



## **AMBULANCE EMPLOYEES' ASSOCIATION OF SA**

**SUBMISSION TO THE SENATE INQUIRY INTO 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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## **PREAMBLE**

The Ambulance Employees' Association of SA (AEASA) welcomes the opportunity to have input into the Senate Inquiry. The mental health of our members, and indeed all first responders, has been in the forefront of our issues of concern for many years so it is heartening to see that it is being comprehensively examined in this way.

## **CONTEXT**

The AEASA provides coverage for employees of the SA Ambulance Service (SAAS). The activities of the AEASA encompass the full gamut of SAAS staff working conditions; it also includes advocacy for the community they serve.

The Association provides industrial representation across the spectrum of conditions, wages and the health, safety and well-being of its members. The Association also provides strong advocacy in the public/political arena in the interests of service provision to the community.

The AEASA was formed in 1981 as an independent union and has grown from about 100 members then, to over 1400 currently. Whilst the membership includes staff from every aspect of SAAS, including administration ("non-operational"), the majority of members are operational (front-line) staff. More than 99% of all operational staff are members of the Association.

The AEASA is affiliated with SA Unions and therefore the ACTU but is not and never has been affiliated with any political party.

The AEASA is a founder member of the National Council of Ambulance Unions (NCAU). The NCAU has put forward a comprehensive submission (Reference no. 79) to this inquiry.

The AEASA has a long history of activism on behalf of members health, safety and welfare at work, and as part of that activism, in the early 1990's, was instrumental in the development and introduction of a peer-support/clinical psychologist Employee Assistance Programme (EAP) that continues to this day.

The AEASA has formed partnerships and relationships with university academics to promote and conduct research into the mental health and related issues of first responders generally, and ambulance responders specifically. These include Griffith University (Qld) and Adelaide University (SA).

As a result of an industrial dispute over resource shortages last year, the AEASA is having 'strategic' discussions with SAAS and the SA Health Department to develop a new service delivery model (SDM). True to form the "bean counters" are fixated on workload data and the like; sometimes known as the Taylorist model of workforce planning where staff are "units of labour" as distinct from human beings. Of course, data analysis is important but does not include factors critical to first-responder well-being.

The only evidence under examination is quantitative, with scant regard to the qualitative aspects of the role other than some rights enshrined in various industrial instruments. It is the AEASA's understanding that the focus on quantitative over qualitative is a national, indeed international, phenomenon.

This approach leaves a significant gap in the workforce planning process, and in developing improvements to people management systems in emergency services. **Given the well-documented unique psychological pressures and risks inherent in the role, it reinforces the AEASA view that the time is well overdue for a much greater emphasis on staff well-being.**

There is a growing body of research that relates to the well-being of operational ambulance staff and indeed all emergency first responders. This includes research into mental health (including but not limited to PTSD) and physical health. Front-line ambulance staff (which includes communications staff) are all potentially at risk from cumulative stress and critical incident stress.

Mental health and physical health are inseparable in our submission, and both have significant impact on life outside work.

Staff safety and well-being is intrinsically linked with patient care.

Staff of SAAS:

- Have a high public expectation for delivery of safe and effective systems of emergency pre-hospital care;
- are facing significant pressures linked to growth in demand for services and the associated pressure to deliver timely responses to this demand growth;
- are facing increased pressures to manage cost of service provision;
- are having to improve clinical governance and review processes and subjected to increasing levels of scrutiny as a result;
- are being required to be increasingly innovative in their responses to the these demands;
- always have patient care at the forefront.

Management culture is an important aspect of staff well-being. First responding is an extremely difficult and challenging role and deserves maximum support from employers. The NCUA submission covers this aspect.

## RECOMMENDATIONS

1. The AEASA fully endorses the submission of the NCUA, and in the interests of brevity will not reiterate issues and authorities cited in that excellent document. We urge the committee to accept all the recommendations on page 4 of that submission.
2. That ambulance employers and governments must adopt a much greater emphasis on staff well-being in workforce planning and service delivery considerations. This is imperative and urgent.
  - a. To inform these considerations, effort and funding should be channelled into commissioning of systemic literature reviews into the physical, psychological, psychobiological and psychosocial health of operational ambulance staff.
  - b. The emphasis of this research should be into the development of human resource management and staffing formulae that are preventative in character (the primary health care model), whilst recognising that post event intervention (EAP) will always be necessary.

3. That ambulance employer and employee organisations work collaboratively, using an evidence-based approach, to develop a primary health care model to ensure that the work environment is as safe as can be given the unpredictable and at times uncontrollable nature of the role; including but not limited to:
  - a. Staffing levels sufficient to allow for short-term and longer-term respite from the front line where needed.
  - b. Education, professional and personal development for front-line staff be provided that assists in that primary care model including building resilience for individuals, groups and agencies.
4. That employers cease and desist from taking an adversarial approach to injured workers. Members with physical injuries can develop psychological injuries as a result of this approach, and psychological injuries are exacerbated. Employers should provide supportive systems and processes for dealing with injured staff.