Senate Inquiry -- 'The role of Commonwealth, State and Territory governments in addressing the high rates of mental health conditions experienced by first responders, emergency services workers and volunteers'

This is a submission from Bruce Perham, Director of Let's Talk Differently.

Let's Talk Differently is a group of four counsellors who specialize in providing counselling and training to First Responders and Correctional workers around occupational fatigue, managing stress and dealing with workplace trauma.

Bruce Perham is a Mental Health Social Worker, Family and Narrative Therapist who established Let's Talk Differently over ten years ago. Throughout that time Bruce has worked closely with Optum, a large Employee Assistance provider, delivering a wide range of EAP counselling and critical incident debriefing to First Responder organisations. In his EAP role with Optum, Bruce has worked extensively with Correctional Services in the Victorian Department of Justice and Regulation, the Metropolitan Fire Brigade, the Victoria Police Association and Hospitals - emergency and ward.

Definition of First Responder

'A person (such as a Police Officer or an EMT) who is among those responsible for going immediately to the scene of an accident or an emergency to provide assistance' Merriam Webster

'A First Responder refers to professionals such as paramedics, fire fighters and emergency personnel who are trained to provide rescue or other emergency services in case of emergencies like fire, explosion, building collapse, earthquake or sudden health effects. The role of a First Responder is to protect life and property and minimize environmental impact' Safeopedia.

1. **That the definition of First Responder be expanded to include Prison Officers working in our Correctional Services**

'When the code went off we do what we always do and swung into gear to get to the code as soon as possible. When we got there the prisoner had almost severed their arm off. There was blood everywhere and I think the prisoner was in shock as I do not remember screaming just a kind of sobbing or moaning. I realised immediately this was serious and my first instinct was to stop the bleeding which I did the best I could. Two officers talked to the prisoner to try and calm them down. Another officer helped me while the rest were managing the other prisoner's. We know at best it will be 10-15 minutes before the paramedics can get here and into the prison. Even though we are in 'automatic pilot' I was still thinking 'for god sake don't die'. Once the paramedics arrived they were brilliant and took command of the situation. We were all shaken at what had happened but life in a prison goes on. It is what we do but I have never forgotten that day, the blood, the arm, the look on the prisoner's face.'

This is a quote from a Prison Officer that was made in a Managing Stress and Dealing with Trauma workshop recently conducted. A key part of their role is being first responders to emergency situations that require rapid response and intervention in prisoner to prisoner assaults, prisoner self-harming or suicide and prisoner assaults on other Prison Officers. All of these scenarios require Prison Officers placing themselves at risk of physical and psychological injury and result in exposure to very traumatic incidences that are not easy to psychologically process.

This exposure to 'violent' events will happen over and over again in their careers as Prison Officers. Research done by Dr Caterina Spinaris, Executive Director of Desert Waters Correctional Outreach Service Colorado USA, has found that that 34% of Correctional Officers experience PTSD and up to 65% experience significant mental health issues such as depression, anxiety, suicide ideation and impaired family relationships at some point or throughout their careers. These violent, traumatic experiences are an expected part of their work and commonplace in the work environment.

I would contend that Prison Officers are as vulnerable as any First Responder to developing mental health conditions in association with the work they do and the situations in which they find themselves.

Observation

Prison Officers are a marginalized, isolated group of workers who are daily first responders to life-threatening situations and are charged with the responsibility of getting the situation under control and preventing injuries or death to their prisoners and each other. Due to their working in a contained prison environment they receive no community validation for the work, occupational risks and physical and psychological pain they often experience. There are some complex dilemmas around training including how to prepare Officers to do this work and realistically plan for the psychological challenges they will confront? To do so could have a negative impact on the recruitment process yet at the same time better equip Prison Officers to manage 'what lies ahead'.

My sense is training, not just for Prison Officers but for the majority of First Responder Organisations, appropriately focusses heavily on managing practical situations but is deficient when psychologically preparing First Responders for occupational high stress / trauma and the possible onset of mental health issues or occupational fatigue/burnout. Training needs to reflect a greater balance between the practical and psychological demands of the role addressing the prevalence of mental health issues in First Responder occupations.

Prison Officers regularly put themselves at risk, and play a huge role in keeping the public 'safe' by providing supervision to prisoners 'who have been deemed a risk to the community' and subsequently imprisoned. Including Prison Officers within the definition of 'First Responders 'would make the nature of their work and risks they take more visible and enhance the prospects of them receiving validation for the roles they undertake and include them in the growing work that needs to be done to support our First Responders.

2 Terms of Reference – Nature and underlying causes of mental health conditions experienced by front line responders and emergency services

This is a very complex area but I will keep my response limited to what I see as key area. There is often an altruistic reason why people choose First Responder (FR) occupations.

Many share with me that they made the choice as they were highly motivated to 'help people' and had a strong desire 'to make a difference' to individuals and the broader society. Within this choice I often feel people have a personality or natural inclination which leads them into having a sense of wanting to make this personal contribution.

These occupations are seen as being 'meaningful' and have great appeal for people who enjoy working with and helping people. My, professional observation is that this altruistic drive and sense of wanting to make a meaningful contribution to society plays a role in why FRs absorb the physical

and psychological pain they so often witness and at times experience at work. First Responders can become fatigued and traumatized but find it hard to 'take action' as the job also provides a sense of worth or meaning in how they live their lives. On the one hand the job 'mentally hurts you' but on the other you can't walk away as you personally benefit from it.

I have seen too many people in the counselling context to doubt that this FR work, where you witness and are involved in the saddest and most traumatic scenarios life can throw at people, will hurt you time and time again. If you give yourself to others and involve yourself in the pain of others you will be 'touched by it'. It is how FRs manage these intense psychological experiences which is critical. There is the capacity for these experiences to enrich your life or there is the capacity for them to destroy it. Sadly, I think, it is this realm-the psychological experience of the FR that is so poorly understood by First Responder organisations.

Before you can address the issue of Mental Health in First Responder Organisations you have to accept the reality that often the mental health issues experienced by staff are very much connected to the work experience and organisations have a duty of care to do all they can to prevent if possible and support when not possible.

As a Police Officer shared with me in a counselling session

'I was in road patrol and we were called to a fatality. I had been to plenty and you learn too just 'deal with it'. When we got there, we saw two fourteen-year old's lying dead on the road. It hit me like a brick. I was so overcome with emotion. I did what was needed to be done but I was emotionally numb and I can't get the vision of those two lost lives out of my mind. I always just saw the bodies I never saw them as people. My mistake that night was I saw them as teenagers. Now my heart thumps every time we attend an accident. I just feel I will never be the same again',

As another Officer put it

'Going into the Police force is like walking into a tunnel but no one told you a train was coming'

We all have our own individual threshold or capacity to manage high levels of stress and this constant exposure to traumatic events makes it very hard to predict or to determine a person's 'capacity' threshold or level of personal resilience to deal with adversity. This, in reality, will unfold as the person is exposed to the job stressors.

After 10 years of working with FRs there is no doubt in my mind that these occupations, by the nature of the job description, regularly expose staff to high levels of stress and trauma and place them at greater risk of exceeding their 'personal psychological threshold 'and becoming overwhelmed by their work experiences. Most of us, in our working lives can identify one or two times of experiencing this and the often-slow recovery time post event/s. For FRs this is a perpetual process they experience over and over again. As one Prison Officer put it to me '**your resilience just gets worn away'**.

FRs often 'disassociate emotionally' from what they do. This is a process whereby they attempt not to psychologically process 'the reality of what you see' in order not to 'feel it'. This is a natural response and often seen as being a way to have longevity in the work and to avoid being overwhelmed by the work.

While this approach can work for a while, sometimes many years, FRs become increasingly vulnerable to an experience that will emotionally overwhelm them. In my professional capacity I have often heard from FRs about the slow creeping depression, the continual and increasing

dependence on alcohol and prescribed/non-prescribed medication, as a way of coping and the resultant fractured family relationships. At this point I know it is a long way back for these responders and, for many, life will simply never be the same.

It is imperative that we all come to accept that mental health issues in FR occupations is very much connected to the work they do and is a humane response to what they give and in the process of giving, they see and respond to a lot that is tragic in life, things that you and I will never see. While they can try to dissociate from it as a way of surviving these experiences, they do psychologically penetrate and they can do harm. FRs can pay a great psychological and physical price for the work they do! We also need to distinguish between the different origins of 'mental health conditions'. There are mental health conditions that have their origins in traumatic childhood experiences, socially negligent family environments, genetically inherited 'susceptibility' and so on. These are mental health conditions that children take into their adult life.

For FRs we need to recognize that Mental Health conditions can be reactions they experience that are connected to and a result of the work they do. While childhood experiences play a role in everything we do there are people I see who would not be experiencing mental health conditions if they did not do the work they do. We have to move away from the idea that a psychological reaction to FR work is an inherent weakness in the individual and view it more as a compassionate response to the sadness/tragedy that pervades the lives of many of the people they work with.

My sense is that, cumulative impact of stress/trauma reactions that staff experience is often misunderstood by FR organisations and viewed as an issue particular to the individual rather than, in varying ways, an issue that affects large numbers of people across the whole organisation.

Psychological Support services tend to focus on the individual at the time of the mental health issues presenting and very little is provided as a preventative measure or to teach people how to manage the stress and trauma which is an inherent part of FR occupations. Managers say to me all the time 'but we provide health and wellness training' and I am sure they do but how effective is it?? The training needs to connect with the 'FR experience' and many FR tell me they did not 'connect' with the training.

It is well accepted that medical and health professionals who work with trauma situations are vulnerable to experiencing vicarious trauma or more commonly called secondary trauma. This is a trauma where the professional becomes traumatized through exposure to the traumatic experiences of their clients. They do not experience the trauma themselves directly and generally are not in any physical danger. For the majority of FRs there is also a degree of risk to their personal safety as they are exposed to natural disasters, terrorist attacks, violent prisoners, drug affected individuals etc all of which could result in psychological and physical harm.

To me this exposure to personal risk creates a psychological hypervigilance when FRs enter potentially dangerous situations. This brings with it a range of psychological reactions and the vast majority of FRs state the winding down process after a work shift has its challenges and is not easy to do. This is further heightened when FRs are physically threatened or actually assaulted. In these situations, the FRs becomes the victim of the violent act and will more than likely will experience, to varying degrees, a trauma reaction as a result of the experience. The person you are trying to help or save has caused you physical/psychological harm which can be difficult to psychologically process. There is often great resistance for people in these situations to voluntarily seek help as often these work place cultures still attribute this as a 'sign of weakness' and you should be able to cope with it. However, the psychological road back from these trauma related experiences can be long and

complicated and it is imperative that staff receive proper medical and psychological support services. While you cannot force people to access these services, at these times, your FR organisation needs a culture that conveys it is important that you do and an attitude of 'why wouldn't you'.

The role of counselling As a counsellor with Narrative Therapy training my head is full of the voices of people that have shared with me their views of their 'lived experience' and how they see their lives. I always leave some space for psychological theory and then look at how the theory matches with what people say to me. Over and over again FRs share with me that the work has changed them and they are not the same as when they started the work. As a Prison Officer shared with me

'**When I first walked in the gate I was really hopeful I would make a difference. Now 25 years later I know I never made a difference. I walk out the gate tomorrow with the world a much darker place than when I walked in'**

I see this comment on life as a reflection of workplace experiences over 25 years of doing Prison work and a recognition of the psychological impact of the work experience and how it has changed the officer. Counselling historically has been stereo typed as providing counselling generally to individuals at times of emotional overload with the aim of getting people 'back on track'. What if there is no clear point or moment of 'emotional overload'. What if it is a gradual negative change in the individual which occurs overtime? Chances are there will be no psychological intervention and this slow psychological deterioration in the individual will go unchallenged and unsupported. As counsellors we need to be far more proactive and change how counselling is perceived by the general population. We understand it's role in post breakdown/trauma recovery process as people access counselling more readily at those times. We need to promote the awareness of counselling as a preventative experience, one that can play a critical role in the psychological maintenance of the FRs while they are doing the work and before being 'emotionally overwhelmed'. Counselling needs to be seen as a useful conversation you can have about you and your work that is potentially beneficial without having to be at the point of an emotional breakdown. We need to replace the idea that counselling 'is a sign of weakness' with 'counselling is really a 'step to take to boost your resiliency!!' We need a team approach and the best outcomes for people working in FR Organisations will be when the Organisations, the Medical and Psychological support teams, Educational training programs, collegiate support, and families work together to provide a comprehensive and integrated support network around our First Responders.

Summation

Most of the FR organisations have a long history of providing these services and commenced at a time in history when very little was known about the physical and psychological impact of workplace stress and trauma. Subsequently work places did the best they could but certain ideologies evolved that encouraged FRs to bottle up their emotional reactions to the work as in some ways the expressing of them could risk them being seen as weak or not coping and subsequently isolated from other workers.

We now realize it is more complex than FRs cognitively processing their psychological reactions to the work and FR Organisations have to move beyond accepting the idea that some people will do better than others and you only need to support those who show signs of not coping. All First Responders are exposed to significant events that can create high levels of stress and trauma reactions. Our own individual psychological make up will play a strong role in how we

manage/process these experiences but the seeking or not seeking of counselling does not relate to who is managing or who is not managing the work experiences and environment. The FR work environment will affect everybody it is just this effect will be expressed individually in a multitude of different ways. Subsequently FR Organisations have to shift from mental health issues being an 'individual' issue to it being an Organisational issue as the whole work force are exposed to these high stress/trauma experiences and will require support at some stage.

As more and more war veterans returned to Australia from combat overseas we became more aware that they were not the same as the people who left this country to defend it. The advance in neuroscience understanding of the brain and how it works has dramatically increased over the last two decades and we now have a lot more knowledge about the psychological impact of high stress/trauma experiences on the brain. This has huge implications for FR organisations to come and understand these 'impacts' on staff and change their organisations to provide better support from top to bottom. There is an urgent need for FR organisations to become proactive and preventative, to change work place culture, to see stress and trauma reactions as a natural response to this challenging work and have staff well prepared for what lies ahead, fully supported to deliver the work and accessible, professional services available for staff post critical events. There needs to be an acceptance of the relationship between high stress/trauma workplace events, onset of mental health conditions with associated risks of dependency on alcohol, prescribed and non-prescribed medications as a way of coping.

Recommendations

There needs to be greater Education around preparation, everyday management strategies, accepted responses following trauma and transparency around the physical and psychological challenges First Responder work will provide to employees entering FR occupations.

In particular all levels of FR organisations should have a thorough understanding of the impact of stress and trauma experiences on staff and have sufficient knowledge and skills to be able to support them through theses experiences as they occur and be at the forefront of their Management strategies

The relationship between FR Organisations and their EAP providers need to be developed further to provide relevant training to Managers/ staff and greater access to the counselling services offered under EAP. FR Organisations and their EAP providers need to work together to challenge the 'stigma' attached to seeking counselling and actively promote counselling as a very important part of maintaining personal well being in a high-risk environment.

Due to EAP providers having existing relationships with FR organisations and access to a diverse range of Psychologist and Social Worker Counsellors and Trainers it is very expedient and efficient to develop these relationships to another level to meet the mental health challenges inherent in FR work

Provide training to Managers on Mental Health conditions and the importance of managers having the capacity and skills to communicate with staff going through emotionally difficult times

Educating all staff at FLR organisations around what is required of the organisation and what is required of the individual to establish and Organisational culture that is 'Trauma Informed'

3 Terms of Reference-Management of Mental Health conditions in first responder and Emergency Services Organisational factors that may impede adequate management of mental health in workplace and opportunities for improvement

There is often a lack of awareness at management level of the psychological complexity of this work. In many instances managers themselves have been exposed to high levels of stress and trauma yet this did not necessarily transform into appreciating what their staff needed to do after a traumatic episode.

In my experience there is often resistance to the idea that trauma experiences need 'processing' and in instances where it did rarely did the Manager play a role in it. My belief is if managers themselves, learnt to manage trauma experiences by not processing them psychologically then this became the normative or cultural approach. This also connects with the idea of only the 'weak' utilize counselling as it does not impact on the 'strong'.

I have often found FRs will go along with this and argue 'I am okay' yet clearly, they are not. It is still very hard for FRs to acknowledge they are struggling and need psychological support. Generally, in a counselling situation people open up quite readily but often express a sense of shame or that they have let the team down. If the Organisation challenges these beliefs, it is personal weakness, that staff take on at these time and managers actively involved themselves in showing 'care' it would be a huge step in supporting staff through these times in their careers

There is a tendency for Managers to view these trauma /high stress episodes and subsequent mental health issues that happen to staff can as 'isolated incidences' and not seen as having broader ramifications across the whole team. The delivery of the FR service becomes the main priority and staff issues unintentionally can become secondary. Managers are often very pressured to meet organisational targets and respond effectively to life and death situations which inadvertently means either staff do not table any concerns they have about their mental health or if they do the Manager does not hear them. The delivery of the community service becomes paramount and has historically consumed organisations to the point mental health issues with staff can become an impediment to the delivery of the service.

'I was really struggling and felt I just couldn't go on. I was exhausted and just felt like crying. People were dying, how selfish it would have been for me to express what I felt in that context. I just kept going but by the end I was a wreck'

This comment was shared with me in a session by a CFA volunteer and it captured the issue. In the enormity of the Kinglake fires the well-being of the FR was secondary and there did not seem resistance to that. Unfortunately, emotional reactions will come no matter what the context is which makes what happens post event so critical as this is the time these emotional reactions will start to surface. There is no opportunity in 'the heat of battle'.

There needs to be a quantum leap in thinking and a recognition that often mental health issues in staff is not a mental deficiency in the individual but are normal reactions to the trauma and stress their work exposes them to. This exposure to work place stress and trauma effects the whole organisation and most staff, in one way or another will struggle with it at some point/s in their First Responder careers. Often the 'Culture' is one where staff do not feel comfortable to share what they are experiencing for fear of 'being judged' with a belief their ongoing employment with the agency or career path will be adversely affected. This is what needs to change and the Culture of the Organisation needs to convey these reactions are normal, to be expected and psychological support

is readily accessible when they occur with a return to normal duties being the Organisations expectation.

The role of Employee Assistance Providers—Clearly EAP services have a critical role to play in the provision of psychological services to the First Responder organisations. While it is imperative that EAP services are separate from the employer in every way and that the counselling is private and confidential, inadvertently often employees view EAP as being an isolated service.

As one police officer put it to me **'This must be the tenth time they have given me the EAP card and I always throw them in the bin but this time I thought why not?'** The utilisation of counselling as a support still has a stigma attached to it and employees generally access it as a 'last resort' rather than as a strategic prevention-oriented course of action. First Responder organisations and EAP providers need to work more closely to look at changing the culture of the organisation to be more inclusive of using the diverse services EAP provides. Likewise, EAP providers need to be more innovative in looking at ways of engaging employees in these organisations.

Managers often confide in me they are often at a loss as to how to manage staff experiencing mental health issues and that they do not have the knowledge or skill to embark on conversations around these issues with their staff. I always appreciate it when managers can identify this is an area that is difficult for them as it implies a willingness to learn new ways of communicating with staff. Some managers are less likely to identify this is an issue for them and say things like 'my door is always open' which tells me very little. In the situation of employees experiencing trauma/stress in their work, the role of the Manager is critical to the well being of the individual and potentially a vital link to that employee seeking the professional help they need. These conversations for Managers are not easy conversations and regularly staff engagement surveys will reflect that managers did not engage with them at these times. This area of Managers capacity to support staff through workplace stress/trauma needs a lot more focus as it is, in my mind, as important to the individual as the counselling that may follow. In situations where individuals did not feel supported by their Manager or Organisation this greatly diminished what you could have realistically hoped the counselling could have achieved 'a processing of the work place experience and a smooth return to work'. This can lead to certain situations where the FRs is more hurt/disappointed by the response of the Organisation/Manager than the original work place incident.

Summary

It is vital that a much stronger connection is made to the onset of mental health issues in FR employees being in some way be connected to the work place experiences they are having in the delivery of their job role. As individuals react differently to stress/trauma events there needs to be a broad approach and a recognition as to the 'complexity' involved in providing psychological support across the range of employees who work for these organisations. Above all else it is the importance of the organisation promoting that these mental health responses are a normal and to be an expected response to the work and are not an inherent psychological weakness in the individual. That their Managers are equipped and have the communication skills to support their staff every step of the way through the stress/trauma event is absolutely critical. Finally, a much closer relationship between First Responder Organisations and their EAP providers needs to be forged to work together to create work place environments that recognize the psychological reality of this work and jointly implement fully resourced psychological, health and well being services for all employees.

Recommendations

Comprehensive training be provided to all First Responder Managers and staff on the physical and psychological challenges of First Responder work, information on stress/trauma and associated mental health conditions, what they need to do to be able to support staff to manage the stress/trauma of the work and what to do if staff start to experience symptoms that can be a precursor to the onset of mental health conditions. The ability to engage and support staff in situations regarding impact of work experiences, mental health conditions, recovery and so on needs to be a key skill for Managers to be selected into these roles.

That professionally trained and supervised peer mentor programs be established. This would provide a more accessible support to new graduates right through to experienced employees. Peer mentors have the capacity to become a vital link with employees in accessing EAP services when required or just being an onsite support for lesser 'experiences 'that do not require counselling intervention. EAP professionals could provide this training and regular supervision of peer mentors which would facilitate the process of linking employees into EAP counselling at appropriate times as well as running a professional peer support program

That First Responder Organisations develop more cohesive relationships with their EAP providers to enhance the awareness of the psychological services available to employees and the 'normalization' of the importance of accessing them as a preventative measure and when required to provide psychological support in response to high stress/trauma reactions. Optum, an EAP provider and Emergency Management Victoria are currently trialling a process of having a counsellor onsite to provide EAP services but also to provide consultancy services back to Senior Management on how they could support their staff more effectively.

4 Terms of Reference—Workplace culture and Management practices

I have already referenced the issue of work place culture and the enormity of the challenge to change it in the field of First Responder/Emergency Services. In the last 20 years the research discoveries in the area of Brain Neuroscience has been quite extraordinary. We now know a great deal more about the impact of stress/trauma on the mind and on the body. As a general comment FR Organisations have not integrated this knowledge into their organisational support structures and subsequently the 'culture' has not really changed and employees still feel stigmatized when they experience mental health conditions by management and other work colleagues. Anecdotally, often these organisations have functioned on a Military style management system with power within the organisation being accorded by the rank of the person.

Often staff in EAP counselling situations describe their Senior Officers as being 'unapproachable' on these types of health issues and more interested in achieving 'organisational outcomes'. In reality, if workplace culture is going to change it has to be driven by the organisation and its Senior Managers based on the 'Trauma Informed Principles' which is where an Organisation is proactive in setting up an organisational culture that encompasses stress and trauma as a natural part of being a first responder and allocates sufficient financial resources to ensure support services and training is provided to staff throughout their employment. This equally has to ensure that senior managers understand the impact of stress/trauma experiences on their staff and have the interest and capacity to be involved in supporting and where necessary be actively involved in the recovery and re integration of staff back into the work force.

Recommendation

Organisations and their EAP providers need to work far more closely on these issues of how to better psychologically support staff working in first responder/emergency services teams. EAP counsellors have a great deal of knowledge about the impact of this work through the employees who do seek counselling. While these individual consultations are private and confidential the generic knowledge gained from these interactions is not.

It makes sense to me to draw on this existing relationship and enhance them in order to provide greater access for employees to counselling /critical incident debriefing and a clear consultancy link to Leaders/ Senior Managers as to the pivotal role they play in maintaining the health and well-being of their staff. There is a need for all aspects of FR Organisations to have a much clearer understanding of the mental health issues staff can experience doing this front-line work and the devastating price they can pay, physically and psychologically in fulfilling the responsibilities of the role. In situations where there is insufficient understanding of the 'work impacts' on staff and poorly co ordinated support services the recovery process of staff with mental health issues will be compromised. Informed educational and support services play a key role in enhancing the recovery process of a FR post event. Counselling and psychological critical incident debriefing also needs to be centred in how organisations do things where staff are highly stressed and traumatized as both play a key role in pre and post trauma environments.

In Conclusion

There are some key points I would like to finish with

First Responder Organisations need to be proactive in establishing work place environments that are fully briefed on the psychological and physical risks or side effects attached to the First Responder roles within their Organisations. These reactions, often described as mental health conditions, need to be viewed as normal and understandable in the context of the work environment and an atmosphere where staff can be open with their Managers and colleagues and the seeking of help at these times is viewed as 'the sensible' thing to do. Organisations need to ensure that their Managers are well briefed around high stress and trauma reactions and have the skills to support staff through these difficult times.

The relationship between the First Responder Organisation and their Employee Assistance Provider needs to be developed and a more strategic alliance formed between them to make EAP counselling and critical incident debriefing more accessible to FR staff. EAP services could be utilized far more broadly in the 'Training' context as often EAP counsellors/trainers have a great deal of knowledge about the FR workplaces.

There is an urgent need for more psychologically FR specific training to prepare FRs about to enter this work for the psychological challenges they will face and what they need to do to be best prepared for it. Training/Education needs to be coordinated and ongoing to reinforce the key things FRs need to do to maintain work/life balance. Training also plays a key role in teaching the Organisation and its Managers about trauma, mental health conditions and what they need to be able to do to best support staff around these issues. This Training can also actively encourage Organisational Leaders to ensure their Organisations provide a Culture and Structure that is fully committed to the principals of Trauma Informed Care. Finally, this whole area is about people caring for and helping others at time of great stress and trauma. There is a reality to this that all of us will

be impacted on by this work. There is a lot that FRs draw positively from their work and provides them with a great deal of personal satisfaction. There is an element of this work that can expose you to things 'most of us never see' and there is an intangible capacity for this to psychologically hurt you. In many ways I see mental health conditions in FRs as being an expression of this hurt, of being overwhelmed by the pain of others. While we need to do everything, we can to prevent the impact of this work leading FRs to becoming overwhelmed by what they do and see we all need to be able to wrap our arms around them at these times of great stress and validate the price they are paying for doing what they do. We all need to be invested in their recovery and reassure them no stone will be unturned to get them back to work. It is not about managing anymore it is about caring.

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