trust in Cognition as the company understands the people, practices, and culture within the MFS;
- implementation of Mental Health First Aid training; and,



- The release and launch of the recent University of Adelaide study “MFS Health and Wellbeing”.

At every opportunity, the Employee Support Coordinator promotes MH initiatives, encourages change and keeps staff abreast of need for early intervention with MH issues/treatment. For example, MFS recruit firefighters attend a meet and greet night prior to their first day of employment with MFS that includes awareness training and a formal session with the Employee Support Coordinator and Cognition in the second week of the Recruit Training Program. This session explains the issues faced by firefighters and the nature of EAP/ESC support services. This session is also open to partners and family members of new recruits.

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

MFS procedure ensures all MFS workers are aware of the claims management and return to work processes should they suffer a work-related injury or illness. The MFS requires full time and retained operational workers, who have suffered a work-related injury or illness with an employer other than the MFS be cleared fit for full duties with that employer before they will be considered for return to work with the MFS.

The MFS have developed a job dictionary that outlines the minimum physical demands for a firefighter to carry out their duties. Treating Doctors are required to apply this job dictionary to assess whether personnel are able to return to firefighting duties.

Where personnel require alternate or modified duties, the MFS provides a variety of operational or non-operational alternative roles for ill or injured firefighters. All positions are available for periods from a few days to a few months, on shift or working Monday to Friday. Individual RTW plans are developed in line with the employee’s needs.

**vi. *Collaboration between first responder and emergency services organisations***

In South Australia, the *Emergency Services Wellbeing Network* has been established by the *Emergency Services Leadership Group* (ESLG). The Network provides a consultative framework across the sector to:

- Enhance mental wellbeing strategic performance across the sector;
- Discuss strategies to drive continuous improvement;
- Promote mental wellbeing awareness throughout the sector;
- Share successes and challenges in each agencies’ capabilities to excel in mental wellbeing practice; and
- Report to the ESLG regarding these matters

Nationally, the *Australasian Fire and Emergency Services Authorities Council* (AFAC) have established the Mental Health and Wellbeing Network. It is a forum in which the mental health of emergency services personnel can be shared, and where appropriate initiatives are developed in a collaborative and coordinated manner.

**vii. *Post-retirement mental health support services***

The MFS has an ageing long-term workforce. Many personnel approaching retirement have served in excess of 30-year careers, and are at elevated risk of developing mental health issues. As a person ages, their coping mechanisms are reduced and they may begin to suffer from PTSD and seek assistance. Although currently the MFS assists retired personnel we are investigating options where these services can be enhanced to ensure firefighters enjoy a healthy retirement after a lifelong career in the MFS

A Retiree Support Program is currently under development, some initiatives include:

- Develop a Retired Firefighters Association with MFS support services actively promoted;
- Extending the EAP to retired staff leaving the service; and

- development of pre-retirement education to staff and their family to prepare for the transition to retirement and the potential impacts on mental health.

**viii. Resource allocation**

The Senior Management Team of the MFS know well the challenges and potential damage to health and wellbeing that firefighters and staff face during their careers. The MFS has made a commitment to protecting and improving the work health, safety, and wellness (physical and mental) of its workforce. The MFS will be implementing a Wellness and Safety section with additional FTE's, reporting directly to MFS Executive, to better coordinate issues that relate to the health and wellbeing of MFS personnel.

Yours faithfully

G. Crossman, AFSM MBA  
**CHIEF OFFICER and**  
**CHIEF EXECUTIVE**

19 June 2018