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Dear Secretary

**Re: Senate Inquiry into mental health conditions experienced by  
first responders, emergency service workers and volunteers**

The Mental Health Commission of New South Wales wishes to make the attached submission to this Senate Inquiry.

This submission is made jointly with, and is endorsed by, the

- National Mental Health Commission
- Queensland Mental Health Commission
- South Australian Mental Health Commission

Should you wish to discuss any aspect, please contact Ms Julie Zieth at the Mental Health Commission of NSW

Each Commission may also be contacted for their individual comment.

Yours sincerely

Catherine Lourey  
**Commissioner**  
**Mental Health Commission of New South Wales**

20 June 2018



**Submission to Senate Inquiry on mental health conditions experienced by first responders, emergency service workers and volunteers.**

## Introduction

This submission has been made by the mental health commissions (the Commissions) in the jurisdictions of New South Wales, Queensland, South Australia, and the Commonwealth.

It is in response to the Senate Inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers.

Mental health commissions have been established in various Australian jurisdictions over the past decade – with different operating and reporting structures and responsibilities – but with a common purpose of improving systematic approaches to the mental health and wellbeing of the population.

- The **National Mental Health Commission** provides cross sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. Acting as a catalyst for change, the Commission increases accountability and transparency by leading and collaborating on key mental health initiatives, and providing independent reports and advice to the Australian Government and community
- The **Mental Health Commission of New South Wales** is responsible for monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW. The Commission takes a highly collaborative approach with government agencies and the community, and provides funding to mental health NGOs.
- The **Queensland Mental Health Commission** has been established to drive ongoing reform in improving mental health and minimising the impact of substance misuse in Queensland communities.
- The **South Australian Mental Health Commission** was established to strengthen the mental wellbeing of South Australia, including strategic direction in support of diverse communities, recognising the need for targeted solutions to provide accessible and appropriate support.

The Commissions' community-wide purpose includes the lived experience of people in their workplaces, and the issues engaged by this Inquiry are therefore of relevance, particularly:

- any prevalence of bullying, harassment and discrimination, and the effectiveness of protocols and policies to manage their impacts in the first responder agencies, and
- the development of support approaches within first responder agencies to assist their workers and volunteers with mental health and wellbeing issues resulting from the nature of their workplace tasks and operational environments.

## **Terms of reference 1: the role of the Commonwealth, state and territory Governments in addressing the nature and underlying causes of mental health conditions experienced by first responders, emergency service workers and volunteers.**

As employers of many (if not all) first responders, governments may have particular responsibilities under section 19(1) of the *Work Health and Safety Act 2011 (Cth)*, which states that employers must ensure the physical and psychological health and safety of workers, so far as is reasonably practicable. This is especially relevant given that many of the prominent risk factors for first responder mental health are not exclusive or specific to first responder environments, and thus are reasonable targets for improvement under general workplace WHS policies and management strategies.

In 2016, beyondblue released its *Good practice framework for mental health and wellbeing in first responder organisations* in which a number of common risk factors for mental health were described as being prominent in first responder workplaces:

- heavy workloads
- demanding deadlines and targets
- unclear roles and responsibilities
- low control over how the job is carried out
- challenging work hours
- high emotional, mental or physical demands (including due to trauma situations)
- lack of recognition or feedback
- bullying and/or poorly managed behaviours
- discrimination

From this list it is evident that, although first responders often face acute challenges due to the traumatic nature of their work, the employer's responses to workplace mental health and wellbeing issues need to draw on the same general principles of wellbeing assessment and management as apply for all workplaces.

Governments and their agencies should therefore be seeking out opportunities to learn and share knowledge about common causal factors and their management across the entirety of the first responder sector, and be making constructive comparisons with best practices in other sectors.

Examples of such activity include:

### **Commonwealth**

The Australian Government has funded beyondblue to develop and release its *Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations*. This aims to provide practical advice to help organisations understand good practice for promoting positive mental health and reducing suicide risk in their workforces. The framework was released at a national conference with leaders representing every first responder agency in Australia and was the product of wide engagement and participation with first responder agencies.

## NSW

Following the release of beyondblue's *Good Practice* framework, the NSW Premier and the Minister for Mental Health asked the Mental Health Commission of NSW to work with the State's agencies to look at what was in place to support first responder mental health and wellbeing and what more could be done in this space.

The Mental Health Commission of NSW has an independent status which enabled it, in partnership with the Black Dog Institute, to bring together senior representatives from NSW Police Force, Fire and Rescue NSW, Ambulance Service of NSW, State Emergency Service of NSW, Rural Fire Service of NSW, as well as the NSW Chief Psychiatrist, the Black Dog Institute, and icare (Insurance and Care NSW). This group met regularly in 2016 to reach a consensus on the known risk factors, and committed to a shared approach to promote best practice for mental health and wellbeing in the first responder sector.

This commitment is articulated in the *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW*. <https://nswmentalhealthcommission.com.au/mental-health-and-wellbeing-strategy-for-first-responder-organisations-in-nsw>

The Strategy was launched in October 2016, and designed to promote uptake and ongoing development in the sector:

- It was accompanied by a series of videos, developed by the Mental Health Commission of NSW, with funding from icare as a sector-wide stakeholder.
- The videos show frontline staff and volunteers talking about their own experiences of mental health problems.
- Importantly, they also talk about the support they have accessed and the steps they now take to protect their own wellbeing.
- The videos are used for training by the first responder organisations and can be accessed via <https://www.youtube.com/watch?v=eAwa-UnYahc&t=125s>
- Since the release of the NSW Strategy, the high level group which generated it has continued to meet to maintain a strategic focus on improving the mental health and wellbeing of first responders, and an officer level group is convened on a bi-monthly basis by Suncorp on behalf of icare.

## South Australia

In December 2017, the SA Mental Health Commission published the *South Australian Mental Health Strategic Plan, 2017-2022*. This plan sets the strategic direction for building a resilient, compassionate and connected community that builds, sustains and strengthens the mental health and wellbeing of South Australians. One of the objectives in the plan relates to the mental health and wellbeing of first responders, namely under Strategic Direction 2:

- Targeted awareness and education campaigns around mental health, trauma and diversity for identified service providers who may be working with people at risk of or experiencing mental illness (e.g. general practitioners, staff working in emergency departments, first responders, people working in the justice system, correctional services or the education sector).

The SA Mental Health Commission has closely supported the South Australian Metropolitan Fire Service following the 2018 release of the University of Adelaide study into the Service, as it launched a new Wellness and Safety Department and planned to implement Mental Health First Aid training for all personnel.

Following a review by the Equal Opportunity Commission of South Australia, the South Australia Police applied the *SAPOL Corporate Business Plan, 2017-18* to commit the organisation to roll out a number of measures in response to this review, including

- providing mental health first aid training and promoting mental resilience among all employees,
- developing a Diversity and Inclusion Strategy, including a Gender Equality Action Plan.

## **Western Australia**

### **First Responders Working Group**

The Western Australian Mental Health Commission's (WA MHC) State-wide suicide prevention plan, *Suicide Prevention 2020: Together we can save lives (Suicide Prevention 2020)* includes an action area to focus on the provision of coordinated and targeted services for high-risk groups; groups recognised to be at greater risk of suicide than the general population. First responders are considered to be a high-risk group under this action area.

Following consultation with several first responder agencies, the WA MHC identified that there was a lack of strong collaboration between these agencies. As a result, in 2016 the WA MHC coordinated a First Responders Working Group comprising representatives from:

- Department of Biodiversity, Conservation and Attractions
- Department of Fire and Emergency Services
- Department of Justice
- Mental Health Commission
- St John Ambulance
- Western Australian Police

The purpose of the First Responders Working Group is to leverage new and existing work initiatives in regards to best practice approaches to trauma risk management in the workplace. The group meets bi-monthly when the members share and disseminate information which is of mutual interest and benefit to the respective member agencies. The focus of the group is on wellbeing and mental health of staff and workplaces, specifically emergency staff.

### **Thrive@Work**

The state-wide *Suicide Prevention 2020* plan comprises six key Action Areas. Action Area four focuses on the shared responsibility across government, private and non-government sectors to build mentally healthy workplaces.

The WA MHC developed the *Western Australian Workplace Mental Health Standards* (the *Standards*) a set of voluntary guidelines to guide workplaces in becoming mentally healthy organisations. The WA MHC has funded the Centre for Transformative Work Design, part of the University of Western Australia, to host the *Standards* and assist workplaces in implementing it.

The Centre focuses on evidence-based research to understand work, how it is changing and the role of work design in leveraging positive outcomes, and works on the premise that optimal mental health encompasses much more than the mere absence of poor mental health. To this end, the Centre has developed a draft state-wide *Thrive@Work Strategy* based on the tenet that a workplace mental wellbeing strategy should focus on promoting positive mental health as well as mitigating mental ill health.

Under *Thrive@Work*, the Centre is curating existing resources and developing a toolkit, audit tools, new resources and activities to support Western Australian workplaces in becoming mentally healthy organisations; and have been in communication with the National Mental Health Commission's Mentally Healthy Workplace Alliance.

## **Terms of reference 2: the role of Commonwealth, state and territory Governments in research identifying linkages between first responder and emergency service occupations, and the incidence of mental health conditions.**

The mental health impacts of first responder work, historically, have not been well recognised and understood.

This is changing for the better, with

- a combination of research which has clearly shown the cumulative impact of trauma on mental health, and decreasing stigma and discrimination across the whole of society and within first responder organisations, bring this important issue to the foreground, and
- a number of first responder agencies undertaking specific research on workplace mental health and wellbeing, and developing policy and corporate management responses based on this evidence.

Key examples of research include:

The **Black Dog Institute** and strategic work with NSW first responder agencies

In NSW, the Mental Health Commission, iCare, and first responder agencies are engaging with the work of the Black Dog Institute.

- Review of work-related risk factors for common mental health problems have highlighted the complex nature of risk and causation, and how these manifest across multiple issues in organisational operations and design. These organisational issues include imbalanced job design, occupational uncertainty, and problems with value and respect for employees.
- There is a clear correlation between the number of traumas which first responder employees are exposed to and the rate of mental health and wellness problems such as post-traumatic stress disorder, depression and sleep difficulties.

- There is a case for organisational framework which address mental health at earlier stages of illness development via preventative interventions, rather than at the stage of established mental illness and absence from work. This means addressing risks in the healthy worker through primary prevention and building resilience, and in the symptomatic or at-risk worker through secondary prevention via screening, education, manager training, and effective help-seeking.
- Managers have a key role in creating mentally healthy workplaces, however many managers feel reluctant or under-skilled to contact an employee who is showing signs or is on leave for mental illness.

The **Managing Mental Health in the Australian Federal Police report 2017**, completed by the Australian National Audit Office. The report raised organisational design issues which impact on the management of mental health, including:

- a comprehensive and consolidated organisational health and wellbeing framework and governance structure
- beyond identifying mental health as a risk, a substantive engagement and coordinated identification of mental health risks faced by all of the organisation's functional areas
- mechanisms and sufficient data to appropriately align resources with key mental health risks.
- a mental health training framework that identifies the competencies and resilience levels required by employees at different stages in their first responder career
- mechanisms used for identifying employees at risk of psychological injury
- the effectiveness and consistency of mental health support services and rehabilitation services

The **University of Adelaide Health and Wellbeing Study for the South Australian Metropolitan Fire Service 2018**. This study found that high levels of exposure to workforce trauma is an inherent part of a firefighter's role. The nature of their roles affect not just their workplace functioning but also social and family lives. Post traumatic stress disorder, panic attacks and depressive episodes are the most common mental health issues experienced by MFS members.

The **Equal Opportunity Commission of South Australia review of South Australia Police 2016**. This looked into the nature and extent of sex discrimination, sexual harassment and predatory behaviour in agency, and found that sex discrimination and sexual harassment of women is commonplace:

- 45% of people surveyed had personally experienced sex discrimination
- predatory behaviour (or sexual harassment perpetrated by someone in authority or with influence over the victim) is 21% higher in South Australia Police than the general workforce
- participants who experienced sex discrimination reported impacts including increased stress, anxiety and depression, loss of confidence and loss of trust.



The **Queensland Audit Office report on Managing the Mental Health of Queensland Police Employees 2017-2018**. This report recommended that the Queensland Police Force:

1. Better coordinate and enhance its staff wellbeing and mental health support service and information within a clear strategy and integrated framework. The development of the new *Our People Matter* strategy is an opportunity to ensure all elements link together and align with the organisation's priorities.
2. Act to understand and address the mistrust of some employees in its current mental health frameworks and support services, including clarifying and better communicating the role of human services officers and their confidentiality obligations to improve employee trust and understanding about the role.
3. Improve how it designs, coordinates, delivers, and records its mental health training, with enhancements to mental health training to include:
  - increasing the coverage of the training across its workforce
  - ensuring training packages complement and build on one another
  - clarifying and emphasising the roles and responsibilities of leaders and managers in proactively managing mental health, and
  - ensuring all mandatory training occurs and all training participation is recorded.
4. Assess options for screening employees prior to them leaving the service, and for enhancing post-service support.
5. Develop processes and measures for analysing its data for trends and assess the effectiveness of support services so they can be continuously improved. These processes should include opportunities for injured employees to provide feedback on their experience of the effectiveness of the services
6. Improve the consistency and coverage of mental health screening and monitoring, with improvements to mental health screening and monitoring to include:
  - developing a consistent approach to determining the specialist units for mandatory screening and health monitoring
  - improving the participation rate of employees in voluntary mental health monitoring
  - further exploring options, such as its pilot of online assessments, to expand the coverage of mental health monitoring to include general duties officers.

The **Queensland Mental Health Commission review of the Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019** and the ***Your voice, one vision* consultation report**

[https://www.qmhc.qld.gov.au/sites/default/files/your\\_voice\\_one\\_vision\\_consultation\\_report\\_2017.pdf](https://www.qmhc.qld.gov.au/sites/default/files/your_voice_one_vision_consultation_report_2017.pdf)

- Through this review the Commission heard that suicide and suicide attempts have a significant impact on service providers who provide support and treatment, and first responders including police and ambulance officers.

- In October 2017, the Commission published an Options paper: *Improving Outcomes from police interactions: A systemic approach*.  
[https://www.qmhc.qld.gov.au/sites/default/files/downloads/options\\_paper\\_improving\\_outcomes\\_from\\_police\\_interactions\\_a\\_systemic\\_approach\\_october\\_2017\\_0.pdf](https://www.qmhc.qld.gov.au/sites/default/files/downloads/options_paper_improving_outcomes_from_police_interactions_a_systemic_approach_october_2017_0.pdf)
- This paper states that the outcomes of interaction between the police and people living with mental illness or experiencing a mental health crisis, can have a long-lasting impact on the recovery of the person living with a mental illness and on the mental health and wellbeing of police and other front-line services. Some police officers stated that the unpredictability of these situations can lead to anxiety and have a profound impact on their mental health and wellbeing.
- The options for continued improvement include enhancing mental health training for frontline service providers and focusing on the mental health and wellbeing of first responders. Prevention, early intervention, supporting recovery and service integration will continue to be a focus for cross-sectoral reform as part of the renewed *Queensland Mental Health, Alcohol and other Drugs Strategic Plan*.
- The Commission is supportive of the emerging focus on post traumatic growth that supports people who have experienced or witnessed trauma to find positive psychological change and rise to a higher level of functioning.

The **Safe Work Australia's Work Related Mental Disorders Profile 2015**. This looked at Australian worker's compensation for mental disorders:

- first responders were one of the four most at-risk occupations
- defence force members, fire fighters and police made up 9% of all mental disorder claims from 2008-09 to 2012-13, the highest of any occupation group. The median weeks off work for this occupation group was 45.6, compared to a median across the whole top 10 most at risk occupations of 14.8.
- female defence force members, fire fighters and police have 16 times higher the average claim rate (for all occupations/genders).

### **Terms of reference 3: the role of Commonwealth, state and territory Governments in the 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.**

As a general approach, the National Mental Health Commission established the Mentally Healthy Workplace Alliance in 2012 to encourage Australian workplaces to take active steps to create mentally healthy workplaces and ensure that all people in the workplace, including those who experience mental health difficulties, their families and those who assist them, are supported.

In the emergency services sector, it is now two years since the Australian Government released its *Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations*. There was very wide participation by first responder agencies in the Framework development process, and a number of agencies have committed to its implementation, but the scale of implementation is not clear.

First responder agencies across the country have much in common, in terms of their operational functions and in the mental health and wellbeing issues that may be generated in their operational workplaces. However, effective strategic reform to achieve mental health support in these workplaces requires:

- **Developing awareness and leadership in workplaces via specific resources and programs.** Given the work that has been undertaken in some first responder organisations to achieve wholesale cultural change, these agencies can be promoted as good practice examples to other workplaces, along with support from specific awareness and 'best practice' promotional programs.
- **Establishing an integrated framework for organisational and cultural change.** This should act generically but prompt specific actions within each agency – reflecting the fact that each organisation needs to respond to key mental health and wellbeing issues which are typical of first responder work but doing so in their own organisational context.

### **Towards greater awareness and leadership**

First responder agencies are not alone in recognising the need to do more to support the mental health and wellbeing of their people. Workplaces across all industries are realising the significant interplay between work and mental health, and increasingly recognising their responsibilities to support their staff and provide inclusive, supportive workplace environments.

Examples of dedicated programs with this aim in other industries include

- Mates in Construction/Mates in Mining initiatives.
- Tristan Jepson Memorial Foundation for lawyers.
- WayAhead, which is funded through the Mental Health Commission of NSW, have been working with employers to find solutions to workplace mental health for over ten years. WayAhead Workplaces brings together a diverse range of employer representatives from human resource officers through to researchers to develop better approaches to employee wellbeing.
- Nationally, Heads Up, a partnership between the Mentally Healthy Workplace Alliance and beyondblue, provides a range of resources, information and advice for individuals and organisations to create mentally healthy workplaces.

There is therefore strong precedent for the first responder sector to engage in an increasing development of organisational leadership and awareness of best practice in people management around the factors that influence mental health and wellbeing, and to embed this as an ongoing input into their management culture and processes.

## **Towards an integrated and transferable organisational framework**

Examples of an integrated approach to first responder mental health include:

- The Commonwealth Government's *Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations*
- The *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW*
- The *Mental Health and Wellbeing Strategy* and the *Priority One Mental Health and Wellbeing Portfolio (2018)* developed by the Queensland Ambulance Service
- The *Our People Matter Strategy* developed by the Queensland Police Service

These aim to bring the evidence, best practice and strategic direction together into one place to inform each agency's operational design and management approaches. In particular, they prompt agencies to consider their internal needs for mental health promotion and protection and adapt their intervention actions across the breadth and length of their specific organisational processes and management activities.

Whatever strategic approaches are developed, they should set out broad objectives which agencies can adapt their local actions to meet, including

1. Promoting and supporting the good mental health and wellbeing of first responders throughout their career.
2. Developing strategies to reduce the risk of mental disorders and promote mental resilience amongst first responders.
3. Creating a culture that facilitates early identification of mental health problems in first responders and encourages early help seeking.
4. Ensuring that first responders who develop a mental disorder receive high quality, evidence-based mental health care that facilitates their best possible functional recovery.
5. Acknowledging the unique factors associated with first responder work, and putting appropriate systems in place to identify and mitigate the mental health consequences of repeated trauma exposure.
6. Continuing to build an evidence base to better understand the mental health of first responders and to facilitate the development of new evidence-based interventions to improve their mental health and wellbeing.

## **Sector-wide strategy: exchange, collaboration and sectoral leadership**

The Mental Health Commissions collaborating in this submission would like to see an approach that supports agencies across Australia working together on these shared challenges in a coordinated and collective approach. This includes first responders, policy makers, health professionals, volunteer organisations in first responder roles, insurance and rehabilitation organisations, and unions.

Any strategic approach should not be developed in a vacuum and imposed on organisations, but rather built on what is already happening in separate first responder agencies and brought together into a community of best practice for the sector.

A key objective of this approach should be the exchange of knowledge to:

- examine existing strategies and documents to identify the commonalities and differences between first responder agencies,
- engender a shared understanding of the diversity and effectiveness of management approaches and innovations nationally,
- explore transferable solutions,
- explore and determine the effectiveness of communication resources and implementation strategies,
- explore governance models to maintain the strategic focus on improving the mental health and wellbeing of first responders from pre-employment screening to retirement,
- explore the role of workplace culture and protective factors on mental health and wellbeing.

## Recommendations

1. Support the resourcing of clinical and organisational research on key mental health issues and causal operational factors in the first responder sector across Australia to generate a growing evidence base for national reform.
  - This research can build on existing research, including the research undertaken by the Black Dog Institute and Beyond Blue, as well as exploring the impact of emerging policy settings both nationally and internationally.
  - This includes research into the impact and consequences of legislation governing the evidence which employees must provide to substantiate that they have a mental illness.
  - Further research is also required into the effectiveness of post traumatic growth approaches.
2. Support the resourcing of the Mentally Healthy Workplace Alliance to work with the Mental Health Commissions, States and Territories and key stakeholders including first responders, policy makers, health professionals, volunteer organisations in first responder roles, insurance and rehabilitation organisations, and unions, to monitor and report on the uptake and impact of existing best practice frameworks for mental health and wellbeing in first responder agencies across Australia, with the aim of providing a strong evidence base for ongoing development.