Introduction

Senate Inquiry into Mental Health of First Responders

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1 The Psychology of First Responder work

It does not matter where you sit in the First Responder industry you will be exposed to and touched by the trauma that people, often through no fault of their own, experience in living their everyday life. This type of work can appeal to people who want to ‘make a difference’ and contribute to supporting people at times of great stress and trauma. While these Organisations offer training on how to manage the practical side of First Responder work history is telling us the emotional or psychological preparation required to integrate these work place experiences into everyday life are sadly lacking. As a counsellor I get to witness first hand the psychological complexity of First Responders trying to cognitively process what ‘they see’ and ‘what they experience’ and integrate this into living a balanced life. First Responders tell me that repeated exposure to people in traumatic situations ‘does wear you down’ and that their view of the world can become a ‘dark place’. I have to emphasize that many First Responders see things that are really hard for most of us to even imagine let alone having the task of cognitively processing it.

I feel very strongly that Mental Health conditions have a long history of stigma and even today are seen as being an inherent weakness in the individual. Clients who come to counselling are often very fearful of ‘being found out’ as not coping and subsequently judged by their organisation and their peers. This fosters a ‘bottling up’ of psychological reactions to significant trauma experiences with a façade of I am okay. We need a paradigm shift in our thinking and to come to accept and understand that psychological reactions to First Responder work is inevitable and a natural response to the passion and commitment people bring to First Responder work. Mental Health conditions, in this work, are regularly a response to the work place experience and at times the work place culture and are an expression of being emotionally overwhelmed. We have to move beyond seeing these reactions as meaning the person is ‘not suited to the work’ or being ‘mentally weak’. I have seen people in a counselling situation who for 20 years have totally resisted any knowledge that the work was having an impact on them yet a single trauma event can trigger a total psychological breakdown. We need to recognize that many First Responders sacrifice a great deal of themselves and ultimately pay a high psychological and physical price for doing the work they do. We need to approach this issue with ‘we will do whatever it takes and whatever it costs’ to minimize what we now know can be a catastrophic cost to the First Responder.

2 The Psychology of First Responder Organisations

Over the last 10 years there has been an explosion in Neuroscience Brain research which overwhelmingly is highlighting the physical and psychological impact of repeated exposure to high stress and trauma to those who work in First Responder environments. We can no longer argue these psychological reactions and physical changes are not directly related to the work place experiences that often confront First Responders daily. As Organisations begin to battle with this reality and become aware of the necessity to provide a much higher level of psychological training and support to First Responders the reality is beginning to hit that the Organisational structure has evolved for the benefit of the clients being serviced and has at best provided minimal attention to
the psychological well-being of First Responder staff. There has been an ‘historical denial’ to the reality that this work changes people. The number of First Responders who have shared with me their Supervisors/Managers were totally inadequate in their capacity to support them through periods of high stress and trauma reactions in their work has been very disappointing. The number of First Responders who share stories with me of being bullied and harassed in the work place is also very disappointing. I have had countless people describe the sheer destructiveness of shift work on family relationships, the perpetual feeling of tiredness and the sense of isolation when you come face to face with what people are capable of doing to each other.

I welcome the growing awareness of the need to ‘do more’ but sadly BBQ’s, RU Okay days, Health and Wellness Training will not go far enough. All First Responder Organisations need to centre the psychological and physical well being of their staff far more and allow it to affect the running of the organisation to a far greater degree. If the way services are delivered is proven to be not in the psychological or physical best interests of the First Responder then the delivery of that service needs to change. This is going to need a major infusion of additional resources and a very different way of thinking from Senior Leaders in First Responder Organisations.

We all need to come together to look at ways to integrate the Neuro Science Brain research, to revisit old ways of doing things and develop new ways, to validate what First Responders give of themselves to do the work they do. I am tired of sitting with First Responders whose lives are in ruins, who feel betrayed by systems they don’t feel cared for them and sadly for some take their own lives because of it. I am tired of all the rhetoric, this is a disaster of huge psychological proportions and we need First Responder Organisations to actively and in good faith embrace the challenge of fully supporting their staff, whatever the financial cost to the organisation and develop a service system that allows First Responders to give to the community, something they desperately want to do but without destroying their own lives in the process.

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