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The Senate Inquiry into the Mental Health of First Responders 2018:

The need for Prison Officers to be classified as First Responders

I have included this article on my website as I thought it might be of interest for people to read my thinking around why I feel so strongly that prison officers need to be classed as first responders.

In June 2018 I submitted a paper to the Australian Government Senate Inquiry into the Mental Health of First Responders. On September 5th 2018 I was invited to talk to my submission in person with the Senators. The first part of my submission outlines my thinking around the importance of having Prison Officers included as First Responders before I move on to make some general points on my thinking around mental health issues for First Responders. While recently on holiday I had a spare couple of hours and located the Senate Committees Final Report and read it. It is a very comprehensive document gathering current thinking from First Responders themselves, First Responder Organisations, Medical and Health Professionals and large support Organisations such as Beyond Blue and Black Dog Institute. This comprehensive Senate report, which has brought together key stakeholders across the whole mental health field, is really a blue print of what the current issues are and maps the way forward in terms of the urgency to develop better psychological support structures around the mental health issues of first responders.

There is a great deal in this report that confirms my belief that Prison Officers are First Responders and, in many ways, this comprehensive Senate report charts the way forward on what is and will be required to more fully support the mental health and well-being of our first responders. What I aim to do in this discussion paper is to connect my thoughts, around what the mental health issues are for prison officers and to highlight the similarities to what first responders experience in terms of mental health issues. The Senate Inquiry has collated a diverse range of views and recommendations around what is required to better support the mental health of first responders. All of these recommendations are highly relevant in terms of the need to provide a higher level of mental health support to prison officers. The issue of the mental health of First Responders is gathering a great deal of Government and Community momentum and will continue to do so as we learn more and more about the harmful effects, for first responders, of long-term exposure to trauma events in the work place. We need to be proactive in promoting what Prison officers do, acknowledge their exposure to long term trauma events, the subsequent impact on their physical and psychological health and commence advocating for their inclusion in the First Responder group of workers.

My sincere hope is this paper will create discussion around how we can better respond to the many and varied mental health issues that prison officers face and in the process provide them with a 'huge morale boost'!!It is a lengthy read but this is a complex and challenging topic.

Background

By the end of the 'Managing Stress and Dealing with Trauma' training I delivered in 2016, to the four high security prisons in Melbourne, I had a very clear understanding of just how complex and psychologically challenging being a prison officer was. I had heard countless descriptions of the exposure to trauma events that involved officers being assaulted, prisoners being assaulted, prisoners harming themselves and prisoners taking their own lives. Prison officer's not only put themselves at personal risk of being injured in intervening in these situations, they were often the first at the scene and responsible for stabilizing the situation until Police and Paramedic support can arrive. This at times can be 10 minutes or more. I was so impressed by the professionalism that prison officers brought to this role and the commitment they displayed in fulfilling their role responsibility. Yet time and time again I have heard officers say they did not feel valued by their own prison system or the broader community. This lack of feeling 'validated' just seemed to be such a large driver of the low morale, the majority of officers have expressed to me over the years. It seemed sad to me that so many officers do not feel valued when their contribution to community safety is so highly important and like first responders, often comes at a high physical and psychological cost. Prison officers felt, and I agree with them, that people in the community tended to view them negatively and generally had no idea of what they did, in their roles as prison officers and just how demanding it was. This is in stark contrast to First Responders who are generally viewed as providing a highly valued contribution to Society and afforded a fair degree of 'status 'for doing so. This lack of validation or awareness of the prison officer role and resultant lack of 'status' afforded prison officers was a major driver in the majority of officers feeling 'no one cares about them'. Over the last 2-3 years there has been a significant increase in the awareness of the prevalence of mental health issues in first responders and this, on limited research, mirrors the prevalence of mental health issues in prison officers. When you look at the 'exposure to trauma' as being one of the major precursors to first responder workplace mental health issues it is hard to argue prison officers do not belong in this group.

What I realized is that as there is now increasing awareness around the relationship between ongoing exposure to trauma and subsequent mental health reactions, more mental health support services will be provided to first responders to help mitigate against the onset of PTSD, depression and anxiety conditions. It is vital that the role of prison officers is considered as a first responder role so that they too can benefit from this increasing community and Government commitment that more needs to be done in this area of mental health for first responders. There needs to be a considerable growth in our acceptance that prison officers are indeed traumatized as a result of the work they do and that they have a right to be included in this group of first responders. If this could be achieved it would not only have the capacity to provide prison officers with much needed recognition and additional support but it would provide a massive boost to their morale about what they do. If Correction Victoria can continue to advocate on behalf of their officers, to have their contribution to community safety recognized, acknowledgement of the physical and psychological price they pay for doing their job and oversee their inclusion into the group of first responders the impact within the prison system would be immeasurable.

I have included below the early part of my submission to the Senate Inquiry where I express my belief prison officers need to be included in the First Responder list of occupations.

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 prisoners. 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.

End of point 1 of submission

Senate Inquiry into the Mental Health of First Responders -Report released February 2019

I have decided to focus on Chapter 2, Why First Responders? and Chapter 3, Reporting and Management. The paper will be long enough as it is and these were the two chapters I identified as being the most relevant to prison officers. I have chronologically worked through these two chapters taking out relevant quotes from the report with comments from myself immediately following. My comments will be outlining where I feel the quotes connect to the Prison officer experience. The anonymous verbatim quotes I have included in this discussion paper were all taken from the 2016 'Managing Stress and Dealing with Trauma' training I delivered in 2016.

Chapter 2 Why First Responders?

2.1 First Responders are highly skilled men and women who deliver the initial response in emergency situations, interacting with people and the forces of nature in extreme circumstances. Incidents requiring emergency response often involve serious injury or death, or a threat to life, safety and property. The term first responder most commonly refers to professionals such as paramedics, police officers, fire fighters and other emergency personnel trained to provide assistance in time critical, often life-threatening situations. It may also refer to individuals who perform those functions in a volunteer capacity and emergency control centre workers.'

Comment

When I look at the above definition, I really can't see an argument as to why prison officers should not be included in the first responder occupation list. Prison officers are regularly responding to violent assaults, self-harming incidents, suicides and natural health events. They are often on the scene before any para medic support arrive, and at times are critical in saving the life of a prisoner or officer.

p6 2.11

'The mental health of non-operational and operational first responders and emergency services workers can be influenced by a number of factors including traditional workplace risks such as large workloads, lack of control over work and demanding deadlines and targets. Operational first responders and emergency services workers face unique risks in addition to traditional work place risks, including repeated exposure to trauma.'

Comment

This is a really important point and very applicable to prison officers. There is a multiplicity of stresses in their role, lack of recognition, authoritarian structures, shift work, poor work place behaviour and so on. These all cause stress and the exposure to trauma comes on top of it. Trauma experiences never sit in isolation to what is happening in the officer's workplace and this is also a vital determinant to the mental health and well-being of officers. We need to focus on the whole job, in all of its diversity and not just focus on the trauma aspects of it.

'I somehow, remained at work for the next 5 years. I was never the same person after Black Saturday. I knew something was not right but I didn't understand what I was going through. Directly following Black Saturday, I tried tirelessly to be heard by management regarding many matters, to have changes made to procedures and to have more support for staff but none of these came to fruition'

p8 Ms Jeannie Van Dew Boogard

Comment

While these comments come from the experience of Black Saturday fires, they are very relevant to the personality changes prison officers report after years of exposure to prison work.

'My wife tackled me the other day telling me I had changed and I 'was no longer the person I used to be'. She went onto say I was grumpy, reclusive, non-communicative and generally negative to

the whole world. It really hit me and when I thought about it, she was right. This place is dark and you see so much that is inhumane. It has changed me and I didn't even know'

Over and over again officers have expressed to me, in a wide diversity of ways they did not understand what was happening to them post trauma event and had no idea of the risks associated with long term exposure to trauma. Hard topic to address but exposure to trauma can and does change people! It is critical that staff, who work in these environments that, expose them to direct trauma or trauma related material, understand what trauma reactions are and the scenarios that are likely to trigger them.

p8 2.16 Centre for traumatic stress studies University of Adelaide

'Emergency services officers do not usually become unwell after a single traumatic event. Instead, it is often repeated exposure to trauma over time which results in gradually worsening symptoms.'

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P9 Royal Australian and New Zealand College of Psychiatry

'In first responder and emergency service personnel it is not simply exposure to a single trauma event but repeated trauma exposure that results in neurobiological dysregulation that underpins the emergence of clinical disorder. Population studies show that the number of trauma exposures increases the risk for post-traumatic stress disorder and other adverse health outcomes.'

Comment

Both of these comments reflect the growing scientific awareness that long term exposure to trauma has the very real potential to harm your physical and psychological health. We really have to accept that prison officers have a high level of exposure to trauma events and at times trauma material over long periods of time. It would be fair to say this long-term exposure to trauma impacts on prison officers in a very similar way that it does to first responders. Anecdotally, I see many similarities in the mental health issues both prison officers and police experience in quite different contexts of exposure to trauma events.

2.17 United Fire Fighters Union of Australia

'Fire fighters are very well trained and you can train a fire fighter, and certainly this country has got great fire fighters but you can't condition them from the accumulated exposure to trauma. We've looked at programs. Recruits get some education and promotional courses, but you cannot inoculate them from the accumulated exposure. You've got to remember that, when they knock off to go home to their own family, they may have just had to deal with a child passing away from SIDS, or alternatively……. with the hanging of a young girl. You've got to go home and pretend you're a happy father or a happy mother or a happy parent'

Comment There is a lot in this comment that I identify with. I have recently started doing sessions, with the trainees, at the two prisons I go to, to prepare them for the inherent exposure to trauma in the prison officer role. These are gentle sessions as I am very aware the majority of trainees have not previously had any exposure to trauma incidents and it is hard to visualize how you will respond to something you have not yet experienced. The session is more of an 'alert' and the reinforcing of knowing how to manage should you be involved in a traumatic incident. For the vast majority of

officers, I deal with, the transitioning from the prison to home is very challenging for a whole range of reasons. The complexity sits around the time it takes to process the high stress environment working in a prison provides and the random exposure to trauma experiences. There is also the appropriate reluctance to traumatize your family members by sharing with them what you have experienced in your day. Many officers shared that over time this can drive a wedge between you and your family. It is a major psychological challenge to officers to complete the complex task of cognitively processing their work day in the prison and being 'themselves' when they get home. Most officers report they do not always succeed in this process and I really understand that. Exposure to trauma and functioning in a high stress environment can take days to psychologically process and it is simply impossible to do so on the trip home. It will spill over into the family arena.

p9 2.18 Dr Brian White Consultant Psychiatrist

'The most significant factor is the number and severity of these traumatic experiences. The second most significant factor is the management of people after they have had such experiences. Poor support and isolation, if not outright aggression and intimidation will significantly aggravate these conditions'

Comment

'I was feeling quite upset about the death of a prisoner and I went to have a talk with my Senior. He looked at me with total disdain, pointed at his watch and barked at me 'do you enjoy wasting my time? 'The main thing I learnt out of that was that there was no point talking to him'

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'I was fairly new to being a prison officer and I came to work one day and a prisoner I had, had significant contact with had committed suicide. To see him like that in the cell was really upsetting. I became a little emotional and the Senior yelled at me in front of everyone 'we don't f---king cry in my unit love'. I felt so ashamed that, that was the last time I ever showed emotion at work'

Sadly, I have heard many comments like this where post traumatic event support, from senior officers, was either inattentive or actually aggressive. Clearly not all Senior officers respond in this way but clearly some do. The main point here is post traumatic incident support needs to be sensitive and caring of the officers involved and Seniors need to accept they have a responsibility, to ensure that officers not only receive the 'post event' support they need but that they have the option of discussing their reactions with their Senior. Officers regularly reported to me that post critical incident debriefs generally only addressed operational issues and did not pick up on their psychological reactions to the incident. Often Seniors would give out the EAP card and tell officers to ring them but generally officers didn't do that. My sense was Seniors viewed this as 'the debrief done' but it was not done unless the officer actually contacted the EAP provider. What was often lost here was a wonderful opportunity for the officers impacted by the incident to verbalize their psychological reaction to it, either to their senior in the first instance or to an EAP counsellor.

2.35 The Committee 'Evidence from RANZP points to the significant risk emergency personnel have of developing PTSD as well as complex manifestations of mental illness which may not reach diagnostic criteria but may well be damaging to the individual--------- **2.37** furthermore first responders affected by PTSD may display problems with behaviour and performance at work that

are not unique to sufferers of the condition, meaning their PTSD may exist undetected or mischaracterised'

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2.38 Centre for Traumatic Stress Studies Adelaide

'It is important that any consideration of both prevention and intervention carefully considers the neurobiology of posttraumatic stress disorder. This is increasingly the case because of the emerging evidence that PTSD is in fact a systemic disease carrying with it significant physical comorbidities such as auto immune disease, hypertension, metabolic syndrome and decreased life expectancy----- it is a critical body of knowledge that needs to be understood by any occupational work force managing the mental health of emergency service workers.'

Comment There are two very important points in here regarding exposure to long term trauma events. Firstly, that this can induce personality and behaviour changes prior to a diagnosis of PTSD or any other mental health condition. Given the anxiety that many officers have about reporting the psychological impact of the repeated exposure to trauma and their reluctance to seek medical or psychological help, it is a very real possibility that many prison officers are experiencing the impacts of this trauma exposure, that it is impacting on their health, personality and work place behaviour. In lieu of any clear understanding of 'what is happening to them' officers regularly confide in me they have turned to alcohol and medications 'to cope' which has a further negative impact on their health!!This is a cycle of behaviour that First Responders Organisations have to lead the charge to break. Secondly there is increasing scientific knowledge to say long term exposure to trauma is harmful to physical as well as psychological health. The research work of Dr Spinaris on Correction Officers in the USA also very much indicates long term Correctional work places you in a higher risk category for developing PTSD, depression and a range of anxiety disorders. While early days, from a research point of view, there is sufficient data coming through the Brain Neuro Science field that clearly identifies this link between long term exposure to trauma and negative mental health outcomes for first responders.

Centre for traumatic stress studies University of Adelaide p15

'With the passage of time these symptoms tend to remain and then escalate with further trauma exposures. This highlights the substantial opportunities for early interventions It is also the case that a significant percentage of emergency service workers who develop a PTSD remain within the work force in the early stages of developing the condition. Subsequent exposures to traumatic stress lead to increasing severity of their PTSD. It is in the context of the increasing disability that they finally are no longer able to keep functioning. Presenteeism is a common problem rather than individuals taking excessive sick leave. The continued presence in the work place when they are unwell leads to a worsening of their prognosis and decreased probability of having a positive outcome from treatment'

Comment This is a very insightful comment. The above comment picks up the reality that many prison officers keep fronting up to work, continue to expose themselves to trauma, leading to an ongoing deterioration in their physical and mental health. With limited early intervention psychological support services, limited education around trauma, officers continue to subject themselves to work place trauma events **often in the hope they will come good.** As the Adelaide University studies point out this temptation to keep coming to work, when not well, could well be

reducing the chance of a positive recovery as it delays the intervention of medical and psychological services. Eventually officers reach a point they cannot continue to function as their mental health symptoms become obvious to those colleagues around them and they end up coming to see someone like me. The irony of continuing to come to work, in the hope they can work through it, actually side tracks officers from recognizing the impact of the work and its associated trauma and delays the seeking the medical and psychological treatment needed to manage the situation more effectively. This process leads to officers seeking help 'when the wheels fall off' which generally means the road back is a longer one if at all. In the training I regularly deliver to prison officers I always mention the importance of early intervention in the onset of mental health symptoms but this is a very foreign concept for officers. Often, they are not aware of what mental health symptoms are and the stigma that surrounds getting any type of help is still strong enough that it negates any thought of seeking medical or psychological help at difficult times. The seeking of help needs to become the sensible thing to do in response to the continuous exposure to work place trauma and not have the stigma of being a sign of personal weakness. This requires is a quantum change in our thinking otherwise officers will continue to deny and resist the 'personal changes 'that often result in doing this work.

p16 Australian Counselling Association

'first responders, emergency service workers and volunteers have been shown to be at risk of a number of mental health problems: which could include alcohol abuse, depression, post-traumatic stress disorder, fatigue, suicide and others. The preponderance of mental health disorders increases the risk of death by suicide'

The Senate Committee concluded a lot more needed to be done in the area of suicide in relation to First Responders as there is scant research available to shed much light on this issue.

Comment on suicide

I can only speak anecdotally as I have not ever done any research in this area. However, I have sat with many individuals who eventually took their own lives or who sought counselling after a failed attempt to take their own life. There is rarely only one reason that would prompt a person to take their own life

p19 2.5 Safe Work Australia

'tellingly the highest proportion of claims for first responders was due to mental stress, followed by exposure to trauma. As could be expected the level of first responder mental disorder claims due to exposure to trauma events was three times as high as amongst the general population'

-speaks for itself really. Also, prison officers are rated 4th by Work Safe Australia as being a high-risk occupation which connects to level of claims around mental health issues. Train and tram drivers were first, Police second, Indigenous health workers third, and Ambulance and Para Medics were fifth.

p22 2.59 Beyond Blue

'What we found using those measures was that there were high numbers of survey respondents who were found, based on those measures, to have probable PTSD or have higher levels of psychological distress. However, when we asked subjective questions, they didn't relate that. What that tells us is that people may have a diagnosis but not have strong enough mental health literacy

to understand the signs and symptoms. That then means if you can't do that you don't know that you need to seek support. Then if you add stigma on top of that that's a real barrier to seeking support. We think that is a really important finding around mental health literacy and improving awareness of signs and symptoms.'

Comment This comment from Beyond Blue really resonated with me and connects with what I have said previously. Having delivered a great deal of training to prison officers over the last five years I have been surprised by how little they know about trauma reactions, anxiety symptoms and general mental health conditions. I have sat with officers in counselling session countless times over the years and they do share with me all the things that are happening to them. Sadly, officers see themselves as 'cracking up' or experiencing 'weird shit' rather than seeing themselves experiencing quite rational predictable responses to long term exposure to trauma. Given the long term 'bottling it up culture' in prison's and the tendency for officers to quickly say 'I am okay' [when in reality they are not okay] has probably led to psychological support post critical incident not being at the level it should have been. We now have a major challenge to educate officers to the 'new way' and teach them how best to manage what the work place exposes them to which will be talking about these psychological reactions in the first instance and not 'bottling them up'.

I recently delivered training to a group of 24 officers in a rural prison. I was talking about trauma reactions and asked if any of the officers had been assaulted. This young officer shared his story.

'I was assaulted by a prisoner 12 months ago. I had my nose and jaw bone broken and three broken ribs. I was in hospital for 10 days or so and off work for three months. In the beginning I couldn't sleep but that slowly settled. I had the odd dream about being assaulted and I was very anxious about coming back to work. Work was really good and I was less anxious about coming to work as time went by.'

I then asked him if he had received counselling at the time and if he now had a better understanding of psychologically what he went through. He replied,

'No, I didn't have any counselling at the time. I was offered it but I just thought I would be okay. It has been interesting talking about it today as I really had no idea of what to expect or how long it would take to get over it. I haven't given any thought to how I would react if it happened again'.

One of the hardest things for me when I sit with officers in either a counselling session or in a training session is the knowledge I have, due to my 10 years of exposure to the psychological impact of this work on officers, is to see so clearly what potentially lies ahead and yet the officers have no idea and are taking no steps to prepare for it. I felt really quite sad for this young man, whose heart is very much in the right place, but who has no awareness of his psychological vulnerability to a trauma reaction should he be assaulted again. We just need to do more!!

p24 2.67 Royal Australian and New Zealand College of Psychiatry

'Whilst research on Australian Police is limited, it must be assumed that mental health problems associated with their work will be similar to overseas police or Australian military cohorts and is therefore considerably higher than civilian rates, under reported due to stigma and organisational/cultural barriers, and poorly managed within such organisations. Further research is required to better understand the prevalence of mental illness, and the incidence of suicide in police and ex-police'

Comment While there are differences between what Police do and what Prison Officers do the research of Dr Caterina Spinaris on Prison Officers in the US indicates the high prevalence of mental

health issues amongst prison officer is commensurate with police officers. It is interesting to see recognition of this being an under researched area, the enormous stigma that is attached to reporting mental health issues and the struggles Organisations are having in keeping up with the findings in the rapidly expanding area of neuro science brain research.

p28 2.83 The Committee

Some submitters added that physical health plays apart in mental health. As put by **Ms Caoimhe Scales, an exercise physiologist**, the nature of the job impedes first responder's ability to lead a healthy lifestyle

'It is important to note that mental health and physical health go hand in hand. There is an expectation that emergency services workers are physically healthy, and have high levels of fitness in comparison to that of other occupations, however this is often not the case. First responders and emergency services workers experience extended periods of sedentary time [sitting, driving, low activity], with intermittent bouts of vigorous physical tasks. They can have difficulty 'winding down' or 'switching off' and may experience inconsistent sleep patterns or sleep disorders. Due to their variety of working hours, inability to predict the duties of the day ahead, and inability to have planned meal times, first responders may also have poor eating habits. In isolation and combination, poor eating habits, poor sleep quality and sedentary behaviour can contribute to poor physical health. Poor physical health is strongly associated with poor mental health. Equally those with poor mental health or mental illness, are likely to experience poor physical health.'

Comment There are some very valuable points here. It is very clear to me that the vast majority of officers experience a sense of being 'hypervigilant' throughout their whole shift. This is not surprising given the prison is an environment where there is an ever-present risk of violence. This constant state of hypervigilance naturally escalates when there is a 'code' that signals a problematic incident and demands a response from officers. The post shift 'winding down' process is an issue for many officers and is really significant for the vast majority of officers I meet, either in counselling or in training. Officers openly acknowledge 'winding down' or 'getting prison out of your head 'can be quite a process most days. I recently conducted training to 12 officers from a highly demanding unit and asked the question 'how hard was it to transition into home life after a shift?' This officer replied

'its no problem to me mate. I just walk out this gate and I don't feel a thing!'

Later on, in the session when we were discussing what do officers do to 'wind down' this same officer chimed in with

'When I get home, I go to the fridge and take a 6 pack out, grab a packet of smokes and sit on my back veranda. I drink a can, have a smoke, drink a can have a smoke until I finish the 6 pack. My young bloke has even learnt to leave me alone. The other day I heard him say to his sister 'leave Daddy alone he hasn't finished his 6 pack yet!'

I couldn't resist it and tackled him on how initially he said transitioning home was no problem yet he had just described a lengthy process of how he unwinds after every shift. He looked at me with a smile and said

'**Well maybe it does do my f----ing head in at times'**

I really appreciated this officer's engagement as it picks up Ms Scales point. The prison work is highly stressful and there is a huge temptation to use alcohol/medications to deal with the need for 'winding down' as quickly as possible. This is compounded by the reality of shift work and the time it

takes to wind down in healthier ways. In the two-hour lockdown training I regularly deliver to officers I try very hard to impress on the officers the need to look after themselves physically and mentally in order to have the resilience to manage the, at times significant, psychological demands of the role. Generally, this is a very foreign concept to officers who just do not connect with the idea that to have 'healthy longevity' as a Prison Officer you will need to pay attention to managing the stress of it by maintaining healthy living regimes. I think this lack of awareness around the healthier you are the better equipped you will be to manage the complexity of the prison role is fuelled by the 'low status' officers give to the role themselves. The majority of officers I interact with do not really recognize their job is as complex as it is and that it requires a diverse range of skills to do it. If you don't recognize your job as having a high risk element to it and no one tells you it does then it is understandable officers generally give little attention to what they need to do to have optimal work performance or be best equipped to manage the high stress/trauma aspects of the work. There is a huge amount of work to be done in this space, firstly to give due recognition to the complexity, value and importance of the prison officer role and then secondly provide training to officers around the importance of managing their own physical and mental health in order to be in the best position to withstand the psychological rigours of this work.

Ms Scales makes a very valid point in that first responders need to pay more attention to their physical and psychological health in order to be able to cope with the short- and long-term effect of first responder work. They need to be above the average in terms of health and make disciplined decisions in how they manage their physical and psychological health i.e. going to the gym not the pub. This is equally as important for prison officers as it is for first responders!!

p31 2.91 Mr Christopher Kastelan President Australian Paramedics Association NSW

'Unfortunately, the rigours of operational workload and the variability of a dynamic working environment can sometimes be significantly challenging to process psychologically. What some people may seem to think are going to be the most psychologically damaging jobs as a paramedic can sometimes be the least damaging. Every individual has different trigger mechanisms of what is going to provide psychological stress that's going to precipitate a mental health condition over time. I think that is a real concern for us-that those little triggers aren't being picked up on as they take place because operational workload dictates how much time a manager can spend with somebody who is ticking a box that says they're not well'

Comment Mr Kastelan makes some great points in here. Firstly, stating just how individual people's reaction to psychological stress is and different triggers can trigger different things in people. This picks up how hard it can be to track these reactions or changes in staff in such an active/volatile workplace. I totally agree with Mr Kastelan that the Manager or Senior Officer plays a critical role in supporting and noticing changes in their staff and that if Senior Offices are over loaded the increase in 'missing it' is really significant. When you add to that a lot of Senior Officers do not feel equipped to have those conversations around the mental health of their officers with their officers, it is not surprising that conversations that should occur with officers, in times of stress, do not occur and the opportunity for intervention is lost.

p32 The Senate Committee View

'What is known, however, is that exposure to traumatic experiences impacts on mental health. It is also an inescapable fact that first responders are exposed to trauma on a regular basis and far beyond that experienced by the general population. These two facts together, along with comprehensive research conducted by organisations such as Beyond Blue, are enough to convince

the committee that this cohort of workers is at a heightened risk of mental illness as a direct consequence of their work day in, day out over time. ----The committee is therefore of the view that more must be done to establish the number of first responders who suffer from mental health conditions as well as the number who take their own lives.'

Comment One of the reasons I argue so strongly for prison officers to be seen as First Responders is to give recognition that their exposure to trauma and front-line trauma at that squarely, sits within the First Responder arena. Their psychological reactions to this trauma are very much parallel to those that first responders experience. Our awareness of the mental health of first responders is growing every day and our responses to it will become more psychologically informed. It is absolutely critical that prison officers are seen as belonging to this group of first responders to equally benefit from the increase in support services that will surely come.

Chapter 3 Reporting and management

p33 3.2 Senate Committee

'This chapter looks at how emergency services manage the duty of care they have towards their employees. What has emerged over the course of this inquiry is that a considerable discrepancy exists between the policies in place and First responder lived experience. This fact is inextricably linked to the stigma attached to the reporting of mental health conditions by workers, with first responders in large numbers reporting being wary of disclosing their mental health struggles for fear of repercussions. Consequently, evidence provided by submissions suggest that mental illness in first responders is likely to be significantly under reported.'

Comment This reflection by the Committee is an interesting one. When I presented to the Committee on 5/9/18 they openly discussed that the submissions made by individuals simply did not match with what their agencies saw themselves as providing. The Committees view seemed to be that Organisations were a little more interested in 'ticking boxes' than listening to what their employees were actually saying about their mental health issues or their experiences of their organisations response to them. Generically I agree with this reflection and far more 'listening' needs to occur about what people experience within the workforce and its resultant impact on them. However, very few officers have said to me they were fearful of reporting mental health issues for fear of Organisational repercussions they were more fearful as being seen as weak by Seniors and some of their colleagues and that their status within the organisation would be dramatically reduced. My experience at both MAP + MRC is that a lot of effort is put into supporting officers and keeping them at work. Fear of retribution from the Organisation was not a major concern or that they would be dismissed as a result of notifying of a mental health issue. For prison officers it was the stigma of being seen as having a mental health issue and how their colleagues would view that, rather than a fear of what the Organisation would do in response.

p38 3.14 Beyond Blue study 'Answering the call'

'Beyond Blue study also showed that most first responders hold positive beliefs about the mental health of others. This fact notwithstanding, responses from a significant portion suggests that many would prefer not to work alongside someone who has a mental health condition, although they don't blame them for their experiences.'

Comment

This is a very relevant point and I think is a major reason why officers are reluctant to express any mental health issues particularly in the early stages. The prison environment at times, requires

immediate decision making and rapid attendance at Codes. On occasions the safety of the prison officer depends on the capacity and functional abilities of their officer colleagues. While officers are generally very supportive of each other, from a mental health point of view, they still need to feel a colleague, in a code situation, can perform at a 100%--their safety could depend on it. This creates a dilemma of wanting to support a colleague but not fully trusting their capacity to 'have your back'. I think many officers have a great fear 'of letting colleagues down' which can make going public on your mental health issues a daunting prospect.

p38 Beyond Blue research

'Ten percent of employees believed their Organisation was not committed to helping address stigma and almost three quarters were neutral. Therefore, most employees were not positive regarding their agencies commitment to supporting people with mental health conditions. This is particularly problematic as it may indicate a working environment less conducive to the well-being of employees and may pose a barrier to seeking support'

Comment The vast majority of first responders I have sat with over the years have reflected a feeling of disappointment with their Organisation around how their mental health issues have been dealt with. For prison officers the majority, in a variety of ways, describe a low morale and a sense that the 'system doesn't care for them'. For me this basically stems from the lack of involvement officers have 'with the system' and a pervading sense no one listens to them. This goes beyond how the Organisation deals within mental health issues but to what platforms does the Organisation have to engage with officers around the diversity of issues within the prison not just mental health. The only way to lift morale in any workforce is to develop and maintain pathways for all employees to engage and inform 'the system' and then actively work together to form a fluid communication pathway between the different 'ranks' within the organisation.

p40 3.27 Committee view

'The committee is extremely concerned about the prevalence of stigma around mental health conditions in first responder environment. In one sense this is a reflection on how our broader community still views mental ill health. However, culturally -entrenched stigma in first responder organisations is particularly damaging given the heightened risk of psychological injury inherent in the job'

3.28 'While it is not the committee's role to investigate individual cases, the committee, is nonetheless very concerned by the evidence received and believes first responder organisations must dramatically improve their response to, and management of psychological injury in their workforce'

3.30 'By and large first responder organisations indicated that they accept their duty of care towards their staff, responsibilities for providing safe workplaces and, as put by one agency [Old Fire and Emergency Services] that they understand the need to invest money into their people. If these lessons have been learned by most agencies, however, their stated positions largely stood in stark contrast to the evidence presented by first responders themselves'

Comment The Senate Committee makes some very valid points about the gap between what Organisations describe they are doing in the mental health space and how first responders describe their experiences of mental health and how they were handled by their Organisations. A further general point here which includes the prison system is that I think the needs of the Organisation generally sits above the needs of employees. I think this partly reflects the emergency nature of the

work and its importance to the community and partly reflects the reality that the deliverance of the service will sometimes be to the detriment of staff physically as well as psychologically. If the mental health needs of prison officers were comprehensively addressed the prison system would be unable to deliver on its service delivery goals. Many officers feel that as the pendulum swung towards prisoner centred care and management, officers started to receive increased degrees of abuse and assaults from prisoners. This is a complex issue as it would seem that since proper management and care of prisoners has increased, concurrently prison officers have been targeted more by prisoners and subsequently experienced an increase in their exposure to trauma situations which increases the risk of experiencing mental health type reactions. The connection of these two issues really complicates things as to improve the wellbeing and mental health of prison officers may mean making changes to how prisoners are managed i.e. longer lockdown periods after an officer assault etc .At this point the majority of prison officers I come in contact with express very clearly their belief that the well-being of the prisoner is paramount and the wellbeing of the officer secondary.

It is natural that there is a difference between how an employer sees things and how an employee sees things and that there are often different goals and different aims. However, this is an issue that will not go away and needs to be addressed, as with the increase in trauma research and the need to provide a safe workplace the current tensions will simply increase.

3.41 Senate Committee

'Noting that a considerable appetite for change appears to exist at the top of the first responder organisations, the committee sought to understand why this did not appear to be having a marked effect, one that would be palpable for employees themselves**. Mr Craig Atkins, representing Code 9 Foundation**, provided valuable insights into the culture of First Responder Organisations'

'Policy is one thing but culture overrules policy-culture trumps policy at all times. There is a good commitment at the top. I think what has happened in Victoria Police in the last 12 months, has been a fantastic move. And I think a lot of agencies are really having a decent look at their mental health policies now, but there is a long-entrenched culture, so it will take a long time to filter through all ranks and all lifelines basically

3.42 Mr Gavin Cashion Vice President Police Association of Tasmania

'Unfortunately, there is a cultural clash where the old meets the new. Again, as stated in the PFA submission, the old culture has been historically male dominated and encourages brute endurance and a denial of mental trauma, which leads to a fear amongst Police that acknowledging distress will result in damage to their careers. The words 'Go away, drink a nice cup of concrete and harden up' have been used many times in the past '

Comment

There are some very interesting points here. While we can be critical of the old culture and the mantra of 'toughen up and block it out' there has not really been an alternative approach until more recent times. Police officers, prison officers, the military and so on dealt with it this way as these trauma experiences were painful and in order to continue to do the work they do 'blocking it out' seemed to be the most effective way of surviving in the work place. Dr Caterina Spinaris, A long term Correctional psychologist argues that the long-term cumulative impact of trauma actually changes correctional officers creating what she calls 'correction fatigue'. This correction fatigue is a psychological response to the long-term exposure to trauma that prison works provides. I don't think we can assume that the new officers bringing in new cultural thinking will suddenly, over time,

transform the prison culture. There is a risk, that without the provision of considerable mental health support services, they will too will experience significant trauma and all of its inherent complexity and fare no better than the older officers that went before them. This is not solely an issue for the individual it is also an issue for the organisation.

3.45 Debra Purnell Australian Association of Social Workers

'Our members have also suggested often, while there maybe training provided or there maybe counselling services available, sometimes it doesn't meet the needs of the people in the workplace. So, it is not good enough to say, Let's just get this package off the shelf and deliver it and that's ticking a box and its meeting people's needs. I think the feeling is that you actually need to find the response that's going to work for the individual and for their situation, and I don't think it is good enough to just say' go along to a session on how to deal with trauma or how to deal with difficulties'

Comment

There are some critical points here. Given prison officers generally feel they have no voice in the prison system and the reality there are few forums for them to have a voice in their work place, their experiences are rarely heard or discussed. There is a temptation, on the part of Organisations, to deliver training to be seen to be doing 'something or ticking a box' but we have to ask ourselves does it actually address these complex workplace issues? Did it actually connect with the lived experience of prison officers? Did it provide validation of the prison officer role? To me it is absolutely vital that Prison Organisations fully hear and understand the physical and psychological impact of this work on prison officers and those around them positive and negative. My experiences with prison officers have led me more towards discussion style training than the expert delivering generic points through an overhead presentation. Officers need to hear what other officers think and have the opportunity to discuss their work place experience and its psychological impact on them. While we are aiming to educate officers to the importance of self-care and managing stress/trauma we are also trying to change the prison culture to reflect seeking help is not a sign of weakness. I think this best comes from the officers sharing with each other and being exposed to what other officers think.

3.51 Committee 'The committee notes that the issue of trust has not escaped senior management in some organisations. Notably, representatives from QFES acknowledged the failures of the past and the hard work required to rebuild trust:

Mr Andrew Short A/C Queensland Fire and Emergency Services

'we're very careful, more so than ever before now, to make it human intervention and not a bureaucratic, heartless, clinical interaction. That's a move, that I think, is happening right across our industry. It's the hardest thing to actually get large organisations to not immediately act heartlessly, so that it is a work in progress for us. What goes hand in hand with that is the notion of people trusting the system and that if they do put their hand up, they're not going to end up being thrown out'

Comment Andrew raises some really important issues here. My thoughts are that due to the importance of first responder work and its significance to the community that historically the needs of the first responder organisation have taken priority over the needs of its employees. As the years have gone by and this work has become more complex the mental health impact of this work on employees has 'gone under the radar'. It is really important to note Andrew's point that this has led to a lack of trust in management to do the right thing by its employees. It is also very important to note that mental health issues in first responders is not solely in response to the nature of the work,

or an inherent weakness in the individual but can be equally in response to a sense of their organisations 'not caring about them' and having workplace structures and expectations that are at odds with their psychological well-being. I really like the idea of organisations consciously going about establishing a work place environment where employees trust them. The growing awareness of the need to respond to the high rate of mental health issues within first responders and the connection to employees trusting the organisation is just so critical in addressing the mental health issues of this group. As I have mentioned before, the prison officers I talk to are not fearful of what the organisation might do to them they just don't feel the organisation has their interests at heart. The establishing of trust between officers and the organisation is so pivotal to begin to address the chronic low morale the majority of officers express when talking about their prison officer roles.

3.52 Mr Brian Codd, Assistant Commissioner, Queensland Police Service

'It was an officer telling his story of sitting in a car crying, hidden away from his colleagues, because the impact of his psychological demons had just taken its toll on him. He was so fearful of going back to his officer in charge because of his traditional notion and perhaps because he feared he would not be listened to…. The wonderful letter showed the sympathy, the empathy and the support he got from his officer in charge'

Comment I have included this quote as it highlights how critical the relationship with your manager is in dealing with mental health and trauma issues. I recently delivered Dr Spinaris's training From Correction Fatigue to Fulfilment to Senior Prison officers at the GEO prison at Sale and it was very moving watching the officers connect with their own level of 'Correction Fatigue' and how this opened the door to these officers focussing on what they could do to better support the officers that report to them. Manager's need support to get to this point of personal recognition but if they can do that there is potential for them to play a pivotal role in supporting the officers who report too them around managing the high stress and trauma, so much a part of their work as prison officers. Many prison officers have conveyed to me their Seniors are just not interested in having these conversations with them and this is an area that simply has to change. The unlocking of one's own trauma experiences and its psychological impact is the first step but few Managers innately have the skills to conduct these types of conversations with staff and subsequently don't.

3.66 'Witnesses speaking on behalf of South Australian fire services were cognisant that more needed to be done, but noted that limited resources force the prioritisation of critical areas '

Ms Jane Adbilla, Health and Well Being Coordinator South Australian Fire and Emergency Services Commission

'As a service, we need the resources to implement the recommendations resulting from the findings of these studies. We need to track our brigades and units who have had high exposure to trauma and put strategies in place to support these people. We need talk to our volunteers more to educate them on mental health and provide them with strategies to increase their health and resilience in their volunteer careers……. However, our largest barrier to providing the full complement of necessary mental health services to our volunteers is staff resourcing. As mentioned in the submission, we have one full time equivalent position, which is mine, and there is no capacity to implement the additional initiatives required to provide volunteers and staff with a broader program. With only one position, much of the mental health response is primarily focused on those areas considered to be critical.'

Comment Jane makes a very relevant point about trauma and resources. Increasingly I pose a question to myself 'what if the human brain is simply not wired to be exposed to such a high level of cumulative trauma that first responders are confronted with?' From a counsellors perspective ,where it is a common experience for me to sit with first responders and prison officers who will never be the same again and don't feel 'they are who they used to be' I lean towards believing there will certainly be a significant percentage of first responders who are not wired for doing this work and many who may not have had a 'mental health event' but are none the less very different to who they were at the beginning of their careers. Given that these first responder roles are critical to the community well-being and we need people to continue to fulfill these roles it becomes obvious that ultimately more resources need to be allocated psychologically and educationally to prepare and support first responders. While preventing mental health conditions in reaction to first responder work is the ultimate aim, minimization of these psychological impacts is a more realistic goal. This will require significant changes in how first responder organisations view workplace trauma events their staff deal with on a daily basis and an acceptance that the long term delivery of services will have to change to accommodate the increasing focus on staff mental health and well-being.

3.67 Rostering 'Available research suggests that prolonged shift work can in itself be detrimental to health and well-being. The committee noted that better rostering has also been identified as a significant opportunity for mitigating the risk inherent in shift work for first responder agencies'

3.68 Improved rostering practices which foster a healthier work-life balance, however require more funding

Mr Gavin Cashion Vice President, Police Association of Tasmania

'The areas that we believe are of most importance and relevance to PAT [Police Association of Tasmania] members, and that provide relief and proactive responses to PTSD, include roster reforms that provide a greater work-life balance for all shift workers. These have been resisted historically by police management, as they require more police to run these types of rosters. Better rosters equal more police which equals more funding. If we were to go down the path of looking at some of these rosters, we believe that money spent on more police would be offset in the longer term by the reduced sick leave and higher productivity which comes from a happier workforce.'

Comment Gavin raises some very valuable points here. As psychological research uncovers more about the negative impact on first responders of high levels of exposure to trauma events and working in an environment of constant 'hypervigilance it is also establishing the importance of spending time out of these high pressure environments[with friends and family] to reboot, maintain resilience and connect with more everyday life experiences **.**I am not sure this critical issue has been afforded the attention it requires and first responders constantly tell me that ongoing staff shortages often mean they do more overtime and additional shifts. This means they spend more time in the stressful work environment and less time out of it which overtime can see an increase in fatigue, a lowering of resilience and a higher risk of burnout. Gavin's second point about the high cost of staff sick leave and turnover is highly valid and that in the short-term additional funds will need to be provided in order to make financial gains in the longer term. Another issue here, is that this is highly complex and challenging work and as experienced staff become burnt out and leave, they are generally replaced by younger and inexperienced staff. If I look at the prison system it is critical to keep your experienced officers and develop them as mentors to new staff as if your ratio of experienced staff to new staff is not maintained the quality of supervision of prisoners could be impacted upon and newer staff will have less structured support.

3.70 Dr Brian White, a consultant psychiatrist, noted that emergency services should also actively rotate staff to better manage the amount of exposure individuals have to trauma:

'There is a pressing need for all emergency services to look at ways of restructuring the amount of exposure and to improve the level of support and understanding that is given to their operational personnel. This may need to include consideration of significant limitations on the number of years and the intensity of experience in operational deployment. Ideally this means that there should be an active program of rotating staff.

Comment Dr White makes a very important point which connects to my previous point around that psychologically maybe we are not meant to be exposed to such high levels of trauma throughout the course of our careers. If we run with that idea it becomes very valid to look at the idea of limiting a person's exposure to trauma. I can see this being very challenging for First responder organisations as while return to work practices are common, where shift variances occur there is no holistic looking at a responder's exposure to trauma and having a system that can manage it. The other issue here is that we often are not fully aware of the impact of the work on us and first responders are often very resistant to such rotations as they feel 'okay' and don't see the need for it. There have been many police and prison officers I have seen over the years that were fine one week but in a lot of psychologically trouble the next. I think we are better at assessing ourselves in response to single trauma events than monitoring how we are going in response to repeated trauma exposure over time. I think these types of discussion will become increasingly more common in the coming years.

3.75 Furthermore, while different agencies differ in the type of work they perform, Beyond Blue's research highlighted common themes-many directly associated with workplace factors-which in themselves should give first responder organisations valuable insights into how best to tackle the problem

Answering the call: Beyond Blue's National Mental Health and Wellbeing study of Police and Emergency services 2018 p117

'In all agencies there was a concerning number of employees with poor mental health. All agencies had high rates of psychological distress and probable PTSD in their employees. All agencies had personnel with mental health conditions who were not seeking or receiving adequate support. All agencies had staff who perceived stigma-particularly adverse career impacts-which impacted on seeking support for mental health conditions. These themes indicated that many of the issues identified in the survey are relevant across all police and emergency services agencies. In addition, the results showed that these issues are strongly and directly associated with workplace factors'

Comment This captures why I have identified prison officers need to be included in the group of first responders. All of the above applies to prison officers and the Australian research of Beyond Blue will be critical in setting the way forward. In my mind there is a great deal to be gained by Corrections Victoria working with other First responder organisations and Beyond Blue to develop better services to support the mental health of prison officers.

3.78 Professor Samuel Harvey, Chief Psychiatrist Black Dog Institute informed the committee that the institute has been developing a program of research in partnership with first responder agencies. Equipping agencies to deal with mental health conditions has been at the forefront of this work, which has clearly shown the importance of managers and leaders in setting the culture of a workplace, as well as in responding when staff are not well

‘The problem we had was that no one was clear about whether you could train managers to do that role better and if so, what would it look like. We partnered with Fire and Rescue NSW to develop a new four-hour training program for their managers ,where based on those research studies that we had in there, we really focussed on giving managers the confidence to have those discussions earlier, because that seemed to be one of the key things holding them back from doing that’

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3.79 As pointed out by Simone Haigh, Vice President of Paramedics Australia, it is important to remember that managers in first response organisations may themselves be affected by the nature of the work and the environment:

‘I think that managers- an on-road paramedic talking about managers-are probably forgotten in the mental health space as well. Some of this culture may also be that they’re broken as well. We have to remember that this is a whole organisation thing, not just the frontline staff’.

Comment Professor Harvey and Ms Haigh make two very important points. I 100% agree with Professor Harvey that the most important person in terms of supporting staff in the workplace around mental health issues is their line manager. This was an area where the vast majority of prison officers reported disappointment with their Seniors and generally described a lack of interest on the part of Senior Officers to have those conversations. In situations where officers did have a Senior who engaged in a conversation with them around a trauma event or a mental health issue, they described this as being of great benefit to them.

Ms Haigh also makes a great contribution to this point by highlighting Managers may well have also experienced trauma and mental health reactions prior to becoming Managers and this has the potential to impact on their capacity to provide effective support to their staff as they are managing their own workplace stress/trauma experiences.

To me these two issues of educating managers and the managers own personal experience go hand in hand. I have often wondered why do prison officers generally describe their Senior’s as being ‘disconnected’ from them and not a source of emotional support. There are many ‘systems’ reasons for this too but I began to increasingly feel that many Senior Officers did not personally feel comfortable to have these conversations and did not seek them. They may well give the officer the EAP card but if the officer made no contact with EAP, in essence no conversation occurred. When you look at the long-term history of the ‘bottling up’ of emotional reactions to prison work many of the current Seniors would have done their junior years in a very different environment with probably minimal psychological support themselves. To me, this means training for Senior Officers /Managers will need to not only encompass the need to have these types of conversations with their staff and the conversational skills required to do so but will need to facilitate some personal exploration of their own ‘prison journey’ and the psychological impact it has had on them.

3.82 The return on investing in mental health programs is considerable.

Ms Georgina Harman, Chief Executive Officer Beyond Blue

‘We know from our research that every $1 invested in an effective evidence based mental workplace initiative, action or strategy returns on average $2.30. That ratio changes between industries-that’s

the average. So, it is a no brainer. If organisations and employers are not doing this, they are losing money. They are losing good people.'

Mr Alex Forrest, President, United Fire fighters of Winnipeg, Canadian Trustee, International Association of Firefighters

'Within the Wellness-Fitness Initiative it also includes mental health, and what we find is that for every dollar you invest in it it's around $2 to $3 you get returned. That return is from- you have less sick time, you have quicker time for individuals being able to get back into the workforce and, overall the morale of the department goes up.'

Comment It has concerned me, virtually from the beginning of my contact with MAP 10 years ago the level of trauma experienced by the officers, the limited psychological support available to them and the high rate of turnover of officers. Some of those officer's leave because prison work is not for them but many officers leave through the either work cover system with significant physical +or psychological injuries or at 15+ years of service leave because they are 'burnt out/correction fatigued'. I think the argument about the provision of mental health support services, lacking resources, is very relevant within the prison system. I am certain If officers were better educated about prison work, comprehensively supported psychologically and felt more valued by the prison system and the broader community it would make a huge difference to the officer retention rate and over time lower the rate of mental health claims in the work cover process.

Issues for Volunteers

While the prison system ,to my knowledge, does not have a reliance on a volunteer workforce I felt it relevant to include these points around volunteers often being outside of the mental health support processes and the possible ramifications of this.

Senate Committee

2.52 Other submitters also provided evidence on the prevalence of mental health conditions among the first responder cohort. Behind the Seen, for example, notes that part time and volunteer workers are often not included in research into the prevalence of mental health conditions, even though they are also exposed to the same traumatic experiences and stressors ,may be on call and may have other jobs to balance with their work as first responders. Noting this, Behind the Seen quote's statistics looking at suicides and posits that these may not accurately reflect the real incidence

'National Coronial Information Systems 2015 statistics indicate that one first responder takes his/her life every six weeks. This figure however is based on primary occupation and does not include part time or volunteer emergency services, nor medically discharged members therefore the rates of suicide are likely to be much higher '

2.70 Rural, regional and volunteer first responders

First responders based in rural and regional areas face additional pressures not experienced by their metropolitan counterparts. These pressures—including a small number of trained staff spread across a wide geographical area, and closer personal connection to the local community-were effectively demonstrated by Mr Patrick O'Dal, an Ambulance Paramedic from Regional Western Australia

‘I’ve recently worked in country WA as a community paramedic, and my job role is to look after quite a big area of the country—looking after 10 ambulance centres and 235 volunteers. On top of normal stressors of ambulance work--- everyone else is a volunteer. So, you go for any job that is above what a volunteer would normally be expected to handle. You get calls 24 hours a day, seven days a week. You never have any down time.’

2.75 Mr John Richardson, a former intensive care paramedic from Tasmania recalled one such incident which occurred when he started out as a volunteer

‘I still vividly remember my first night on the road as a volunteer with very limited training where I was called out with an Ambulance officer to a single vehicle crash. Five young people from my local community had rolled their car several times and the occupants were all ejected from the vehicle. Four of the patients were critical with head injuries and one with serious injuries. Due to limited resources I spent the next hour at the scene attempting to manage two of these patients before back up arrived and the patients were moved to hospital. The long-term outcome of the crash is three of the patients died and two recuperated after extensive hospital stays. It wasn’t just being at the crash site which was distressing it was also being apart of the grieving community and knowing these people and their families. This was the first of many cases that had a profound long-term effect on my psychological wellbeing’

2.77 Mr Richard Elliot Unit Manager with Tasmania State Emergency Services set out a number of factors which compounded the effect of traumatic experiences for volunteers:

[1] Volunteers are called upon from rest. When volunteers are called to attend call outs, they are undertaking their usual daily activities as well, they maybe at work or at home with their families or perhaps asleep. They are then asked to attend high stress scenes when moments ago they were at rest. They are not given the opportunity to mentally prepare for a traumatic event.

{2} There is a lack of training for SES volunteers on how to deal with potential traumatic scenes that may affect their mental health. There appears to be an effort in initial training to down play the responsibility that lies with being a first responder, while the management of this unit try and minimize the exposure to new members to traumatic scenes there is none the less some degree of exposure. This practice of course exposes the more experienced members to more traumatic scenes, this may also be harmful’

{3} Volunteers are called to assist people they know. The nature of volunteering for emergency services is that volunteers are used where there is insufficient workload to justify full time responders, this generally means volunteer first responders are from rural areas. As a result of sourcing first responders from a small community there is an increased likelihood f having to respond to incidents involving people known to volunteers. It is common place for this to occur, particularly for road accident rescue call outs. Kentish SES volunteers have had to respond to fatal motor vehicle accidents where members of the unit have been killed.

{4} Volunteers are treated as replaceable. While I work hard to keep as many volunteers in the SES unit, I manage there is a general culture within my SES that volunteers are replaceable. That is, volunteers do leave the organisation for a number of reason and sometimes this is unavoidable, however, because of this some volunteers feel under valued and that they do not play an important role in the organisation. This can result in a feeling of worthlessness when couples with a traumatic event this can be enough to cause mental health problems for volunteers.

2. 78 Mr Elliot pointed out that a noticeable difference between volunteer first responders and paid staff is the volunteer's ability to leave the service if they feel they are developing mental health problems. While this is an advantage, it also means these individuals do not receive support once they leave.

3.66 Witnesses speaking on behalf of South Australian fire services were cognisant that more needed to be done, but noted that limited resources force the prioritisation of critical issues.

Ms Jane Abdilla Health and Well Being Co Ordinator South Australian Fire and Emergency Services

'As a service, we need the resources to implement the recommendations resulting from the findings of these studies. We need to track our brigades and units who have had high exposure to trauma, and put strategies in place to support these people. We need to talk to our volunteers more to educate them on mental health and provide them with strategies to increase their health and resilience in their volunteer career. We need to continue to provide mental health first aide training to our senior volunteers and staff, as these are the people who are dealing with volunteers experiencing mental health issues and they are under a lot of pressure themselves. We need to increase the capacity of our volunteer peer support team to assist in providing stress and trauma education to volunteers and their families.

However, our largest barrier to providing the full complement of necessary mental health services to our volunteers is staff resourcing. As mentioned in the submission, we have one full time equivalent position, which is mine, and there is no capacity to implement additional initiatives required to provide volunteers and staff with a broader program. With only one position, much of the mental health response is primarily focussed on those area considered to be critical.

What I hope this paper has demonstrated is that from an occupational role and mental health point of view prison officers have a great deal in common with their brothers and sisters in the First Responder group of occupations. There is no doubt in my mind, in these physically and psychologically demanding First Responder roles high job morale can only be maintained if people feel their contribution to the community is valued and they are afforded 'respect'. Due to prison officers being 'unseen' by the community and with few people having any sense of 'what they do' they are given very little validation or respect. It pains me to say it but until we address this issue and give officers a sense 'they are valued' this low morale amongst officers will remain a perennial issue. I am very committed to this and would welcome the opportunity to support any initiatives Correction Victoria is taking in this regard.

Bruce Perham

Mental Health Social Worker, Family and Narrative Therapist

May 2020