VICTORIAN AMBULANCE UNION

Preliminary submission to the Royal Commission into Victoria's Mental Health System

4 July 2019

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Introduction

The Victorian Ambulance Union (**VAU**) represents thousands of paramedics, ambulance community officers, non-emergency patient transport workers, triple-zero ambulance call takers and dispatchers who are routinely involved in the provision and consumption of mental health services across Victoria (**ambulance workers**).

Factors such as the deinstitutionalisation of mental health patients, a shift towards community rather than facility based models of care and the increasing prevalence of poor mental health in the Victorian community has led to a greater interface between mental health patients and ambulance workers, in particular paramedics.

Paramedics and ambulance workers offer a unique perspective on the successes and shortcomings of Victoria's mental health system. VAU members frequently attend patients who have 'fallen through the cracks' of the current mental health system by being unable to access appropriate care or receive early intervention, thereby resulting in the dispatch of an emergency ambulance. The point of contact between ambulance worker and mental health patient is therefore one of crisis or acute mental health emergency such as suicide, suicide/self-harm attempt or compulsory transport under section 351 of the *Mental Health Act 2014 (Vic)*.

In addition to providing mental health services, ambulance workers are also consumers of the mental health system with statistically higher rates of poor mental health in comparison to the general population. In particular, ambulance workers present with an increased prevalence of post-traumatic stress disorder, depression, anxiety and suicide, thereby increasing their exposure to the mental health system.

In light of the above, VAU's submission will address each of the Royal Commission's 11 questions from two perspectives. First, from the viewpoint of the ambulance worker as a provider of mental health services. Second, from the angle of the ambulance worker as a consumer of mental health and the unique barriers faced by ambulance workers experiencing poor mental health in Victoria.

Each response will draw from research, anecdotal evidence and examples provided by VAU's membership.

VAU notes that the substantive responses will be presented via supplementary submission.

Question 1: What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

VAU response to be provided via supplementary submission.

Question 2: What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

VAU response to be provided via supplementary submission.

Question 3: What is already working well and what can be done better to prevent suicide?

VAU response to be provided via supplementary submission.

Question 4: What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

VAU response to be provided via supplementary submission.

Question 5: What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

VAU response to be provided via supplementary submission.

Question 6: What are the needs of family members and carers and what can be done better to support them?

VAU response to be provided via supplementary submission.

Question 7: What can be done to attract, retain and better support the mental health workforce, including peer support workers?

VAU response to be provided via supplementary submission.

Question 8: What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

VAU response to be provided via supplementary submission.

Question 9: Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

VAU response to be provided via supplementary submission.

Question 10: What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

VAU response to be provided via supplementary submission.

Question 11: Is there anything else you would like to share with the Royal Commission?

VAU response to be provided via supplementary submission.

VICTORIAN AMBULANCE UNION

Supplementary Submission to the Royal Commission into Victoria's Mental Health System

23 July 2019

VICTORIAN AMBULANCE UNION

23 July 2019

Ms Penny Armytage
Chairperson
Royal Commission into Victoria's Mental Health System

Dear Ms Armytage,

Re: Victorian Ambulance Union Supplementary Submission to the Royal Commission into Victoria's Mental Health System

The Victorian Ambulance Union (**VAU**) welcomes the opportunity to make a supplementary submission to the Royal Commission into Victoria's Mental Health System.

Our submission draws from research, anecdotal evidence and examples provided by the VAU's membership including paramedics, ambulance community officers, non-emergency patient transport workers, triple-zero ambulance call takers and ambulance dispatchers. Our members are at the frontline of health care provision and are also consumers of mental health services.

The VAU welcomes the opportunity to discuss our submission further and invites you to contact me directly to discuss VAU's response via phone on [redacted] or at [redacted]

Yours sincerely,

Danny Hill
Secretary
Victorian Ambulance Union

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Introduction

The Victorian Ambulance Union (**VAU**) represents thousands of paramedics, ambulance community officers, non-emergency patient transport workers (**NEPT**), triple-zero ambulance call takers and dispatchers who are routinely involved in the provision and consumption of mental health services across Victoria (**ambulance workers**).

Factors such as the deinstitutionalisation of mental health patients, a shift towards community rather than in-patient models of care and the increasing prevalence of poor mental health in the Victorian community has led to a greater interface between mental health patients and ambulance workers, in particular paramedics (McCann et al., 2018; Department of Health and Human Services, 2018).

Paramedics and ambulance workers offer a unique perspective on the successes and shortcomings of Victoria's mental health system. VAU members frequently attend patients who have 'fallen through the cracks' of the current mental health system by being unable to access appropriate care or receive early intervention, thereby resulting in the dispatch of an emergency ambulance. The point of contact between ambulance worker and mental health patient is therefore one of crisis or acute mental health emergency such as suicide, suicide/self-harm attempt or compulsory transport under section 351 of the *Mental Health Act 2014 (Vic)*.

In addition to providing mental health services, ambulance workers are also consumers of the mental health system with statistically higher rates of poor mental health in comparison to the general population. In particular, ambulance workers present with an increased prevalence of post-traumatic stress disorder (**PTSD**), depression, anxiety and suicide, thus increasing their exposure to the mental health system (Petrie et al., 2018).

In light of the above, VAU's supplementary submission will address each of the Royal Commission's 11 questions from two perspectives. First, from the viewpoint of the ambulance worker as a provider of mental health services. Second, from the angle of the ambulance worker as a consumer of mental health and the unique barriers faced by ambulance workers experiencing poor mental health in Victoria.

Each response will draw from research, anecdotal evidence and examples provided by VAU's membership. Where details of lived-experiences are provided, names and identities have been redacted to protect privacy and confidentiality.

The VAU thanks all ambulance workers who have contributed their time, photographs and stories for the preparation of this submission.

Question 1: What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Provider:

Paramedics report high levels of stigma towards mental health concerns amongst migrant and culturally and linguistically diverse (**CALD**) communities meaning that treatment is not accessed until the patient is at crisis point and often lacks ongoing familial or community support once treatment commences (Yu, Kowitt, Fisher & Li, 2018).

Despite a large body of literature accepting that cultural determinants shape how mental illness is perceived and whether/how treatment should be accessed, there are limited targeted programs for migrant or CALD communities relating to mental health (Ang, 2017; Murray, 2015). Furthermore, Australia's current framework for addressing mental health, the *Fifth National Mental Health and Suicide Prevention Plan,* does not implement any specific programs for CALD, refugee or migrant groups (Department of Health and Human Services, 2017).

Programs targeted towards migrant communities would allow for greater education around mental health issues and also allow for specific methodologies relevant to the cultural needs of the particular group to be implemented. Culturally specific education programs and services increase the likelihood of support being accessed earlier and through appropriate health care providers rather than emergency ambulances who are unable to treat the underlying psychological/psychiatric issues (Ang, 2017).

Consumer:

Ambulance workers note that there is an expectation amongst the workforce and community that emergency services workers are 'tough' and can 'handle the work'. The stereotype of the tough and resilient paramedic can result in reluctance to acknowledge or discuss mental health issues and hesitation to access health services when required (Ambulance Active, 2016; Varker et al., 2018).

The perception that 'not coping' or experiencing ill mental health is a sign of 'weakness' requires a shift in workplace culture. Employers should lead the discussion around mental health to promote and normalise access to health services. Team Managers, who are often the first port of call for those struggling, play an important part in reducing stigma and should therefore receive appropriate training on how to hold mental health discussions.

Additionally, ambulance workers report a public misconception around what constitutes PTSD and how it is obtained. Specifically, there is a public view that PTSD occurs via exposure to a singular traumatic event such as a car crash or paediatric emergency.

Ambulance workers note a lack of understanding from both the public and treating health care practitioners around cumulative PTSD, a form of PTSD which is obtained over a prolonged period of time and exposure to a series of stressful situations (Varker et al., 2018). The consequence of insufficient research and education on cumulative PTSD is that ambulance workers report feeling the illness is 'less severe' than other forms of PTSD or that the illness is illegitimate.

The VAU routinely assists members whose Workcover claims for cumulative PTSD have been rejected, presumably because the decision maker looks for clear 'traumatic' cases attended by the ambulance worker to justify approval of the claim. Factors such as organisational stress, fatigue, work-life balance and prolonged exposure to trauma (whether mild or severe) are often not considered against a backdrop of trauma. Broadly, further research should be conducted on how cumulative PTSD occurs and how employers can support emergency services workers to feel that their illness is legitimate.

Question 2: What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Provider:

Ambulance Victoria is moving away from the practice of transporting every patient to hospital and is now becoming a conduit for connecting patients to the correct and appropriate care required, with 14.9% of Victorian calls to 000 last year triaged by the referral service and connected to a service other than an emergency ambulance (Ambulance Victoria, 2018). The benefit of such a system is that patients receive specialised care suited to their unique needs whilst emergency ambulances remain free to respond to critical emergencies.

The percentage of Ambulance Victoria attendances to mental health patients for the 2017-2018 financial year was approximately 13% with the overall numbers of patients admitted to emergency departments increasing consecutively over the last 10 years (Ambulance Victoria, 2018; Australian Institute of Health and Welfare, 2019).

The increased use of ambulances to transport mental health patients to emergency departments can be viewed as a shortcoming of the health care system to provide appropriate and timely access to health care services to enable early treatment prior to crisis point (McCann et al., 2018).

While it is an important task for paramedics to be able to respond to mental health emergencies, the use of an ambulance to provide mental health services highlights the fact that other services, support networks and providers have been unable to identify/effectively treat mental illness to the extent that a mental health crisis is avoided.

When a mental health emergency arises, Crisis Assessment and Treatment Teams (**CATT**) have been utilised effectively and ambulance workers receive positive feedback from the community. A significant problem with the CATT services is that they are often unavailable due to resourcing issues. Paramedics also report that CATT are unavailable to attend cases during night time in the majority of situations.

More funding for free or subsidised primary health care, targeted community services and CATT would reduce the burden of mental health call-outs for emergency ambulances and also ensure that appropriate early support is given prior to the dispatch of an ambulance.

Consumer:

Employers of ambulance workers have made notable steps to increase awareness of mental illness and available support services for emergency service providers and triple zero call takers. Both Ambulance Victoria and the Emergency Services Telecommunications Authority (**ESTA**) have implemented 'peer support' programs and specific mental health strategies demonstrating a recognised need to support the mental health of ambulance workers (Ambulance Victoria, 2016; ESTA, 2018).

Similar programs do not exist for NEPT workers and mental health support for the private sector is grossly overlooked. Currently the standard psychological support service provided to NEPT workers is through an Employee Assistance Program (**EAP**). The EAP is a short term counselling service (generally 3 to 6 appointments) and is not run by counsellors with specific training in ambulance related issues. EAP is therefore unsuitable for patients with chronic, complex or ongoing mental illnesses/disorders.

One NEPT worker reported attending an EAP service and stated "*I had depression, as soon as I built a rapport with the EAP counsellor my sessions 'ran out' and I had to start again".* The same worker also stated that it was difficult to then discuss the issues again and built trust with another treating practitioner which resulted in a delay in treatment.

Despite generally attending lower acuity cases, NEPT workers are exposed to many of the same mental illness risk factors as public sector emergency workers such as shift work, occupational violence, hazardous situations, exposure to terminally ill patients and dispatch to critical/surge events such as the 2016 thunderstorm asthma event and the Bourke Street shooting in 2018.

Furthermore, Ambulance Victoria currently outsources its lower acuity 000 work to NEPT providers meaning that exposure to above factors is increased.

At a minimum, NEPT workers would benefit from access to the same psychological support programs offered to public sector ambulance workers. For example, peer support programs and access to in-house psychologists who are experienced and familiar with the issues commonly encountered by ambulance workers.

Mental health conditions do not always occur in isolation and all ambulance workers may require assistance with drug/alcohol use, gambling or addiction. All employers should develop rehabilitative programs that encourage self-reporting for addiction or drug/alcohol use and refrain from unnecessary disciplinary action in these circumstances. Currently, there is limited scope for employees to self-report without fear of termination of employment meaning that early support or treatment is not accessed. Further discussion on dual diagnosis (concurrent mental illness/disorder and alcohol/drug use) is included in VAU's response to question 9.

Anecdotally, ambulance workers report bullying and gossip within the workplace as significant sources of severe mental illness and contributing factors to suicide in the workforce. The culture of information sharing in ambulance work where employees form a close community and spend lengthy shifts with a crew partner in an enclosed ambulance space can at times lead to a harmful culture of gossip.

One paramedic has reported that *"if you make a clinical error it feels like everyone in Victoria will know about it before your Team Manager – people will be 'warned' to be careful working with you even if they have never met you… they'll avoid you".* The rumour mill leads to social/professional isolation, reputational damage and in some cases, suicide. Gossip around perceived poor clinical performance is also exacerbated by Ambulance Victoria's practice of placing a "#" next to the name of an employee on the rostering system who has limitations on their ability to practice. For example, the "#" can denote that an employee is being performance managed or on a return to work plan. The "#" is visible by all employees and is generally viewed by paramedics negatively, thereby affecting the employee's reputation.

VAU has encountered cases where gossip and rumours around poor clinical performance or alleged inappropriate conduct has led to vexatious complaints to employers and exposed the employee to mandatory reporting to the Australian Health Practitioner Regulation Agency. Despite the claim being vexatious, the impact of the investigation process can irreparably damage an ambulance workers reputation causing them to be suspended from duties or leave the profession.

Loss of job is a risk factor to suicide and mental illness which is compounded in ambulance work due to two factors (Milner et al., 2014). First, some ambulance workers describe "*ambulance as their life"* meaning that a loss of career equates to a loss of personal identity. Second, the limited number of employers in Victoria mean that workers who are unable to continue working due to bullying or gossip cannot simply 'get another job'.

Significant work must be done by both employers and individuals to educate ambulance workers around appropriate points of discussion and the boundaries between clinical performance appraisal and gossip. In particular, front line managers should lead by example and demonstrate their ability to maintain confidentiality and refrain from participating in gossip. Broadly, a cultural shift must occur within the ambulance industry in which bullying or inappropriate discussion is called out and confidential information remains private.

Question 3: What is already working well and what can be done better to prevent suicide?

Provider:

Paramedics currently utilise effective de-escalation techniques and clinical interventions to support suicidal patients being assessed, treated and transported to appropriate facilities (Ambulance Victoria, 2019). The de-escalation techniques applied by paramedics and a preference for non-invasive and non-restrictive means of transportation serve to encourage, rather than deter, patients to engage with the mental health system or to call an emergency ambulance when experiencing mental health crisis such as suicide or suicidal ideation (Department of Health and Human Services, 2018).

Paramedic Clinical Practice Guidelines currently provide extremely limited guidance on how paramedics should discuss suicide with patients. The extent of the guidance provided by Ambulance Victoria is that paramedics should ask direct questions such as "[a]re you thinking of killing yourself?" or "[h]ave you thought about how you would do it?" (Ambulance Victoria, 2019, p. 20). Further guidance and training should be provided to ensure evidence based practice is applied consistently across Victoria and appropriate terminology is used by paramedics when talking with suicidal patients.

Suicide prevention prior to the point of ambulance arrival is predominately conducted by social and specialised mental health services such as psychologists. Anecdotally, paramedics observe that suicidal patients accessing mental health services via ambulance have often exhausted their mental health care plans which facilitate access to rebates for psychologist appointments. The plans are 'maxed out' despite the patient continuing to experience mental illness or having a

chronic condition. Therefore, if required, patients should be able to access uncapped subsidised or funded psychologist appointments to enable ongoing treatment.

Consumer:

From the VAU's experience, where members have completed suicide it is often due to a cumulative effect of underlying mental health issues compounded by life stressors such as marriage/relationship break down, debt, financial stress, loss of family and drug and/or alcohol use.

There are also two other factors specific to ambulance workers which increase the risk of suicide. First, ambulance workers have access to medication as a means of suicide. Ambulance workers with a dual diagnosis of mental illness/disorder and alcohol/drug use are also at significant risk of overdosing on medication, resulting in accidental death. Second, ambulance workers generally have a high level of knowledge of how to complete suicide which is obtained by attending suicides in the course of employment.

Prevention of suicide of ambulance workers does not have a single solution. Where suicide occurs it is as a result of cumulative factors which were not adequately addressed or treated at an earlier point. Ambulance workers that have committed suicide did not have early warning signs recognised or appropriate intervention(s) applied. Broadly, prevention of suicide begins before the first signs of mental illness/disorder or not coping materialise. Prevention begins by addressing the circumstances that are known to give rise to mental ill health or are evidenced risk factors to poor mental health. Additionally, once a need for treatment or support is recognised, early access cannot be understated in this context.

Question 4: What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Provider:

Good mental health is the state in which individuals can achieve their own potential, demonstrate resilience to everyday stressors, work productively and contribute to their community with a sense of social well-being (World Health Organisation, 2015). Attainment of good mental health requires a broad approach encompassing social, cultural and developmental factors as discussed in question 5.

Paramedics, in the course of their ordinary work encountering patients on an individual basis, have limited scope to influence the conditions that give rise to economic and policy frameworks underpinning poor mental health risk factors.

As highlighted in this submission, the point of paramedic and patient interface is predominately at crisis point and may be the first interaction for that patient with the mental health system. In this context, paramedics and ambulance workers are currently not the most appropriate resource for the Victorian community to find, access or experience mental health treatment or support.

Despite presenting in a mental health crisis, apart from the acutely unwell patient that requires chemical and physical restraint, has an uncontrollable hemorrhage from a self-harm wound or has overdosed, this patient cohort are usually not 'time critical' within the meaning of paramedic guidelines (Ambulance Victoria, 2019). Many patients with ‘non-time critical’ mental health complaints access 000 for assistance and can be left waiting for some time before an ambulance arrives due to available units being diverted to higher acuity cases (for example, chest pain, stroke or car accident).

When the patient eventually arrives at the emergency department the delay starts again as patients with physical conditions will be triaged and allocated a bed ahead of a person who is suffering from a ‘low acuity’ mental health issue. If this is the patients first contact with the mental health care system it leaves a negative impression that their condition and concerns are not being given the validation or attention that they require. Additionally, the patient will often be referred to an external provider, resulting in a further delay in treatment.

Negative experiences with the health system, whether through excessive delay or forced restraint are long lasting and deter patients from accessing treatment. One paramedic reported attending a mental health patient with drug/alcohol issues and was told “*the paramedics judged me last time so when I needed help again I just didn’t bother…I didn’t get help elsewhere either”.* Thus, a negative interaction with paramedics or mental health providers is likely to deter future access to treatment from both ambulance and specialist mental health services.

Very few paramedics receive additional mental health training beyond their undergraduate degree and the degree itself does not properly address mental health. A brief review of the curriculum of the 5 largest universities in Victoria offering a Bachelor of Paramedicine found that of a potential 108 units studied there are only 3 units specific to mental health. Accordingly, there is a mismatch in the training given to paramedics on mental health and the percentage of work it comprises.

A potential issue arising from inadequate ongoing training in mental health is that paramedics do not understand the potential harm of asking mental health consumers to relive traumatic

experiences. It is not uncommon for paramedics to ask questions such as "*what happened to make you want to kill yourself*" or probe further when a patient discloses childhood sexual trauma either through unintended ignorance, curiosity or a misguided belief that the collection of this information contributes to better definitive care for patients. Further guidance within ambulance guidelines, protocols and work instructions should be provided to ensure patients receive appropriate care that does not aggravate a mental health condition.

Given the complexity of mental health, it would be preferable for mental health work to be provided by mental health specialists instead of or working in conjunction with paramedics. Additionally, ambulance workers should receive a significant increase in mental health training. Paramedics must be better equipped to care for patients with mental health problems beyond mere transport.

Consumer:

Ambulance workers at Ambulance Victoria or ESTA typically access mental health services through peer support notifications. These notifications are triggered by the recording of certain types of cases (for example, paediatric deaths/assaults) or reporting by the communications team/colleagues that a particular ambulance worker may benefit from peer support contact.

Despite the availability of services such as peer support or the Victorian Ambulance Counselling Unit (**VACU**), ambulance workers face a number of barriers in effectively accessing these providers for mental health treatment and support. For example, daily workload can prevent an ambulance worker from talking to a peer support worker, colleague or VACU psychologist when required. After a shift finishes, ambulance workers can push the conversation to the wayside in an attempt to 'switch off' from work thereby delaying access to support. Moreover, some ambulance workers report feeling like "*you can't tell anyone you are not coping"* due to a fear that their health will detrimentally affect their employment or career development. Interaction with mental health service providers can therefore be a negative experience because it can expose the ambulance worker to employment problems such as suspension from duty or fitness for duty assessments.

NEPT employers provide limited resources to private sector employees to support them psychologically. For example, NEPT employers do not fund in-house psychologists or peer support programs, but utilise EAP which does not offer the extensive and on-going support that mental illness requires. As a consequence of insufficient mental health support services provided by employers, NEPT ambulance workers primarily access mental health services through their personal general practitioners. The additional cost of funding mental health support for these workers is a deterrence for accessing support when required. To improve access to mental health support, NEPT employers should at a minimum, mirror the support services and training provided by public sector employers.

When ambulance workers access health care and effectively participate in good self-management practices such as taking medication as prescribed or attending psychologist appointments, positive feedback should be provided by the treating professional. It is essential to ensure that good self-management by ambulance workers is acknowledged to promote a positive encounter with the health care system and encourage future compliance. Furthermore, employers should take into consideration employees who exhibit good self-management practices in the context of disciplinary or performance management procedures where there is an underlying mental illness.

Question 5: What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Provider/Consumer:

Research has widely accepted that social, developmental and cultural factors are key determinants of mental health that can drive risk and protective factors to positively or negatively influence mental health outcomes (Compton & Shim, 2015). Ambulance workers can confirm that the presence of risk factors are strongly correlated to poor mental health outcomes from both the perspective of providers and consumers of mental health which will be discussed jointly below.

Social

Social determinants of mental health are broadly defined as “the conditions in which people are born, grow, live, work and age” that impact mental health (World Health Organisation, 2014, p. 9). These conditions can include education, poverty, employment, inequality, discrimination, housing, family, social exclusion and access to health care/disability services (Carod-Artal, 2017).

Despite governmental agencies recognising that the above social determinants are associated with poor mental health, there has been a failure to address the broader policies and laws which enable these conditions in the first place. For example, although the *Fifth National Mental Health and Suicide Prevention Plan* identifies unstable housing and poor health care access as key determinants of mental ill health, no solution is advanced to ensure reliable access to housing for all Victorians (Department of Health and Human Services, 2017). Solutions within governmental policies often seek to address health care concerns ‘one patient’ or ‘one hospital’ at a time, rather than examining underpinning economic and social structures leading to housing instability.

Ambulance workers identify poverty, lack of stable housing and increased levels of homelessness as key drivers behind poor mental health in the Victorian community . Further funding for

subsidised housing, public housing and an increase to government payments such as Newstart may mitigate against housing struggles.

From the perspective of the ambulance worker as a consumer of mental health services, placement of employment in rural or remote locations can exacerbate poor mental health. Employee's placed in these remote locations experience social and familial isolation as well as fewer medical centres/support services from which to seek treatment.

One paramedic has stated that "*if you get transferred because of mental health, you are seen as 'lucky' or that you are 'getting a favour'. It is not a 'right' to move. A lot of people leave the industry because they decide to put their mental health first when the employer won't."* To prevent people leaving the industry or experiencing poor mental health due to work location, employers should allow greater flexibility to move branches in order to obtain the support they need and mitigate against isolation.

Developmental

Developmental determinants are characterised by adverse early life experiences which are "inconsistent, stressful, threatening, hurtful, traumatic or neglectful social interchanges experienced by foetuses, infants, children or adolescents" such as abuse, neglect, bullying, poverty, discrimination, exposure to trauma/violence, parental substance use and unstable housing (Compton & Shim, 2015, p. 48; Banyard, Hamby & Grych, 2017; Boullier & Blair, 2018).

Paramedics have observed an increase in dispatches to mental health cases relating to paediatric patients, mirrored by a 6.5% increase in mental health presentations to emergency departments by paediatrics from 2008-2015 (Hiscock, Neely & Freed, 2018). Although young people are experiencing increasing levels of ill mental health and have been identified as an 'at risk' group for mental illness, there is a significant gap in tailored programs for maintaining good mental health for young people in government policy (Department of Health and Human Services, 2017).

Any approach adopted by the Victorian government for maintaining the good mental health of young people should incorporate both medical treatment and the provision of other social services/programs. A holistic approach is required because young people with mental ill health may face additional issues such as housing insecurity, violent homes and unsupportive parents meaning that despite receiving treatment for mental illness, the conditions giving rise to poor mental health will remain without addressing the 'root' causes or involving non-health care agencies (Cooper, Evans & Pybis, 2016).

Given that the ambulance workforce is over the age of 18, the perspective of 'consumer' will not be considered in the context of developmental determinants of mental health.

Cultural

Cultural determinants of mental health include the instinctive behaviour, values and traditions shared within a particular group of people and can include race, ethnicity, age, language, custom, gender, religion or ideas through which the world is understood (Murray, 2015). Strong cultural ties and ability to participate in social networks have been correlated to good mental health and conversely, cultural isolation has been tied to poor mental health (Compton & Shim, 2015; Kingsley, Munro-Harrison, Jenkins & Thorpe, 2018).

As discussed in VAU's response to question 1 of this submission, there is a need for better health care services that are tailored to specific cultural groups and their needs. Relevant and culturally accessible health care will facilitate engagement with mental health providers and therefore, increase the opportunities for early treatment.

From the perspective of consumers, ambulance workers can experience a lack of cultural sensitivity from employers leading to workplace stress. For example, an employer demonstrating a lack of rostering flexibility for a Jewish ambulance worker who was unable to work during the Sabbath.

Question 6: What are the needs of family members and carers and what can be done better to support them?

Provider:

Family members or carers who are supporting someone with mental illness are also at risk of deteriorating mental health (Cherry, Taylor, Brown, Rigby, & Sellwood, 2017; Loi et al., 2015). Recognition of carer burnout is also something ambulance workers need to be aware of when assessing the needs of the patient and the ability of family members or carers to provide assistance to the patient (Loi et al., 2015).

Ambulance workers currently have limited recommended support services to refer family members or carers to if deemed appropriate. The frequent engagement between ambulance workers and a patient's family members/carers can be utilised as an opportunity to provide information about the broader support services and resources available for patients and their carers/families to access in conjunction with the patient's current treatment or regular appointments.

The interaction between an ambulance worker and a patient's family/carer is also an opportunity to provide reassurance in relation to compliance with medication management as prescribed. Reassurance with respect to management of a patient or seeking help early reduces the likelihood of a crisis materialising or unnecessary dispatch of an ambulance when a family is unsure when to call an ambulance.

Written information should be available in the family's preferred language about the condition(s), symptoms to expect and symptoms to be concerned about, medication regiments/associated side effects and at what point treatment may need to be escalated.

Education around patient advocacy and consultation is also essential for people providing care to patients that are too unwell to make informed decisions about their own management and recovery plans. Paramedics and ambulance workers should not be expected to ‘make the decision’ for family members/carers, however should be able to provide referrals to specialists or further support services. Ambulance workers should also be able to advise whether or not a patient requires transport to hospital.

Consumer:

Ambulance Victoria has taken significant steps to engage family members in mental health matters by extending peer support programs and the services of VACU to family members of paramedics. During paramedic graduation celebrations Ambulance Victoria has also addressed family members directly on mental health awareness.

Although family members of ambulance workers have started to access employer facilitated support programs, such as VACU, many family members may not be aware of its existence due to insufficient promotion beyond graduation ceremonies and the fact that it is a new program. Further advertising of the services available to families and carers would serve to ensure better access and utilisation.

Ambulance workers also report that it is difficult for them to discuss mental health with their families. Often, ambulance workers would rather debrief about case specific concerns with another ambulance worker than expose their family members to potential vicarious trauma or feel that the family member may not ‘understand’ their concerns. In these instances, family members may be unaware of any events potentially causing mental ill health and may feel ‘shut-out’ of an ambulance workers psychological state.

A potential solution could be to provide peer notification to nominated family or friends that the ambulance worker may require additional care/support. Additionally, further education for family members on how to recognise signs of common illnesses experienced by ambulance workers such as PTSD/depression and what to do if these signs occur should be provided by employers.

Question 7: What can be done to attract, retain and better support the mental health workforce, including peer support workers?

Provider/Consumer:

A communications worker has stated that "*when I tell people I work in emergency services, they say they could never do it because there's not much support for when things go wrong, like if you get PTSD or burnout".*

Effectively, attracting, retaining and supporting ambulance workers requires employers to ensure and promote the fact that there will be adequate support for employees 'when things go wrong' or if they experience poor mental health.

Given that the two roles of providers and consumers are intertwined in this instance, both will be considered simultaneously below.

Attract

One paramedic has stated that "*although Ambulance Victoria has come a long way towards supporting paramedics and their mental health, there are still minimal known stories of lived experience and recovery among Ambulance Victoria employees. This is presumably due to people not recovering enough to come back to work or an unwillingness to divulge this information among colleagues. This spreads to students, families and the public."* As such, people who would make excellent ambulance workers are disincentivised from entering the profession because of a perception that they will not be supported if they experience a mental health issue.

Promoting and in fact, implementing adequate support services for mental health of ambulance workers would attract people to the industry knowing that they will be 'looked after' and supported if required.

Retain

To combat attrition rates within the sector employees need to feel valued, engaged, supported and be allocated reasonable workloads where they are given the time and resources to give patients the care that they need and deserve.

Currently, workload and staffing levels within the public and private sectors for ambulance workers are unaligned to the demand for health care required by the Victorian community meaning that ambulance workers leave the industry due to burnout. Further funding for more workers would prevent burnout and mean that current staff have the capacity to call on extra resources to respond to patients in need when required.

Financial stress is higher amongst NEPT workers who receive poorer working conditions and pay in comparison to public sector employees despite now completing work that is outsourced from Ambulance Victoria. Financial incentives such as improved wages and allowances would therefore

make the job more appealing and serve to attract and retain workers in the private sector.

Support

Support can also be provided by employers offering continued education/training and recognising excellence.

Improved rostering provisions to create a better work-life balance would allow for good mental health to be maintained and ambulance workers to feel supported by employers. For example:

- rostered time on shifts dedicated to paperwork completion or peer to peer debrief;
- further time away from work such as a paid rostered days off every month to be utilised for self-care to prevent burnout; and
- shift-working rosters projected as far in advance as possible to facilitate family time or sport/volunteer commitments.

Ambulance workers also report further support is required to facilitate access to mental health support. Specifically:

- enabling shift-workers to schedule medical appointments with their regular GP/psychologist through appropriate rostering;
- ensuring sufficient employee support services such as VACU are available to meet workforce demands;
- facilitating referral by VACU psychologists to another practitioner and for referred sessions to be funded by the employer;
- facilitation of access to unpaid leave; and
- better support for drug, alcohol, gambling and other addictions.

Question 8: What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Provider:

Ambulance workers observe that geriatric patients with mental illness and limited family support are forming an increasing proportion of the mental health workload. Epidemiologic data identifies that elderly people who are carers, in hospital/supported accommodation or have dementia are at higher risk of poor mental health (Australian Institute of Health, 2018). Elderly patients may experience both economic disenfranchisement by reliance on pension payments or social isolation due to mobility issues or death of friends/family. There is significant opportunity to provide better

in-house care for elderly patients at supported accommodation by providing better funding and social-support for these patients prior to the arrival of an ambulance.

Consumer:

Employers of ambulance workers are in an excellent position to prevent mental illness/disorder and support those experiencing poor mental health. Employers occupy a powerful space to change their work practices, policies and procedures to enable maximum support for workers and facilitate conditions that foster good mental health. Employers could implement better policies enabling greater flexibility of rosters and flexible work arrangements to enable ambulance workers to attend medical appointments, make necessary social contact for support or have sufficient 'time away' to assist those experiencing burnout. A significant opportunity also exists for NEPT providers to overhaul their approach to mental health support to align it with employers such as Ambulance Victoria or ESTA.

Question 9: Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Provider:

An ideal mental health system is one in which ambulance workers are not required to intervene because patients have sought early access to readily available appropriate treatment and support.

With respect to critical emergency care, mental health crisis work should be done entirely by mental health professionals/experts in circumstances where there is not a simultaneous medical concern within paramedic scope of practice (such as concurrent overdose or self-harm injury).

Although many paramedics are skilled in mental health issues, paramedics receive limited ongoing mental health training and are not mental health specialists despite being the first interaction many people have with the mental health system. There are no clear guidelines within Ambulance Victoria or the NEPT industry on how to discuss mental health issues with patients. As such, great variation in how paramedics and ambulance workers conduct these discussions occurs.

If paramedics and ambulance workers are to continue providing mental health services then reform to the guidelines, protocols and work instructions must be completed to ensure consistent application of evidence based practice. Paramedics and ambulance workers must receive additional training, both through their undergraduate degrees and continuing professional development. A formal recognition of an increased paramedic or ambulance worker scope of practice should recognise any additional mental health training completed.

Consumer:

An ideal mental health system for ambulance workers as consumers is one in which employers offer full support to enable medical appointments to be attended or time away from work to enable recovery. Although some employers in the public sector have made some advances in recognising the need for mental health support, the private sector is significantly behind and requires a full review of its operation.

Employers of private and public sector ambulance workers must reform their drug and alcohol policies to facilitate early treatment access and the reduction of stigma around drug and alcohol use. Currently, ambulance workers hold a fear that if they self-report or seek help in relation to drug or alcohol use their employment will be terminated. Consistent with this view is the employer practice of disciplining workers who experience drug and alcohol problems rather than assisting them with rehabilitation or counselling. The disciplinary process then exacerbates any underlying mental illnesses or worsens reliance/dependence on drugs/alcohol. Subsequent termination of employment can also lead to the loss of a support network from ambulance workers and friends, causing further isolation and potentially worsening mental health and drug or alcohol use.

Ideally, employers should develop a means for employees to confidentially self-report a drug or alcohol issue without fear of punishment. An employee should be able to self-report an issue without requiring in-depth explanation to the employer and be given immediate time off work to attend counselling or rehabilitation. Upon return to work, the employee should not suffer any consequence to their employment or workplace scrutiny.

Question 10: What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Provider:

Paramedics report positive interaction with CATT, however note that frequently CATT is not available due to having limited resourcing or safety issues. Further funding for CATT and increasing its coverage, both in terms of number of available units and hours of operation, would benefit the Victorian community and keep up with the increasing demand for emergency psychological services. Utilising highly trained mental health specialists via CATT would also serve to ensure that the Victorian community receives appropriate high quality care and reduces the likelihood of patients having a negative interaction with the health system.

Consumer:

The development of a state wide database of psychologists and psychiatrists who have expertise

in emergency services, PTSD and ambulance work would enable ambulance workers to receive treatment specific to their needs with ease.

Legislation, policy and procedure should be amended to facilitate greater approval of mental health related Workcover claims. Currently, rejection of claims (in particular around bullying/harassment and cumulative PTSD) results in ambulance workers returning to work due to financial pressures causing their mental illness/disorder to worsen.

Broadly, there should be widespread reform from employers of ambulance workers to facilitate better mental health including:

- drug and alcohol policy and procedures that promote rehabilitation rather than discipline, even in instances where ambulance workers have appropriated medications from their employers;
- an increased effort to tailor working conditions to suit personal circumstances around rostering, location or ability to access flexible working arrangements or leave/leave without pay;
- an effort by employers such as Ambulance Victoria to engage family members as supporters of ambulance workers should continue and also be extended to NEPT and ESTA workers; and
- strengthening of return to work programs for mental health.

Question 11: Is there anything else you would like to share with the Royal Commission?

No further comments.

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