SAFECOM

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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.

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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.

Summary:

For the purposes of this document, the Emergency Services Sector (ESS) comprises the South Australian Fire and Emergency Services Commission (SAFECOM), the South Australian Country Fire Service (SACFS), the South Australian State Emergency Service (SASES), and the Volunteer Marine Rescue (VMR) and embraces. approximately 17,000 volunteers and paid staff across the State.

This document does not include the mental health and wellbeing needs of, and services provided to, the South Australian Metropolitan Fire Service (SAMFS).

ESS personnel are particularly vulnerable to negative mental health impacts from the nature of the work they undertake. The nature of our work means that our people – staff and volunteers, are likely to be regularly exposed to potentially traumatic events, which may impact their mental health and wellbeing. As well as trauma, our people are also exposed to everyday stress, anxiety and depression, workplace conflict, shift work, and relationship issues.

Increasingly, as first responder organisations, we are striving to implement proactive programs to better prepare first responders and, importantly, their families, for the challenges their roles present. SAFECOM Health & Wellbeing Services have primary responsibility for delivery of these services to employees and volunteers in SAFECOM, CFS, SES, and VMR. MFS are independent and manage their own wellbeing program.

Who are the South Australian Fire and Emergency Services Commission (SAFECOM)?

SAFECOM is established under the *Fire and Emergency Services Act 2005* to provide for the Commission's role in the governance, strategic and policy aspects of the ESS.

SAFECOM is subject the control and direction of the Minister for Emergency Services.

SAFECOM provides 'corporate' support services that are integral in allowing the emergency services organisations to provide the frontline services that directly support and protect South Australian lives, property and the environment, through the provision of a trusted fire and emergency service.

This requires a sustained and high level of organisational capability to meet our business goals of delivering emergency services and community support effectively and efficiently.

Our people are a diverse and dedicated group with skills in firefighting, public safety, incident management, disaster response and preparedness, rescue, flood and emergency planning, organisational training, specialist operational leadership, logistics, management, communication, finance, information technology, procurement, health and wellbeing, work health and safety, injury management and HR.

SAFECOM, and previously, the Emergency Services Administrative Unit (ESAU), have for the past eighteen years provided services for volunteers and staff through the Stress Prevention and Management (SPAM) program. This program was initiated by CFS following the Ash Wednesday Bushfires I in February 1980, and Ash Wednesday Bushfires II in February 1983. CFS Volunteers sought help as they were experiencing flashbacks and post-traumatic stress symptoms following their involvement in combating these fires.

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Terms of Reference:

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, with particular reference to:

(a) The nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers;

Who	Cumulative/Psychological harm	Trauma	Death
First responders Support staff	Sights Sounds Smells Suicides Fires: - Structure, - Vehicle, - Bushfire - prison Body Search and recovery industrial accidents rescues Assisting SAPOL and SAAS with clean up Motor V A People with mental health issues Distressed Family and public Crime scene Shift workers Interpersonal relationships	Natural disasters Training exercises Injured children Burns Loss of limb Personal loss - Home - pets - livelihood - Business	Line of duty Structure collapse Suicide Exposure to carcinogens Fires Fall from Heights MVA responding to an incident Water rescue - Swift water - Sea rescue Ageing population

(b) Research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions;

In 2014, The National Mental Health Commission in conjunction with the University of New South Wales and the Black Dog Institute, conducted a major peer-reviewed literature review on "Developing a Mentally Healthy Workplace". (Harvey et. al. 2014)

The following model illustrates the progressive stages of mental illness development and identifies three distinct and qualitatively different prevention interventions an organisation might need to employ to intervene in this process and, in many cases, avert the most severe damaging impacts.

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Primary prevention interventions are proactive in the sense that they aim to reduce exposure to psychological and physical risk factors in the workplace among healthy employees.

Secondary prevention interventions aim to manage symptoms and, in the context of the workplace, are typically implemented after an employee develops symptoms or begins to complain of stress.

Tertiary prevention interventions are reactive and aim to minimise the impact that a diagnosed disorder has on daily functioning.

> *Workers who become unwell rarely move straight from being 'healthy' to being on long term sickness absence. There is usually a series of stages that an employee will pass through as they develop symptoms. Recognition of this 'journey' is important, as different interventions will be required for workers at each stage.* (Harvey p.27)

This *evidence-based* model provides the foundation for our approach to creating a mentally healthy workplace and protecting our staff and volunteers from the negative impact of the challenging and stressful nature of their work. Our welfare services are delivered at Primary, Secondary and Tertiary levels of intervention and in our plan the levels of intervention are referred to as Prevention, Support and Intervention.

SAFECOM Health and Wellbeing Services implementation of the findings of this review is primarily focused on the professional management of critical incident impacts on staff and volunteers but, importantly, also includes the provision of early intervention mental health first aid, and training in leadership, mental health awareness and resilience across the agencies.

> *(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 –*

Our Mental Health Professionals (Clinical Psychologist, Psychologists and Social Workers) as a panel of providers report on a quarterly basis on the nature of referrals, number of volunteers and staff using the services and the number of sessions taken for each referral. This report is discussed with the Executive Leadership Groups of CFS, SES and SAFECOM on a quarterly basis. Any themes of concern are discussed and recommendations are made for managing the obvious risks that may emerge. This report is of a confidential nature and individuals are not able to be specifically identified by the agencies, and therefore cannot be followed up or singled out by the relevant emergency service organisation. Whilst this provides total confidentiality for the counselling practices, it can impede management's intervention if the person concerned does not report their own mental health condition, which may or may not affect their work productivity.

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

Sector Wellbeing Intervention Program (Employee Assistance Program) – a panel of three professional Mental Health Providers (with 20 years' experience in emergency service

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organisations and each Provider has up to 10 sub-contractors available) ensuring the following services are available in the metropolitan and regional areas of South Australia:

- Individual and family therapy
- General counselling
- Trauma, anxiety and depression focused therapy
- Counselling for children
- Conflict/mediation for volunteer brigades and units
- Critical incident stress response group sessions in conjunction with a Peer Support Officer
- Mentoring and training of volunteer Peer Support Officers when requested
- Wellness checks when requested
- Follow up support following a Campaign fire, flood or other major incident

A factor that can impede the adequate management of mental health conditions is the wide spread of CFS brigades and SES units in rural and remote areas of South Australia, and the cost of travel time to provide services to volunteers in these areas. Due to the remoteness, often on line services such as skype and facetime are not effective.

Stress Prevention and Management (SPAM) Help line – A 24/7 advice and referral service is staffed by four trained on-call SAFECOM staff as a preventative measure to ensure that callers receive immediate assistance, information, referral and resources. This service can be adequately serviced if all four SAFECOM staff are available and not on extended leave.

iii.   Workers'compensation and (v.) occupational function and return-to–work arrangements

Our 17,000 volunteers are regarded as workers under the *Return To Work Act 2014* and employees/volunteers who injure themselves whilst engaged in a MFS/CFS/SES/SAFECOM approved activity may be eligible to lodge a claim for Workers Compensation in accordance with the *Return To Work Act* and can claim for physical and/or psychological injury incurred during a work related incident. The SAFECOM Injury Management Team, consisting of four FTE positions, manage all workers compensation claims and the occupational functioning and return-to-work arrangements of claimants including the on-going maintenance of the claim. In some cases, a matter can be outsourced to a Rehabilitation Provider for on-going support.

In addition, the SAFECOM Injury Management team, manage additional income and injury protection for paid staff and volunteers with work injuries where entitlements have ceased under the RTW Act 2014.

iv workplace culture and management practices – no comment.

vi collaboration between first responder and emergency services organisations –

On behalf of the CFS, SES and SAFECOM, the Health and Wellbeing consultant is a member of the Australian and New Zealand National Council for fire and emergency services (AFAC) Mental Health and Wellbeing Network (MHWN) which is a forum where the management of the mental health of fire and emergency services workers is shared, and where appropriate initiatives are developed in collaborative and coordinated manner.

The emergency services sector Work Health Safety (WHS), Injury Management (IM) & Wellbeing Forum is a forum established by the ESS Executive. The role of the Forum is to assist the ESS Executive to provide governance and review of sector WHS, IM and Wellbeing services.

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On behalf of the CFS, SES and SAFECOM the Health and Wellbeing consultant is also a member, and chair of the Emergency Services Wellbeing Network in South Australia, a network consisting of executive representatives from SAFECOM, Metropolitan Fire Service, SA Ambulance Service and the SA Police. This network has quarterly meetings to share ideas, projects, new initiatives, latest research and when required, updates the Emergency Services Leadership Group and the WHS, IM and Wellbeing Forum.

       vii   post-retirement mental health support services –

Due to the nature of our workforce being primarily a volunteer workforce, post-retirement mental health support services are not currently provided.

       viii   resource allocation –

SAFECOM, on behalf of CFS, SES and VMR, has one FTE position dedicated to the management of the health and wellbeing of the ESS personnel. This role and function has expanded enormously in the last five years.   It is now a central resource and the sole provider of welfare coordination services, which includes the management of distress and trauma inherent in the core business of SAFECOM and the emergency services volunteer agencies. Therefore, there is no capacity to implement initiatives identified as an outcome of a recent gap analysis without additional resources.

It is also relevant to note that during significant incidents and deployments to intrastate or interstate events, the position's workload increases significantly in terms of coordinating 24 hour availability of support services to operational personnel, as well as follow up calls to volunteer firefighters and visits to personnel and their families, impacted by the event. The more significant events such as Campaign fires, storms and floods have a continuing impact on the role in terms of several weeks post the event itself, which can require up to 50% of the work allocation.

It is further relevant to note that over time the nature, frequency and severity of emergency incidents has significantly increased and this has influenced the primary focus of the role to those areas considered to be critical services.

Additional staff resources are necessary in the health and Wellbeing function of SAFECOM in both early intervention, service provisions, administration and the development of new projects such as the peer support function and the development of training in mental health for Managers and supervisors within CFS, SES, VMR and SAFECOM.