



## **Australian Government**

Senate Education and Employment References Committee  
report

The people behind 000: mental health of our first responders

## **Government Response**

February 2020

# **Australian Government Response to the Recommendations of the Senate Education and Employment References Committee Report ‘The People Behind 000: Mental Health of Our First Responders’**

## **Introduction**

On 27 March 2018, the Senate referred ‘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’ (herein collectively referred to as ‘first responders’) to the Senate Education and Employment References Committee (the Committee) for inquiry.

On 14 February 2019, the Committee delivered its final report, ‘The people behind 000: mental health of our first responders’ (the Report). The Report made 14 recommendations that seek to address the high rates of mental health conditions experienced by first responders.

Achieving the best outcome for first responders (or anyone else) who suffers, or is at risk of suffering, a work-related mental health condition is a vital and complex issue. During the inquiry, concerns were raised about the demanding work first responders perform for our community and the consequent risk to their psychological health, which, in some cases, is contributed to by workplace culture. While complex in nature, the Australian Government is committed to seeing duty holders fulfil their obligations under work health and safety (WHS) laws to eliminate or minimise risks to psychological health in the workplace so far as is reasonably practicable.

Some stakeholders raised concerns about workers’ compensation claims processes, including that they may discourage some first responders from seeking timely assistance. The inquiry was presented with evidence about the diverse range of activities and initiatives being implemented by jurisdictions in relation to early intervention, rehabilitation and the administration of workers’ compensation claims.

The Government would like to thank all those who assisted with this inquiry and acknowledge the invaluable and unique role of first responders towards ensuring the safety and wellbeing of the Australian community. The Government is resolute in its commitment to ensuring that first responders are given the highest level of support and protection from harm.

## **Leadership in the emergency management sector**

Australia’s first responders and emergency services workers, including volunteers, are critical members of our community, many of whom risk their personal safety for the safety and security of our nation.

On 20 November 2019, the Minister for Agriculture, Drought and Emergency Management, the Hon David Littleproud MP, secured the commitment of the Ministerial Council for Police and Emergency Management to lead development of a national, collaborative approach to addressing mental illness and suicidality in Australia’s first responders and emergency services workers, including volunteers and former/retired workers.

In response to the 2019-20 bushfires, the Prime Minister, the Hon Scott Morrison MP, announced on 12 January 2020 that the Government would establish a National Bushfire Recovery Agency with an initial investment of \$2 billion for a national bushfire recovery fund. The Government is also providing \$76 million in funding for mental health support

services for communities and emergency services workers affected by the 2019-20 bushfires. This includes funding to deliver a national action plan aimed at reducing suicide and improving mental health outcomes over the long-term.

The Government is working towards zero suicides and, in July 2019, appointed Ms Christine Morgan as the first National Suicide Prevention Adviser reporting directly to the Prime Minister. Ms Morgan is working with relevant Ministers to drive a whole-of-government approach to suicide prevention.

Details of the extensive array of Government initiatives to address the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers are provided in this response.

### **The national framework of WHS laws**

On 1 January 2012, the model WHS laws were adopted in the Commonwealth, New South Wales, Queensland, the Northern Territory and the Australian Capital Territory. The model laws were adopted in Tasmania and South Australia on 1 January 2013. Victoria and Western Australia are yet to implement the model WHS framework, however, in both those jurisdictions, WHS is governed by a system of laws, regulations and compliance broadly similar to the model laws. The Western Australian Government has however introduced into the Parliament legislation that mirrors the model WHS Act.

Under the harmonised approach to WHS regulation in Australia, states and territories have responsibility for enforcing compliance with work health and safety laws for the majority of Australian workers. The scope of the Australian Government's direct authority is primarily to Commonwealth workers and those working at Commonwealth workplaces.

The Government is committed to supporting the development of measures that will result in improved safety outcomes for all Australian workers and works proactively with state and territory governments to achieve this end.

### **Safe Work Australia (SWA)**

SWA is the Australian Government statutory body established in 2008 to develop national policy relating to WHS and workers' compensation. The *Safe Work Australia Act 2008* sets out the functions of the agency, which is jointly funded by the Commonwealth, states and territories in accordance with an Intergovernmental Agreement. It is a tripartite body and has Members representing each of the Commonwealth, state and territory governments, and worker and employer representatives. As a national policy agency, SWA does not administer or regulate WHS or workers' compensation arrangements, which remain the responsibility of Commonwealth, state and territory governments.

### **Australian workers' compensation arrangements**

Each state and territory has its own workers' compensation legislation and arrangements.

The *Safety, Rehabilitation and Compensation Act 1988* establishes the Commonwealth workers' compensation and rehabilitation scheme (the Comcare scheme), administered by Comcare, for employees of the Commonwealth, Commonwealth authorities and licensed corporations. Agencies with first responders under the Comcare scheme include the Australian Federal Police (AFP), ACT Emergency Services Agency and Airservices Australia.

**Recommendation 1**

The committee recommends that the government work with state and territory governments to collect comprehensive data on the occurrence of mental health injuries and suicide in first responders.

**Recommendation 2**

The committee recommends that the federal government work with state and territory governments to collect data on the cause of death for first responders who die while employed or die within 10 years of leaving their service.

**Response: Support in principle**

The Government values the importance of using data to inform and improve mental health services. The Australian Institute of Health and Welfare (AIHW) provides statistical information that governments and the community can use to promote discussion and inform decisions on health, housing and community services. AIHW hold data on mental health, disease and injury. Mental health services in Australia (MHSA) provides a picture of the national response of the health and welfare services system to the mental health care needs of Australians. Data is updated progressively throughout the year as it becomes available.

The Government is commissioning a multi-year study of more than 60,000 Australians to provide the most complete picture of Australians physical and mental health to inform a Long Term National Health Plan. The Intergenerational Health and Mental Health Study will cover mental health, general health, nutrition and physical activity and provide information to inform improvements in mental health.

SWA currently compiles, analyses and reports on a range of work health and safety (WHS) and workers' compensation data to describe national trends in work-related injuries, diseases and fatalities.

The Work-related Traumatic Injury Fatalities (TIF) data set includes all first responders fatally injured as a result of a work activity or travelling in the course of their work and the mechanism of incident (i.e. cause of death). This dataset does not include fatalities that result from self-inflicted injuries (for example, suicide) due to the difficulty in establishing a direct connection between these injuries and work. The Committee's recommendations on collecting data on suicide and the cause of death for first responders who die within 10 years of leaving their employment are outside of SWA's remit, as they extend beyond the workplace.

First responders are employed predominantly by state and territory governments. Therefore, state and territory data collections may be more suitable for collecting and reporting outcomes for first responders. Further consideration should be given to these recommendations in the context of a national action plan on first responder mental health, as discussed in the response to recommendation 4.

**Recommendation 3**

The committee recommends that federal, state and territory governments work together to increase oversight of privately owned first responder organisations.

**Response: Noted**

Privately owned first responder organisations operate in a limited number of states and territories. The Government notes all first responder organisations, privately owned or not, are subject to oversight by the WHS regulator in their jurisdiction. Any concerns about the way in which a workplace is handling health and safety issues should be raised with the relevant government, including the WHS regulator.

**Recommendation 4**

The committee recommends that a Commonwealth-led process involving federal, state and territory governments be initiated to design and implement a national action plan on first responder mental health.

**Response: Support**

The Government has committed to a national action plan on first responder mental health. The Minister for Agriculture, Drought and Emergency Management will lead development of a national, collaborative approach to addressing mental illness and suicidality in Australia's first responders and emergency services workers, including volunteers and former/retired workers. The Government has allocated \$4.5 million for a national action plan, which will be delivered by the Department of Home Affairs and is aimed at reducing the rates of suicide and mental illness among emergency services workers. This work will be developed in consultation with stakeholders from across all levels of government, the non-profit sector and current and former emergency workers and their families. It will be undertaken concurrently with other initiatives to better understand and improve mental health outcomes for first responders and emergency services workers.

Following the 2019-20 bushfires, the Government announced that the Commonwealth would play a larger role in responding to emergencies such as fires, floods and cyclones. As part of this, the Prime Minister, the Hon Scott Morrison MP, and the Minister for Health, the Hon Greg Hunt MP, announced a commitment of \$500,000 towards the development of a cross-jurisdictional mental health framework with state and territory governments for responding to natural disasters.

It is noted that mental health conditions are also a national priority of SWA's Australian Work Health and Safety Strategy 2012-2022 (the Strategy). A mid-term review of the Strategy, undertaken by SWA in 2017, found that more work is needed to drive improvements across priority disorders, including mental health conditions, in the next five years. SWA has undertaken work to address this finding through the development and issuance, in June 2018, of national guidance material for employers of their duties to manage

work-related psychological health and safety.<sup>1</sup> This will improve the understanding of psychological hazards and risks in the workplace, and what can practically be done to manage them.

In 2016 the Government funded Beyond Blue to develop the Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations. The Good Practice Framework provides information about the range of programs and practices required to effectively promote the mental health of first responders and reduce suicide risk. It is intended to be used as a practical guide by first responder agencies to develop or renew their workplace mental health strategy.

The AFP Health and Wellbeing Strategy 2018-2023 builds on the Good Practice Framework and was launched by the AFP in 2018 to prioritise employees' health and wellbeing and establish a prevention and education framework for the next five years.

#### *Reducing stigma and discrimination*

A key priority for the Government is to reduce the stigma around mental illness and the Government is working in collaboration with state and territory governments through the Council of Australian Governments (COAG) to achieve this. COAG has endorsed the development of the Fifth National Mental Health and Suicide Prevention Plan and its Implementation Plan (the Fifth Plan) to establish a national approach for collaborative government effort from 2017-22 across eight targeted priority areas. The Fifth Plan identifies the reduction of stigma and discrimination towards people with mental health issues as a priority. Under the Fifth Plan the Mental Health Principal Committee has established a working group – the Reducing Stigma and Discrimination Working Group – to address stigma and discrimination.

Implementation of the Fifth Plan has commenced with the Commonwealth funding the University of Melbourne to review the evidence relating to the reduction of stigma and discrimination towards people with severe mental illness. A consultant will undertake targeted consultations with consumers, carers, community groups and key organisations. Consultations will focus on options for a nationally coordinated approach to the reduction of stigma and discrimination, with particular attention paid to the experience of people with severe mental illness, which is poorly understood in the community. The consultations aim to identify solutions and not restate known problems.

#### **Recommendation 5**

The committee recommends that compulsory first responder mental health awareness training, including safety plans, be implemented in every first responder organisation across Australia.

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<sup>1</sup> See A Work-related psychological health and safety: A systematic approach to meeting your duties at <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties>.

**Recommendation 6**

The committee recommends that compulsory management training focusing on mental health, such as that developed by the Black Dog Institute, be introduced in every first responder organisation across Australia.

**Recommendation 7**

The committee recommends that mental health support services be extended to all first responder volunteers.

**Response: Support in principle**

The Government recognises that risks to psychological health for first responders includes exposure to traumatic incidents, and in some cases, poor workplace practices and culture. Under WHS laws in Australia, employers have a legal responsibility to provide a physically and mentally healthy workplace as far as is reasonably practicable, and individual regulators are responsible for ensuring compliance with these duties and obligations. Model WHS laws are applied nationally and, given that volunteers are ‘workers’, organisations have a duty of care to put in place appropriate measures to ensure volunteers are given the same level of protection from harm as all other workers. A number of state and territory governments also have provisions in their workers’ compensation laws covering volunteers engaged in specified duties such as ambulance services, firefighting, police operations and emergency services.

The Government acknowledges that volunteers may be vulnerable to other factors influencing poor mental health, including geographic isolation. Many volunteers work and live in rural and regional communities where there may be fewer trained volunteers to respond to events spread across a wide geographic area. Therefore, they may be called upon at times when they are ‘resting’ from their ordinary jobs. Regional volunteers are also likely to have a closer personal connection to their communities – they could be responding to an event involving people they know and be personally impacted.

First responder organisations are familiar with the high-risk nature of first responder work and must consider and implement strategies to minimise risks to psychological health, including building a positive workplace culture and providing appropriate mental health training to staff and managers. Additional approaches in this area could be considered as part of the national action plan to be led by the Department of Home Affairs.

The Government has committed to the following positive initiatives relevant to these recommendations.

- In response to the 2019-20 bushfires, \$76 million is being provided for mental health support for firefighters, emergency personnel and individuals affected by the bushfires. This includes funding to support the mental health of first responders:
  - \$10 million for provision of trauma care services including for Post Traumatic Stress Disorder (PTSD) and other mental illness by specialist organisations to emergency services workers who responded to the 2019-20 bushfires, and their immediate families.
  - \$1.5 million for the establishment of a pilot program to provide a support and mental health literacy network for emergency services workers and their

- families/kinship groups. This network will also connect those in need of clinical services in relation to PTSD and other mental health issues, including suicidality.
- \$29.6 million will be allocated for Medicare rebates for up to 10 psychological therapy sessions (including telehealth sessions) for bushfire affected individuals and families, and emergency response personnel. These 10 sessions will be in addition to the 10 psychological therapy sessions currently available under Medicare.
  - \$10.5 million is available for immediate access to up to 10 free counselling sessions. The sessions will be available at recovery centres, Service Australia centres, and existing local mental health centres in fire affected regions.
  - \$4.2 million for Primary Health Networks in fire affected communities to deliver ‘surge capacity’ mental health services to impacted individuals and families.
  - \$3.2 million to help deploy bushfire mental health response co-ordinators to fire affected areas.
  - \$2.7 million to deliver community connectedness and recovery grants of up to \$10,000, to fund grass-roots level activities to help mental health and healing activities after the bushfires. These activities will promote peer support, with local residents helping each other and reaching out to others to identify those who are suffering Post Traumatic Stress Disorder or depression, and prevent suicides.
  - \$2 million for training in trauma informed care and psychological first aid to be provided to frontline emergency staff, including doctors, pharmacists and health professionals, as well as organisations managing the frontline emergency staff to identify personnel at risk.
  - \$500,000 towards the development of a cross jurisdictional mental health framework with state and territory governments for responding to natural disasters
  - The Mentally Healthy Workplace Alliance will receive \$11.5 million over four years from 2019-20 to support businesses to create workplaces that help workers to achieve their best possible mental wellbeing. This initiative will deliver a nationally consistent approach to mental health in the workplace, and will produce a suite of practical tools and guides for businesses.
  - \$1.2 million in funding to Phoenix Australia – the Centre for Posttraumatic Mental Health – to develop a digital training platform to provide support and resources for health professionals who support individuals and communities affected by disasters and traumatic events.
  - In April 2019 the Government announced it is providing \$6 million to develop mental health services and support for police and emergency services. This includes:
    - A \$2.5 million grant to the Police Federation of Australia to develop ‘Blue Hub’, a national framework for ongoing mental health care of policy and defence employees. A Blue Hub pilot will take place in Victoria to develop and implement a clinical assessment framework and resource for mental health practitioners to ensure appropriate specialist mental health support for police officers.
    - \$750,000 over 12 months from 2019 for development of the National Police Memorial Co portal, which will educate and build resilience in police officers in the area of social, emotional and psychological health.
    - Around \$650,000 over two years for the AFP to develop and implement a health training framework for all AFP employees. This will include Road to



Mental Readiness (M2MR) training, an evidence-based program designed by the Canadian Mental Health Commission aimed at improving individual and organisational resilience and reducing stigma associated with mental health. The funding will also support the design and implementation of evidence-based best practice health standards and governance in addition to an evaluation framework, which supports the physical, organisational, social and psychological health of AFP members.

- \$1.88 million over two years to Fortem Australia to improve health and wellbeing of emergency service workers and meet the needs of individuals and families from early intervention to crisis support. Fortem Australia, a specialised, community-based organisation focused on the health and wellbeing of frontline workers who deal with confronting situations in their daily work-life. It will initially support the national security and law enforcement communities of Canberra, Melbourne and Sydney as part of a two-year pilot program. Services will be rolled out to Australia's emergency service and first responder communities as funding permits.
- The Government also provides additional funding, on an as needs basis, primarily through Primary Health Networks, to increase immediate surge capacity to ensure mental health services are available to communities, including first responders, who are affected by disasters such as fire and flood.

#### **Recommendation 8**

The committee recommends that the Commonwealth Government establish a national stakeholder working group, reporting to the COAG Council of Attorneys-General, to assess the benefits of a coordinated, national approach to presumptive legislation covering PTSD and other psychological injuries in first responder and emergency services agencies. This initiative must take into consideration and work alongside legislation already introduced or being developed in state jurisdictions, thereby harmonising the relevant compensation laws across all Australian jurisdictions.

#### **Response: Support in principle**

The Government supports a nationally consistent approach to workers' compensation arrangements and the opportunity to convene a working group, reporting to an appropriate ministerial forum, to consider the benefits of a coordinated national approach to presumptive legislation covering PTSD and other psychological injuries in first responder and emergency services agencies.

However, as workers' compensation is primarily a state and territory responsibility, any such working group would depend on the cooperation of the states and territories. Any legislative changes to address first responder mental health will also need to take into account the different characteristics and circumstances of the various schemes.

The Government is aware of state and territory government initiatives relevant to this recommendation. For example, in 2019 the Tasmanian Government introduced presumptive liability for government employees with Post-Traumatic Stress Disorder (PTSD), and the Victorian Government commenced a pilot that allows eligible emergency workers to access

payments for medical treatment and services while their compensation claim is being determined.

The Government is already considering how presumptive provisions could better support first responders with a psychological injury under the Comcare scheme.

As noted in the Committee's report, Comcare and the AFP have introduced a 'fast track' approach for PTSD claims to support early intervention and timely access to treatment. Under this process, PTSD claims for operational AFP officers are accepted without an independent medical examination where the diagnosis is supported by a treating psychiatrist and the AFP supports claim liability. Preliminary findings suggest that the fast-track process has improved average claim determination timeframes and the AFP and Comcare continue to develop these arrangements. The AFP is also reviewing and supporting its rehabilitation case management services to decrease the time between the submission and approval of claims and ensure early access to treatment.

### **Recommendation 9**

The committee recommends that the Commonwealth Government, in collaboration with the states and territories, initiate a review into the use of independent medical examiners (IME) in workers' compensation.

### **Recommendation 10**

The committee recommends that the Commonwealth Government establish a national register of health professionals who specialise in first responder mental health.

### **Response: Noted**

Broadly, in the workers' compensation context, IMEs are legally qualified medical practitioners who provide impartial medical opinion to an insurer or claims manager. IMEs do not have a therapeutic relationship with the worker – that is, IMEs do not treat, or advocate on behalf of, the worker.

The Australian Health Practitioner Regulation Agency (AHPRA) regulates Australia's health practitioners in partnership with the 15 National Boards. AHPRA regulates 16 health professions, including in areas of psychology and nursing, who are required to meet the standards and policies set by the National Boards. Individual complaints or concerns about registered practitioners can be raised directly with this agency.

The Government notes the Committee's recommendation to establish a national register of health professionals who specialise in first responder mental health. Given the localisation of many practitioners, a national register may be of limited utility, however could be considered further as part of the National Action Plan being developed by the Department of Home Affairs. Additionally, the Australian Psychological Society has the Disaster Response Network, a national network of psychologists who have a special interest and self-nominated expertise in working with individuals and communities affected by disasters and emergencies, as well as those working to assist them.

The Government is co-funding, and participated in the development of, Monash University's GP Mental Health Guideline, a national clinical guideline to help general practitioners improve the diagnosis and management of patients with work-related mental health

conditions. The guideline was launched in March 2019 and will be trialled over the next three years. It is anticipated the guideline will play a significant role in advancing the delivery of evidenced-based care for workers with work-related mental health conditions, including first responders. Phoenix Australia has also developed guidelines for the diagnosis and treatment of PTSD in emergency service workers, which complement the Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder, and are approved by the National Health and Medical Research Council.<sup>2</sup>

### **Recommendation 11**

The committee recommends that a consistent approach to referrals to rehabilitation counsellors be developed across states and territories, requiring referrals to be made by general practitioners not associated with employers or insurers.

### **Response: Noted**

A Nationally Consistent Approval Framework (NCAF) for workplace rehabilitation providers has been in place since 2010. The Commonwealth, Australian Capital Territory, New South Wales, Northern Territory, Victoria, Tasmania and Western Australia have all adopted the NCAF. The objective of the NCAF is to provide a robust approval system across participating workers' compensation jurisdictions to enable objective measurement of provider performance and establish standards designed to deliver high quality workplace rehabilitation services to injured workers, employers and insurers.

In October and December 2018, the Heads of Workers' Compensation Authorities (HWCA) reviewed the NCAF and agreed to replace it with a principles based framework for the delivery of workplace rehabilitation services. A working group of representatives from each jurisdiction was established to progress the principles based framework.

In 2019, Principles of Practice for Workplace Rehabilitation Providers was developed to better support workplace rehabilitation providers in the delivery of services to injured workers. The principles recognise that competent and qualified professionals in eight professions, including rehabilitation counsellors, are suitably qualified to deliver workplace rehabilitation services.<sup>3</sup> Workplace rehabilitation providers are engaged for their professional expertise and their role is to support the injured worker and the employer through the rehabilitation and return to work process. The principles acknowledge the importance of obtaining competent and impartial workplace rehabilitation providers, recommending robust systems and processes be in place to ensure all conflict of interest issues are considered, mitigated and notified to the workers' compensation authority.

The current NCAF remains in place pending the finalisation of this work and for relevant jurisdictions the current three-year approval of workplace rehabilitation providers has been extended for a further 12 months through to June 2020.

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<sup>2</sup> See *Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers build on the Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder*, [http://phoenixaustralia.org/wp-content/uploads/2017/04/PTSD\\_emergency\\_service\\_workers\\_Guidelines-2.pdf](http://phoenixaustralia.org/wp-content/uploads/2017/04/PTSD_emergency_service_workers_Guidelines-2.pdf)

<sup>3</sup> Other professions include an occupational therapist, physiotherapist, exercise physiologist, psychologist, social work, medical practitioner or nurse; see [http://www.hwca.org.au/wp-content/uploads/2019/11/HWCA-Principles-of-Practice-for-Workplace-Rehabilitation-Providers-2019\\_.pdf](http://www.hwca.org.au/wp-content/uploads/2019/11/HWCA-Principles-of-Practice-for-Workplace-Rehabilitation-Providers-2019_.pdf).

**Recommendation 12**

The committee recommends that early intervention mental health support services be made available to all employees of first responder organisations with the aim of preventing, or reducing the severity of mental health conditions.

**Recommendation 14**

The committee recommends that ongoing and adequate mental health support services be extended to all first responders who are no longer employees of first responder organisations around the country.

**Response: Support in principle**

The Government supports the principle of early intervention and making available ongoing and adequate mental health support services to all first responders, including volunteers and former employees.

The Government is taking a leadership role in helping to manage psychological health in first responder organisations. In addition to mental health initiatives discussed in the response to recommendations 5–7, the Government has also provided the AFP \$1.5 million to scope a police health model, which will explore the cost benefit analysis of a health service delivery model. The scoping exercise will focus on prevention of injury and illness, provide early intervention treatment and rehabilitation for front-line officer physical and psychological injury. Notable, the model will be scalable across all policing jurisdictions and front-line organisations.

The Government also notes the initiatives being implemented by the AFP in relation to early intervention. This includes the Early Access Program, introduced as part of a broader strategy to improve organisational health, wellbeing management, employee health and return to work outcomes. The program provides employees, including former employees and volunteers, with access to early intervention treatment for physical and psychological work related injuries, including pre-claim medical treatment such as psychological counselling. In addition, the Welfare Officer Network can provide welfare support to employees, including former employees and volunteers, if contacted.

The Government funds a range of mental health supports and services that are available to all Australians including first responders. These include:

- Digital mental health services and supports which are accessible by all Australians, to increase their mental health literacy, and to provide support to assist during challenging times. For example, Head to Health ([www.headtohealth.gov.au](http://www.headtohealth.gov.au)) is the Australian Government's digital mental health gateway which aims to connect people to information, advice, and free or low cost phone and online mental health services relevant to an individual's needs. These resources may contain useful information and links that could assist first responders to support their own mental health and well-being.
- The Government provides funding for early intervention mental health services through the national headspace network for people of 25 years of age or younger. The headspace program provides access to free or low cost youth-friendly, primary mental

health services with a single entry point to holistic care in four key areas – mental health, related physical health, substance misuse, and social and vocational support. The model provides a service platform for, and entry point to, existing services by engaging a range of youth workers and mental health professionals, as well as by referring young people to other appropriate services.

- Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) is available to people who will benefit from a structured approach to treat mental disorders such as mild to moderate depression and anxiety where short-term evidence-based interventions are likely to be useful. The number of sessions required depends on the diagnosis, duration and severity of the disorder. Patients can access Medicare rebates for up to 10 individual and 10 group allied mental health services per calendar year. Psychological Therapy services can be provided by eligible clinical psychologists. Focussed Psychological Strategies can be provided by allied health professionals, such as appropriately qualified general practitioners, eligible psychologists, social workers and occupational therapists.

As noted above, the Government has also provided \$2.8 billion over six years from 2016-17 to 2021-22 for Primary Health Networks to lead mental health and suicide prevention service commissioning at a regional level. Through flexible primary mental health care funding arrangements, Primary Health Networks commission services within a person-centred stepped care approach that aim to improve outcomes for those with or at risk of mental illness and/or suicide, in partnership with local providers. Each Primary Health Network commissions services across six priority areas:

- Low intensity mental health services to improve targeting of psychological interventions to most appropriately support people with mild mental illness;
- Early intervention for children and young people with, or at risk of, mental illness, including those with severe mental illness who are being managed in primary care;
- Psychological therapies for people in under-serviced and/or hard to reach populations, including rural and remote populations;
- Primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness;
- Encourage and promote a regional approach to suicide prevention; and
- Enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level.

State and territory governments have the primary role in employing first responders and implementing recommendations 12 and 14 will involve working with state and territory governments to facilitate early intervention and mental health support services through first responder organisations. Further initiatives in response to these recommendations could be considered in the context of the national action plan, proposed at recommendation 4, which the Government has agreed to implement.

### **Recommendation 13**

The committee recommends that the Commonwealth government make funding available for research in the prevalence of mental health conditions in retired first responders.

#### **Response: Noted**

The Government acknowledges the importance of research in relation to mental health and is funding the following initiatives:

- The Government is providing \$2 million through the Medical Research Future Fund for research into the mental health impacts of bushfires on affected communities. This will support long-term monitoring of impacts on individuals, communities, and in particular emergency service personnel who have been in fire-affected areas.
- Million Minds Mental Health Research Mission is investing \$125 million over 10 years from 2018-19. As part of this, in August 2019 the Government announced a specific grant round worth \$8 million targeting suicide prevention.
- The Government is investing \$400,000 in four innovative research grants to find new ways to protect people at risk of suicide interventions to prevent suicide.
- \$33.8 million is being provided over two years to Beyond Blue under the National Depression and Anxiety initiative to increase the capacity of the Australian community to respond to issues associated with depression, anxiety and suicide; reduce the impact of depression, anxiety and suicide in the Australian community; and reduce people's experiences of stigma and discrimination associated with depression, anxiety and suicide.
- As part of the National Depression and Anxiety initiative, Beyond Blue established the Police and Emergency Services Program in 2014. This was in response to concerns for the mental health and suicide risk of current and former or retired police and emergency services employees, volunteers and their families. Its national survey of the mental health and wellbeing of police and emergency services, 'Answering the call', reflects the voices and experiences of 21,014 serving and former employees and volunteers from 33 police, fire, ambulance and state emergency services agencies.<sup>4</sup>

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<sup>4</sup> See Answering the call: Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services at <https://www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/pes-program/national-mental-health-and-wellbeing-study-of-police-and-emergency-services>.