

**Australian Counselling Association**

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

11/May/2018

Tom Parker – Industry Liaison Officer, ACA

## Contents

Issues Paper 10	2
Introduction:	2
Stepped Care Model of Care	2
Service Innovation	3
Registered Counsellors: Requirements	4
Responses to terms of reference Topic A: the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers	5
Topic B: research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions	6
Topic 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	7
Topic D: Any other related matters	9
Conclusion:	11
Bibliography	13

## Issues Paper 10

Senate Standing Committees on Education and Employment Inquiry in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers

### Introduction:

The Australian Counselling Association welcomes the opportunity to provide a submission to the Senate into the high rates of mental health conditions experience by first responders, emergency service workers and volunteers. The Senate Standing Committees on Education and Employment is undertaking a difficult, yet worthwhile task, and the Australian Counselling Association welcomes the chance to offer support.

It is no secret that many first responders, emergency service workers and volunteers experience high rates of mental health conditions, all over the world<sup>123</sup>. First responders, emergency service workers and volunteers provide a valuable and necessary service to all Australians; supporting many at their most desperate times. As has been noted, “First responders are generally considered to be at greater risk for full or partial posttraumatic stress disorder (PTSD) than most other occupations because their duties routinely entail confrontation with traumatic stressors.”<sup>4</sup> Because of this increased risk, the support mechanisms in place for first responders, emergency services works and volunteers should be adequate to combat these issues, before it is too late.

First responders, emergency service workers and volunteers often deal with difficult and challenging experiences on a day-to-day basis; even the toughest among us in those situations will experience mental health issues<sup>5</sup>. It should also be noted that PTSD is not the only mental health issue that first responders may face<sup>6</sup>. Talk therapies are most suited to the treatment of the vast majority of mental health issues; first responders can get the best outcomes from multidisciplinary teams<sup>7</sup>. Keeping in line with the current Government’s policies on the *Stepped Care Model*, it is recommended that first responders, emergency services workers and volunteers be supported financially to take advantage of counselling services delivered by Registered Counsellors, rather than e-health resources exclusively, before severe mental health conditions and issues occur – and can step-up or step-down across the continuum or allied/psychological services available as necessary.

## Stepped Care Model of Care

A stepped care approach promotes person-centred care which targets the needs of the individual<sup>8</sup>. Rather than offering a one size fits all approach to care, individuals will be more likely to receive a service which more optimally matches their needs, does not under or over service them, and also makes the best use of workforce and technology. A stepped care

---

<sup>1</sup> (Ko, et al., 2008)

<sup>2</sup> (Prati & Pietrantonio, 2010)

<sup>3</sup> (Kleim & Westphal, 2011)

<sup>4</sup> (Haugen, Evces, & Weiss, 2012)

<sup>5</sup> (Kleim & Westphal, 2011)

<sup>6</sup> (Courtney, Francis, & Paxton, 2013)

<sup>7</sup> (Bower, Campbell, Bojke, & Sibbald, 2003)

<sup>8</sup> (Australian Counselling Association, 2016)

approach also utilises early intervention methods – providing the right service at the right time, and having lower intensity steps available to support individuals before mental health illness manifests. A stepped care approach does not preclude an individual from accessing more than one different service at a time, within existing programmatic constraints and where clinically appropriate<sup>9</sup>. To address the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers, the Senate Standing Committees cannot reasonably expect to get better results by continuing to follow the same processes; service innovation must take place. Simply put, if we want to keep achieving the same results, we will continue to do what we have always done.

### Service Innovation

A number of issues are raised throughout the terms of reference, all of which focus on the support that first responders could have received, and the potential lacking aftercare. While we cannot change what has happened in the past, we can ensure good policies are in place so that those experiences do not repeat themselves. The lack of quality support services has left many first responders and others without a place to turn or an opportunity to express themselves. Mental health conditions as a result of traumatic experiences will not simply “go away” because they are ignored<sup>10</sup>.

As such, the Australian Counselling Association proposes an innovation in access to counselling services, which involves the simple idea of subsidising counselling sessions for first responders, emergency service workers and volunteers with Registered Counsellors after a crisis has been triggered. Removing the financial barrier will alleviate great stress and offer professional therapeutic supports to those in need; counselling delivered by a Registered Counsellor is a far more appropriate service for first responders – especially in the “early intervention and prevention stage”. The research clearly shows the most accessible treatment option is with registered counselling service; with the high cost of treatment from a psychologist or psychiatrist is noted to present a significant barrier to the necessary therapeutic supports<sup>11</sup>.

Health and wellbeing evolves across the lifespan and is commonly related to pressures within a person’s past and present life; their individual’s ability to cope has often been referred to as resilience (which will be explored in further detail in the sections below)<sup>12</sup>. Further, it is understood that many difficulties people face in life may not necessarily constitute a mental disorder and that people may or may not seek assistance at many stages in the development of a problem<sup>13</sup>.

In Australia, Registered Counsellors do not qualify for Medicare rebates yet; but still, represent an equivalently qualified field force to that of mental health social workers (who do qualify for Medicare rebates). Registered counsellors with the Australian Counselling Association (over 5,000 members at the time of writing) are required to have ongoing professional development, clinical supervision, adhere to a code of ethical practise and

---

<sup>9</sup> (Department of Health, 2017)

<sup>10</sup> (Australian Institute of Health and Welfare, 2011)

<sup>11</sup> (Australian Institute of Health and Welfare, 2017)

<sup>12</sup> (Kaplan, Bergman, Christopher, Bowen, & Hunsinger, 2017)

<sup>13</sup> (University of Queensland - Judith Murray, 2017)

conduct, and hold their professional indemnity and public liability insurance<sup>14</sup>. These standards are equivalent across many mental health professions (including psychology and social work). While professional counselling is industry-regulated in Australia; those that are registered through the Australian Counselling Association represent a significant field force and ready-infrastructure for many people with mental health issues to take advantage of and develop ongoing resilience. Counsellors practise a wide range of psychological therapies and focus on the talk therapies.

There is no “secret” therapy that psychologists, psychiatrists, or social workers practise that counsellors do not<sup>15</sup>. Counsellors have had to “price themselves **into** the market” (see price guide under NDIS comparing counsellors and psychologists as an example<sup>16</sup>). Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance, growth and the optimal development of personal resources; giving individuals a safe space to develop resilience.

### Registered Counsellors: Requirements

Currently, there are different levels of credentialing for Registered Counsellors in Australia. There are four levels of membership which highlight the level of experience and qualifications attained:

#### Counsellor level 1:

- Has graduated from an ACA Accredited Course or equivalent at the Diploma, Advanced Diploma or Associated Degree (or Bachelor degree with a major in counselling); have completed less than 50 hours of Professional Supervision and have less than two years post qualification practise.

#### Counsellor level 2:

- Has graduated from an ACA accredited course or equivalent at the Diploma/Advanced Diploma or Associated Degree level and

- Has a minimum of two years post qualification supervised practice; or
- Completed one year post qualification supervised practice and completed a vocational/postgraduate qualification in counselling, and has completed a minimum of 50-hours of professional/clinical supervision

- Or

- Has graduated from an ACA recognised course of study at minimum Bachelor Degree Level

#### Counsellor level 3:

- Has graduated from an ACA Accredited Course of study at minimum Degree Level.  
- Has 3-years post qualification supervised counselling experience, including a minimum of 750 client contact hours

---

<sup>14</sup> (Australian Counselling Association, 2015)

<sup>15</sup> (James, Woolfe, Dryden, & Strawbridge, 2003)

<sup>16</sup> (National Disability Insurance Agency, 2017)

- Has completed a minimum of 75 hours of post qualification professional/clinical supervision

Counsellor level 4:

- Has graduated from an ACA Accredited Course of study at minimum Degree Level.
- Has six years post qualification supervised counselling experience, including a minimum 1,000 client post-qualification contact hours.
- Has completed a minimum of 100 hours of post qualification Professional/Clinical Supervision.

In Australia, Registered counsellors provide high levels of person-centred therapeutic support in a variety of mental health contexts. To ensure long-term system reform, the National Mental Health Commission's Review of Mental Health Programme and Services review identified Person-Centred design principles as the key component of future mental health programs and service delivery, "putting people who experience mental health issues first and at the center of practice and service delivery; viewing a person's life situation holistically"<sup>17</sup>. Counselling, as delivered by a Registered Counsellor, is distinct from a psychologist or social worker delivering counselling. Registered Counsellors are trained exclusively in the delivery and theory of counselling, rather than as a small part of other training<sup>18</sup>.

Responses to terms of reference

Topic A: the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers

1. The nature of, and the underlying causes of, mental health conditions experienced by first responders, emergency service workers and volunteers are greatly varied from individual to individual. It is not always entirely appropriate to assume that all first responders will "automatically" have Post Traumatic Stress Disorder after each critical incident or crisis; there is no single mental health condition or issue that can be used as a "blanket term"<sup>19</sup>. Each will face stressors, triggers, anxieties, different mental health issues or conditions differently; there needs to be adequate supports that can work with those first responders across the spectrum of issues they may be facing, that is both responsive and professional. Insight into the effects of aggression or critical incidents on mental health and factors related to recovery may help to identify relevant (early) interventions to reduce mental health problems<sup>20</sup>. Police officers, internationally, have been shown to have symptoms of depression, and symptoms of anxiety<sup>21</sup>; both of which are effectively worked with through counselling delivered by a Registered Counsellors.
2. "Firefighter paramedics are frequently exposed to dangerous and stressful situations due to their occupational duties. Repeated exposure to traumatic events can take a cumulative toll on an individual's physical and mental health and potentially lead to a diagnosis of posttraumatic stress disorder. Although it is very common and expected

---

<sup>17</sup> (Australian Health Ministers' Advisory Council, 2013)

<sup>18</sup> (Australian Counselling Association, 2016)

<sup>19</sup> (van der Velden, Kleber, Grievink, & Yzermans, 2010)

<sup>20</sup> (van der Velden, Kleber, Grievink, & Yzermans, 2010)

<sup>21</sup> (Berg, Hem, Lau, & Ekberg, 2006)

for individuals to endorse symptoms of posttraumatic stress disorder immediately following a traumatic event, a large number can recover with minimal changes in functioning<sup>22</sup>. An emphasis on early intervention mental health supports means that there is less of a reliance on complex clinical care or emergency responses (i.e., hospital visits for mental health issues) and the opportunity to develop resilience. Resiliency can be defined as the ability to successfully cope, adapt, or manage stressful or traumatic situations<sup>23</sup>. If more first responders, emergency service workers and volunteers got access to the right care at the right time, as delivered by the right professional – then the nature and underlying causes of mental health conditions could be addressed earlier. Ultimately the counselling model helps individuals develop their own personal resources and resilience for the long term. There are a number of therapeutic models that could be employed for great success, which might include cognitive behaviour therapy, solution-focused therapy, motivational interviewing, Gestalt, narrative therapy and others<sup>24</sup>. With regards to advocacy, counselling offers the opportunity to share their story in a safe & therapeutic manner<sup>25</sup>. This allows for the individual to have their voice heard, and again develop resilience. Counselling sessions are to remain strictly confidential and do not the same stigma as perhaps visiting a “shrink”.

#### Topic B: research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions

1. First responders, emergency service workers and volunteers have been shown to be at risk of a number of mental health problems; which could include alcohol abuse, depression, posttraumatic stress disorder, fatigue, suicide and others<sup>26,27</sup>. The preponderance of mental health disorders increases the risk of death by suicide<sup>28</sup>. There is no blanket term or single diagnosis that encompasses all potential mental health conditions experienced by first responders/emergency service occupations. Mental health conditions can manifest quietly and have significant implications on the individual’s overall health and wellbeing<sup>29</sup>.
2. The needs of first responders will be diverse and differ greatly for each individual. Registered Counsellors come from abroad and from culturally and linguistically diverse background and Aboriginal and Torres Strait Islander individuals. The counselling model encourages positive emotional growth & the development of the individual’s own personal resources – building resilience. The ability for a counsellor to act as an individual’s advocate may be limited to the amount of information they can ethically share with others, and the client’s consent<sup>30</sup>.

---

<sup>22</sup> (Straud, Henderson, Vega, Black, & Van Hasselt, 2018)

<sup>23</sup> (Straud, Henderson, Vega, Black, & Van Hasselt, 2018)

<sup>24</sup> (Pybis, Saxon, Hill, & Barkham, 2017)

<sup>25</sup> (Pybis, Saxon, Hill, & Barkham, 2017)

<sup>26</sup> (Thormar, et al., 2010)

<sup>27</sup> (Steinkopf, Hakala, & Van Hasselt, 2015)

<sup>28</sup> (Stanley, Hom, & Joiner, 2016)

<sup>29</sup> (Mental Health Commission of New South Wales, 2016)

<sup>30</sup> (Australian Counselling Association, 2016)

3. “As a result of traumatic events, it has been noted that there are three categories of response and their needed intervention have been described:
  - a. Most people may experience mild, transient distress such as sleep disturbance, fear, worry, anger, or sadness or increased use of tobacco or alcohol. Persons experiencing such responses may return to normal function without treatment but might benefit from community-wide support and educational interventions.
  - b. A smaller group may experience moderate symptoms such as persistent insomnia or anxiety or changes in travel patterns or workplace behaviour. Although these changes would not necessarily meet threshold criteria for disease or disorder, such symptoms may affect work or home functionality. These symptoms will likely benefit from psychological and medical intervention.
  - c. A smaller subgroup may develop a psychiatric illness such as PTSD or major depression and will require specialised treatment.<sup>31</sup>”

As a continuum, we know that not all first responders, emergency service workers and volunteers require complex clinical care or specialised treatment<sup>32</sup>. “Police demonstrated higher rates of general psychopathology than did ambulance, fire, and sea rescue service workers<sup>33</sup>.” Points A-C in the above is within the scope of practice for Registered Counsellors<sup>34</sup>.

4. “First responders are exposed to critical incidents and chronic stressors that contribute to a higher prevalence of negative health outcomes compared to other occupations. Psychological resilience, a learnable process of positive adaptation to stress, has been identified as a protective factor against the negative impact of burnout<sup>35</sup>.” The incidence of mental health conditions in first responders, emergency service workers and volunteers is not guaranteed; although we know that those in this space can be more likely to develop mental health conditions/issues than their peers outside of this workforce<sup>36,37</sup>.

#### Topic 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

1. Many first responders, emergency services workers and volunteers may perceive or experience stigma as a significant barrier to seeking help for mental health concerns<sup>38</sup>; making management of mental health conditions especially difficult, and potentially impeding adequate management of mental health within the workplace. First

---

<sup>31</sup> (Butler, Panzer, & Goldfrank, 2003)

<sup>32</sup> (Kleim & Westphal, 2011)

<sup>33</sup> (Benedek, Fullerton, & Ursano, 2007)

<sup>34</sup> (Australian Counselling Association, 2016)

<sup>35</sup> (Kaplan, Bergman, Christopher, Bowen, & Hunsinger, 2017)

<sup>36</sup> (Fullerton, Ursano, & Wang, 2004)

<sup>37</sup> (Courtney, Francis, & Paxton, 2013)

<sup>38</sup> (Stanley, Hom, & Joiner, 2016)



responders, emergency service workers and volunteers do not have a higher predisposition for help-seeking behaviours when compared to other populations<sup>39</sup>.

2. Judgement, fear and repression do not make trauma or mental health problems go away. Ultimately, each case of abuse and trauma affects the individual differently – and the therapeutic tools necessary will need to be “tailor-made” for each individual. These therapies could include Cognitive Behaviour Therapy, Gestalt, Motivational Interviewing, Solution Focused Therapy, Narrative Therapy and others<sup>40</sup>. The model of counselling works on the basis that the individual is the expert in their own life & the counsellor works with that individual to develop their own personal resources – counselling does not aim to “cure”, or “diagnose and label” individuals; rather giving the client an opportunity to develop resilience and their own personal resources<sup>41</sup>. It bears mentioning again, but there is no “secret” therapy that a psychologist or mental health social worker knows, that a counsellor does not know. There also is no “one-size-fits-all” approach that can be taken<sup>42</sup>. When examining the mental health conditions in first responder and emergency services organisations, it is important to remember that supports need to be flexible and responsive, rather than being rigid and reactive. A greater emphasis on adequate and professional early intervention mental health supports need to be implemented after a crisis for first responders, emergency service workers and volunteers<sup>43</sup>.
3. In Australia there are a number of different streams of support available to emergency service workers, first responders and volunteers that could include their own private health insurance (Police Health Fund<sup>44</sup>), charities that focus on working with first responders (Behind the Screen<sup>45</sup>, for example) or by visiting a local GP to gain access to mental health care plan. As was noted previously, this particular demographic is unlikely to seek support from a GP or Psychologist due to the potential or perceived stigma associated with the service<sup>46</sup>. These efforts (while may be valuable) do not nearly provide the whole-of-country support necessary to make a meaningful positive impact on the mental health of first responders, emergency service workers or volunteers. There are a number of hotlines and telephone counselling services available to any Australian with access to a telephone; which may or may not lack the tangibility or stickability to make a meaningful impact on the lives of first responders, emergency services workers or volunteers – depending on the execution of that service<sup>47</sup>. Additionally, there are web services available to offer “face-time” counselling without having to be physically present. Telehealth can be an incredible

---

<sup>39</sup> (Corrigan, Druss, & Perlick, 2014)

<sup>40</sup> (Lawrie Maloney, 2016)

<sup>41</sup> (Australian Counselling Association, 2015)

<sup>42</sup> (James, Woolfe, Dryden, & Strawbridge, 2003)

<sup>43</sup> (Haugen, Evces, & Weiss, 2012)

<sup>44</sup> (Police Health Fund, 2018)

<sup>45</sup> (Behind the Screen, 2018)

<sup>46</sup> (Steinkopf, Hakala, & Van Hasselt, 2015)

<sup>47</sup> (van Spijker, et al., 2018)

tool when creating that therapeutic relationship<sup>48</sup>. Uptake of these helplines and other ad hoc measures cannot be easily quantified, as with their impact<sup>49</sup>.

4. Reporting of mental health conditions and workplace culture and management practices are difficult to quantify. There are many different therapeutic processes to address the many mental illnesses or mental health conditions that may appear in first responders, emergency services workers or volunteers. Unfortunately, those same first responders/emergency services workers or volunteers distressed by these illnesses often do not seek out services or choose to fully engage in those supports. One factor that impedes care seeking and undermines the service system is mental illness stigma, or being “taken off duty”<sup>50</sup>.
5. In this space; resources have been allocated to the complex section of the mental health continuum – particularly through the Access to Allied Psychological Services (ATAPS)<sup>51</sup>. The overwhelming majority of health funding in Australia is spent on Hospitals and Primary Health Care<sup>52</sup>; early intervention and prevention (by design) aims to lower the number of necessary hospital admissions by intervening earlier. Greater emphasis is needed on providing first responders, emergency service workers and volunteers with adequate early intervention and prevent supports.
6. Terminology is often a barrier to accessing supports; knowing the right words to use when looking for supports can be incredibly helpful. “Mental health literacy” can be a foreign concept for most individuals<sup>53</sup>. Unfortunately, not everyone knows how to ask for the help they may need<sup>54</sup>. An opportunity for improvement could include the use of Registered Counsellors to provide non-judgemental, professional, ethical, appropriate and responsive early intervention supports – triggered only after a crisis that is a specifically accessible as support to first responders, emergency service works or volunteers (rather than the affected population). From there, Registered Counsellors can step-up or step-down care as needed, using that stepped care model<sup>55</sup>. Further investigation on the implementation of this format of service will be required; yet could be integrated seamlessly into current services (Employee Assistance Programs, in-house health and wellbeing teams, Private Health Insurance Providers, etc.).

#### Topic D: Any other related matters

1. As it currently stands, a financial barrier exists between first responders accessing therapeutic supports with a registered counsellor. By subsidising a particular number of counselling sessions (face to face) focused on particular solution focused or brief-intervention therapies will mitigate that financial barrier. As counselling is industry-

---

<sup>48</sup> (van Wier, et al., 2009)

<sup>49</sup> (van Spijker, et al., 2018)

<sup>50</sup> (Corrigan P. , 2004)

<sup>51</sup> (Grace, et al., 2017)

<sup>52</sup> (Australian Institute of Health and Welfare, 2017)

<sup>53</sup> (Kelly, Jorm, & Wright, 2007)

<sup>54</sup> (Australian Health Ministers' Advisory Council, 2013)

<sup>55</sup> (Australian Health Ministers' Advisory Council, 2013)

regulated (similar to social work), it makes sense to use ACA registered counsellors (similar to AASW registered social workers), ethically speaking<sup>56</sup> when working with first responders.

2. There are a number of different avenues to ensure that the range of services for first responders are being adequately deployed. The *Partners in Recovery* Program is an effective model that uses a “Support Facilitator” to ensure that the individual is receiving the right supports, at the right time and to ensure the service is consistent throughout<sup>57</sup>. By including registered counsellors, who are formally trained professionals, to engage and empathise with the first responders – the system can be supportive and holistic. Professional supports, as opposed to volunteer-operated supports, could be implemented with this in mind. This is a similar program to what will be in place in Western Australia; where certain core capabilities must be met, in order to deliver disability services<sup>58</sup>. In short, there are a number of programs and models that are already in place around Australia that registered counsellors can be replicated, while remaining cost-effective.
3. There is a distinct lack of services in rural and regional areas. The “tyranny of distance” still exists today<sup>59</sup>. However, because counselling is a much more accessible profession – there are a large number of registered counsellors residing in those rural and regional areas. These are the “boots on the ground” that can be accessed any time and can be an invaluable resource for first responders. In many rural and regional areas, there is a significant lack of funded supports; often requiring a locum practitioner<sup>60</sup>. Thankfully, there are over 5,000 Registered Counsellors across Australia with the capacity to positively act as therapeutic supports to first responders, emergency service workers and volunteers which can be triggered after a crisis to act as professional therapeutic supports.
4. To ensure that practitioners and workers are sufficiently skilled in providing support and therapeutic treatment for first responders (including those from a diverse background), it makes the best sense to engage with the various peak bodies in mental health around Australia. They will be able to directly influence the practitioners and workers in this space.
5. As was mentioned throughout this paper, there are a number of different modalities and programs in place that could be replicated to act as positive supports for first responders. By using registered counsellors to deliver those services means the “boots on the ground” are formally qualified, and able to demonstrate empathy to the individual – something that has been sorely lacking. A Level 1 diploma qualified counsellor that is registered with the Australian Counselling Association will know no less than six different therapeutic models; which could encompass cognitive behaviour therapy, interpersonal therapy, motivational interviewing and others. This

---

<sup>56</sup> (Australian Counselling Association, 2015)

<sup>57</sup> (Department of Health, 2015)

<sup>58</sup> (Department of Health, State of Western Australia, 2015)

<sup>59</sup> (Hoolahan, 2002)

<sup>60</sup> (Beyondblue, 2005)

is the baseline for a registered counsellor, and there are many that could act as relevant supports for first responders<sup>61</sup>. Registered Counsellors with higher levels of ACA membership have a far greater scope of practice and can work with different individuals who may require greater levels of care across the continuum of mental health conditions; first responders can step-up or step-down as necessary according to their needs.

### Conclusion:

Registered Counsellors represent a qualified field force across the country – who have studied and trained in the “talk therapies”. Subsidizing a number of counselling sessions per year (for first responders, emergency service workers and volunteers, for example), or establishing a similar avenue of support (like an “Employee Assistance Program” for first responders), can make the difference between increased incidences of mental health conditions, and long-term resilience. Ultimately, registered counsellors in Australia represent a qualified mental health professional who is uniquely placed to build resiliency, deliver psychological therapies and be effective therapeutic supports<sup>62</sup>.

As counsellors are not included under the Medicare Rebate Scheme or Better Access Initiative, there needs to be adequate systems of support put in place – so that first responder can access the necessary therapeutic supports to overcome mental health conditions/issues. Whether that support or access is through the workplace, responding agency, a government-led initiative or industry-funded initiative; further investigation is required in how best to address mental health conditions/issues of first responders, emergency services workers and volunteers.

First responders need greater access to therapeutic supports and the opportunity to develop more resilience so that they can continue to do the valuable work they do – of which registered counsellors are uniquely placed to support. Counsellors are well trained, industry regulated, follow a code of ethics and are accountable to layers of complaints tribunals<sup>63</sup>. Diagnosing a first responder with a mental illness may not be the best way to proceed; as their reaction may be entirely normal to traumatic experiences.

Instead, there should be a great emphasis on providing support and developing resilience rather than labelling the individual. First responders, emergency service workers and volunteers look after others in their most desperate times; it is necessary to ensure that there are the right services in place, so that first responders, emergency service workers and volunteers can continue being effective in their valuable roles.

---

<sup>61</sup> (Australian Counselling Association, 2016)

<sup>62</sup> (Australian Counselling Association, 2016)

<sup>63</sup> (Australian Counselling Association, 2015)



Again, the Australian Counselling Association welcomes and appreciates the opportunity to present this submission to the Senate Standing Committee, and we look forward to further elaborating on the process and potential service models in the future. Should there be any questions or need for further elaboration; please do not hesitate to reach out.

Yours sincerely

Philip Armstrong PhD, FACA  
CEO ACA

8/6/2018

## Bibliography

- Australian Counselling Association. (2015). *Code of Ethics and Practise*. Brisbane: ACA Inc.
- Australian Counselling Association. (2016). *Scope of Practice for Registered Counsellors*. Brisbane: Australian Counselling Association.
- Australian Health Ministers' Advisory Council. (2013). *A national framework for recovery-oriented mental health services*. Canberra: Commonwealth of Australia.
- Australian Institute of Health and Welfare. (2011). Rural, regional and remote health indicators of health status and determinants of health. *AIHW*, 31-36.
- Australian Institute of Health and Welfare. (2017). *Health expenditure Australia 2015–16*. Canberra: AIHW.
- Behind the Screen. (2018, Nay 2). *Behind the Screen*. Retrieved from Home Page: <http://behindtheseen.com.au/>
- Benedek, D. M., Fullerton, C., & Ursano, R. J. (2007). First Responders: Mental Health Consequences of Natural and Human-Made Disasters for Public Health and Public Safety Workers. *Annual Review of Public Health*, 55-68.
- Berg, A. M., Hem, E., Lau, B., & Ekberg, Ø. (2006). An exploration of job stress and health in the Norwegian police service: A cross sectional study. *Journal of Occupational Medicine and Toxicology*, 1-9.
- Beyondblue. (2005). *Depression in farmers and farming families*. Melbourne: University of Melbourne Press.
- Bower, P., Campbell, S., Bojke, C., & Sibbald, B. (2003). Team structure, team climate and the quality of care in primary care: an observational study . *BMJ Quality & Safety*, 273-279.
- Butler, A. S., Panzer, A. M., & Goldfrank, L. R. (2003). *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*. Washington, D.C: The National Academies Press.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 614-625.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, 37-70.
- Courtney, J. A., Francis, A. J., & Paxton, S. J. (2013). Caring for the Country: Fatigue, Sleep and Mental Health in Australian Rural Paramedic Shiftworkers. *Journal of Community Health*, 178-186.
- Department of Health. (2015). *Partners in Recovery Annual Report 2014-2015*. Canberra: URBIS.
- Department of Health. (2017). *PHN Mental Health Tools and Resources*. Canberra: Department of Health.

Department of Health, State of Western Australia. (2015). Disability Health Core Capabilities Resource: Shared attitudes and behaviours for healthcare workers. Perth: Government of Western Australia .

Fullerton, C. S., Ursano, R. J., & Wang, L. (2004). Acute Stress Disorder, Posttraumatic Stress Disorder, and Depression in Disaster or Rescue Workers. *American Journal of Psychiatry*, 1370-1376.

Grace, F. C., Meurk, C. S., Head, B. W., Hall, W. D., Harris, M. G., & Whiteford, H. A. (2017). An analysis of policy success and failure in formal evaluations of Australia's national mental health strategy (1992–2012). *BMC Health Services Research*, 374-389.

Haugen, P. T., Evces, M., & Weiss, D. S. (2012). Treating posttraumatic stress disorder in first responders: A systematic review. *Clinical Psychology Review*, 370-380.

Hoolahan, B. (2002). Caring for Carers Project: "The tyranny of distance." Issues that impact on mental health care in rural NSW. Orange, NSW: Centre for Rural and Remote Mental Health.

James, P., Woolfe, R., Dryden, W., & Strawbridge, S. (2003). *Handbook of Counselling Psychology*. London: Sage Publications.

Kaplan, J. B., Bergman, A. L., Christopher, M., Bowen, S., & Hunsinger, M. (2017). Role of Resilience in Mindfulness Training for First Responders. *Mindfulness*, 1373-1380.

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, s26-s30.

Kleim, B., & Westphal, M. (2011). Mental Health in First Responders: A Review and Recommendation for Prevention and Intervention Strategies. *Traumatology*, 17-24.

Ko, S. J., Kassam-Adams, J. D., Berkowitz, S. J., Wilson, C., Wong, M., & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *rofessional Psychology: Research and Practice*, 396-404.

Lawrie Maloney. (2016). *Defining and delivering effective counselling and psychotherapy*. Melbourne: Australian Institute of Family Studies.

Mental Health Commission of New South Wales. (2016). *Physical health and mental wellbeing: evidence guide*. Sydney: Mental Health Commission of NSW.

National Disability Insurance Agency. (2017). *NDIS Price Guide*. Geelong: National Disability Insurance Agency.

Police Health Fund. (2018, May 2). *Police Health Fund*. Retrieved from FAQ: Counselling Benefits: <https://policehealth.com.au/faq-counselling-benefits>

Prati, G., & Pietrantonio, L. (2010). The relation of perceived and received social support to mental health among first responders: a meta-analytic review. *Journal of Community Psychology*, 403-417.

Pybis, J., Saxon, D., Hill, A., & Barkham, M. (2017). The comparative effectiveness and efficiency of cognitive behaviour therapy and generic counselling in the treatment

of depression: evidence from the 2nd UK National Audit of psychological therapies. *BMC Psychiatry*, 17:215.

Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review*, 25–44.

Steinkopf, B. L., Hakala, K. A., & Van Hasselt, V. B. (2015). Motivational Interviewing: Improving the Delivery of Psychological Services to Law Enforcement. *Professional Psychology: Research and Practice*, 348–354.

Straud, C., Henderson, S. N., Vega, L., Black, R., & Van Hasselt, V. (2018). Resiliency and Posttraumatic Stress Symptoms in Firefighter Paramedics: The Mediating Role of Depression, Anxiety, and Sleep. *Traumatology*, No Pagination Specified.

Thormar, S. B., Gersons, B. P., Juen, B., Marschang, A., Djakababa, M. N., & Olf, M. (2010). The Mental Health Impact of Volunteering in a Disaster Setting: A Review. *The Journal of Nervous and Mental Disease*, 529-538.

University of Queensland - Judith Murray. (2017). *Master of Counselling Handbook*. Brisbane: University of Queensland.

van der Velden, P. G., Kleber, R. J., Grievink, L., & Yzermans, J. C. (2010). Confrontations With Aggression and Mental Health Problems in Police Officers: The Role of Organizational Stressors, Life-Events and Previous Mental Health Problems. *Psychological Trauma: Theory, Research, Practice, and Policy*, 135–144.

van Spijker, B. A., Werner-Seidler, A., Batterham, P. J., Mackinnon, A., Calear, A. L., Goslin, J. A., . . . Christensen, H. (2018). Effectiveness of a Web-Based Self-Help Program for Suicidal Thinking in an Australian Community Sample: Randomized Controlled Trial. *Journal of Medical Research*, Web.

van Wier, M. F., Ariëns, G. A., Dekkers, J. C., Hendriksen, I. J., Smid, T., & van Mechelen, W. (2009). Phone and e-mail counselling are effective for weight management in an overweight working population: a randomized controlled trial. London: BMC Public Health.