

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO THE RECOGNITION AND ADEQUACY
OF THE RESPONSES BY STATE GOVERNMENT AGENCIES
TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS
ARISING FROM DISASTERS**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 13 JUNE 2012**

SESSION TWO

Members

**Mr A.P. O’Gorman (Chairman)
Mr A.P. Jacob (Deputy Chairman)
Ms M.M. Quirk
Mr I.M. Britza
Mr T.G. Stephens**

Hearing commenced at 11.03 am**ZAFFINO, MS ROSE****Head of Clinical Services, PPC Worldwide,
Level 16, 251 Adelaide Terrace,
Perth 6000, examined:****BUTLER, MR BRETT****Manager, Client Services, PPC Worldwide,
examined:**

The CHAIRMAN: Can I first of all introduce the members of the committee: Margaret Quirk, the member for Girrawheen; Tom Stephens, the member for Pilbara; the vacant chair between them is for Ian Britza, who has had to go across to the house and will be re-joining us; I am the chair of the committee, Tony O’Gorman, the member for Joondalup; and David Worth I think you have met already, and Jovita Hogan. Before we start, I have a statement to read to you, and there are a couple of questions in there, and I ask that you answer them audibly rather than by a shake or a nod so that we can record that on *Hansard*. The committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Do have any questions relating to your appearance before the committee this morning?

The Witnesses: No.

The CHAIRMAN: Thank you. Before we start, do you have any opening statement that you would like to make?

The Witnesses: No.

The CHAIRMAN: Thank you. So we will just fire our questions at you. The first one is: what does PPC stand for? We have asked ourselves this a few times, and every organisation has mentioned it.

Ms Zaffino: That is a good question, because I think it probably started off as being People and Performance Company.

Mr Butler: You are looking at a name that started in 1975, and it related to what was popular as a name then, People and Performance Consultants, or People and Performance Company.

Mr T.G. STEPHENS: It started where, this company?

Mr Butler: PPC started in the US, and the organisation that now supports PPC Worldwide in Western Australia, our organisation, started in 1977 in WA.

The CHAIRMAN: We have had a whole range of government agencies talk to us about their employee assistance programs, and PPC has been mentioned as their external provider. Could you give us a bit of a rundown on who you provide services for in the state government?

Mr Butler: In the state government, we provide support to, I think, 52 different government agencies.

The CHAIRMAN: So quite a few!

Mr Butler: It is quite a big list. It includes WA Police, Department of Environment and Conservation and Department of Agriculture and Food. In the past we have supported FESA but we have not done so for probably 18 months to two years now; a different provider is looking after that. We are also looking after Parliament House.

The CHAIRMAN: You would get a few stresses out of Parliament House!

Ms Zaffino: But I cannot tell you about that! That is confidential and we cannot say!

The CHAIRMAN: No-one has ever told us about an EAP for us. Can you tell us the proportion of agency staff you assist in a year who come to you with stress and trauma from their work activities, compared to other sources or other reasons for which they come to you, such as bullying or financial or marital issues?

Mr Butler: Okay; I am comfortable with those numbers. We are probably looking at around about six per cent on average of public sector employees attending the EAP. So six per cent of the population of that agency would attend, which is higher than we would see in other occupational groupings, and I think it is because of the history of EAPs in the public sector; it has been promoted quite well over the years.

The CHAIRMAN: Can you maybe give us a bit of an overview? We are looking particularly at first responders—FESA people, St John Ambulance people, police. Can you give us a bit of an idea about the services that you are providing to those people?

Ms Zaffino: Those agencies contract us to provide them with counselling services for their employees and their family members, and in some cases volunteers who work with the organisation. So those services are one-on-one counselling sessions, where the individual initiates the contact with PPC, and they are booked in to see one of our counsellors, and we use psychologists and social workers to provide that work and that support. It is a confidential service, so the agencies know that people access, but they do not know who accesses or the reasons for why those individuals access. They get accountability reports around the number of people who have accessed the service and a range of reasons for why they have attended et cetera, but the individual who attends and their reason for attendance remains confidential to PPC under the ethics and guidelines of the Australian psych association. That is the organisation that gives us our governance, I guess, around how we do our work.

We also have an arrangement with our organisations mostly—just about all of them—to actually provide critical incident response services. So if there has been an incident—it might be a disaster, manmade or natural, it might be the suicide of an employee or a family member, it might be an event in terms of customer service where someone has been physically or verbally attacked by a member of the public, so there are a range of reasons for why we might be called to provide a critical incident response. Those sorts of requests come in and are responded to immediately. We have as an arrangement two hours to get to the site, and we activate and mobilise either an individual or a team of individuals to provide that assistance within that time frame, and then we have follow-up mechanisms as part of that critical incident response.

With our organisations we also provide a level of training and consulting work with them. So we have industrial psychologists who are trained in the organisational systems of organisations, and they might provide training or they might do the consulting for those organisations in relation to employee issues, whether it is conflict, team building, values in the team or mental health in the workplace. There are a range of issues. Those are the sorts of things that we could be called upon to provide training and consulting around.

The CHAIRMAN: Do you provide training for peer support within the organisations?

Ms Zaffino: We have done in the past. Peer support is something that certainly had quite a high profile around 10 years ago, I would say, when there was quite a lot of peer support occurring in organisations. It seems to have drifted or diffused a little bit in organisations. It does not seem to have the sort of rigour around it that perhaps it has had in the past, although what I am starting to see now is a return to that rigour, so we are starting to see a re-emergence of organisations talking to us around, “Do you have some assistance that you might be able to give us around peer support?”

Ms M.M. QUIRK: From a professional perspective, is counselling for someone who is a front-line emergency services person, if you like, facing death or a dangerous situation themselves, different clinically from someone who is having a stoush with their supervisor at work?

Ms Zaffino: Yes, it is. I guess if they are coming through the EAP, then we are dealing with the individual and their presentation of the issue. So it is unusual for people to attend for counselling because they are thinking that they are proactive around their wellbeing because they are front-line officers. They will come for depression, anxiety, conflict in the workplace, relationship issues, conflict with a teenage child—the sorts of issues that they would need counselling for.

Ms M.M. QUIRK: Can I put this another way, then: how many people would you see who have got what is loosely called post-traumatic stress disorder, for example?

Ms Zaffino: Very few. Can I just add to that question? What we are seeing coming through from industry is a request for proactive assistance to their front-line people. So those are the psychological health monitoring-type programs that we would call well checks, where an organisation recognises that there are teams within their organisation that are in positions where their work exposes them to situations where there is the chance of compounding stress and distress, and that is potentially PTSD. So more and more we are starting to get organisations come to us for that proactive-type model for those groups of individuals.

Ms M.M. QUIRK: I know that you have some confidentiality issues, but how many of those would be government organisations seeking that?

Ms Zaffino: The majority of them, and I am talking across Australia at this point rather than just Western Australia.

Ms M.M. QUIRK: We are concerned with the agencies here, so I do know if there is any way you can tell us whether the ones here are predominantly government?

Ms Zaffino: That is not something that has a high profile in Western Australia as yet.

Ms M.M. QUIRK: Okay. That is what we need to know.

The CHAIRMAN: I just want to ask something else on peer support. We have spoken to a lot of organisations that have first responders and volunteers who are first responders, and they tell us sometimes that the peer support is a preference, rather than going to an external psychologist who maybe does not work in the area. Is that an issue for you? Do you encounter that, and is there a way around it?

Ms Zaffino: Yes, we do encounter that sort of feedback, and while my tendency might be to discount it, or not to count it, but to provide a counterbalance to that sort of perception, it is the perception of individuals and therefore it needs to be taken seriously. I do think that in the immediate aftermath of a critical incident or a disaster, the role of the peer supporter is an important role, particularly given that model that is now starting to make a presence for itself in professional practice which is around psychological first aid, because you do not need a psychologist or a social worker to deliver psychological first aid. You do need people who are well trained so that you have a service that has efficacy and is appropriate in terms of boundaries and in terms of delivery, so it does need to be a trained program, and peer supporters are certainly an excellent resource to be using in that sort of model.

[11.15 am]

I would have to say our work probably starts 24 to 48 hours after the event; or if it is a crisis, once the incident has actually come to a close. That is probably where the work of a social worker or a psychologist is more beneficial because then we are starting to assess those acute reactions and acute stress and also the potential for PTSD. But in the immediate aftermath of a critical incident, I think the peer support model, given the psychological first aid model that is coming through in the research, is an excellent combination and a good combination to use.

The CHAIRMAN: It is like a continuum: immediately after some trained peer support, you would then refer on to a qualified professional, if you like?

Ms Zaffino: Yes, because if you look at the model of psychological first aid, it is very much around providing practical assistance. It is about providing ways for people to connect with their support structures. It is about making sure that people have the basics around shelter and food and are able to do their work efficiently. It is about communication. It is very much a concrete, practical model of supporting individuals when they are coming out of a disaster and they actually realise that they have survived it and they are going to be okay, and they really need that sort of level of support. Having someone who understands what they do or has the credibility or is perceived to understand the challenges of their work, I think, is very useful in that situation. I do not think it is absolutely necessary but I think it is useful.

The CHAIRMAN: Following a critical incident, is there a maximum amount of time or a maximum number of visits a person can access? I mean, does it cut off after five visits, 10 visits or is it until that person is signed off, for want of a better word?

Ms Zaffino: The current model that we engage in when we are called to a critical incident is to provide assistance as soon as possible in the aftermath of the incident. Sometimes in natural disasters, the natural disaster is ongoing and we are sort of still asked to be onsite to provide that practical assistance at that point. Our model is to follow-up a week after our initial contact and to follow-up a month after our initial contact. There would be some people in that first contact that we would probably prioritise as requiring to be contacted more rather than less, and I guess that is a clinical assessment that is made on the basis of the individual, what other pressures there are in their lives and how connected they might be to family and friends, because family and friends are a very important resource for people who have been through a traumatic incident. We get most concerned about an individual who is going home to an empty house, for example; so they might have priority around more frequent contact, and the approach would be the day after, one week after and one month after. But what we do not do and do not really engage in doing a lot of is the one year after and two years after. I guess to date we have not been engaged to provide that sort of support, and the research is only now starting to come through around the significance of the anniversaries and how long it does take for the reactions to come through following a disaster. An example of that would have been the Japanese tsunami where we were getting in January of this year reports of people being diagnosed with depression, and the penny dropped for us that we were coming up to a year of the anniversary of the tsunami in Japan. So, it is that sort of thing that is coming through.

Ms M.M. QUIRK: We understand why programs such as yours are confidential in an employee assistance program. That makes sense because people might be discouraged from going through all of that. I completely understand that. But it leaves, I think, agencies in a dilemma as to how they monitor whether particular activities in the organisation are producing stress, critical stress for example.

Ms Zaffino: Yes, sure.

Ms M.M. QUIRK: Have you got any suggestions as to how groups such as yours can provide generic feedback or something to organisations so that they can keep some tab on whether anything unusual is happening?

Ms Zaffino: I need to explain that the definition of confidentiality that sits with the EAP and the counselling process is different from the definition of confidentiality that sits in relation to a critical incident response. With a critical incident response, the feedback to the organisation is immediate, it is ongoing and it will often have discussions about individuals and their progress or how they are actually coping and whether there are recommendations for ongoing support for those individuals. So in that definition of confidentiality, obviously, we need to do that with the permission of the individual involved. The APS guidelines require that. However, the discussion that occurs as the result of a critical incident is a lot more open. With EAP counselling with individuals we will often try to facilitate a discussion with them and the organisation where we see that working with the individual on their own is not going to get an outcome or an outcome in relation to their wellbeing. It is often possible to get their permission to actually act as a middle person or a conduit to the organisation around, “You’ve got an employee here who is not travelling very well—what can we do from an organisational perspective to actually support them?” We also have feedback that comes from our counsellors because we meet regularly around hot spots within organisations as a result of something that might be happening in that organisation; and through Brett and his colleagues we find ways of actually getting that information through to organisations.

Ms M.M. QUIRK: I am a tad confused. Can you tell us the agencies you have acted for in relation to critical incident stress?

Ms Zaffino: The Department of Environment and Conservation. We used to provide services to FESA.

Mr T.G. STEPHENS: Did you have a dual role for both those departments?

Mr Butler: As in?

Mr T.G. STEPHENS: Both the critical incident plus counselling.

Ms Zaffino: Yes, we did.

Mr Butler: We provide that dual role for every public sector agency except WA Police, who manage their critical incidents internally.

Mr T.G. STEPHENS: So an officer can be dealing with your case in a confidential way, and then if they are engaged in a critical incident might make the mistake of anticipating that that conversation is still covered by the confidentiality provisions of their counselling in that they have been caught up in a critical incident where you will be reporting to their agency about them.

Ms Zaffino: They are often very separate processes. I guess if I am a counsellor and I am working with someone in a critical incident that I have had a prior arrangement or a prior counselling relationship with, then I would be very careful to disengage myself from that process with that particular individual and bring in one of my colleagues to actually work with that individual in relation to the critical incident, as opposed to the counselling relationship.

Ms M.M. QUIRK: So there must be two processes?

Ms Zaffino: There is.

Ms M.M. QUIRK: I thought it was one and the same.

Ms Zaffino: No, they are two very different processes.

Ms M.M. QUIRK: Maybe you can explain, and maybe use the Department of Environment and Conservation as an example, if you would not mind.

Ms Zaffino: Okay. With the Department of Environment and Conservation we have an employee assistance program with them across the state. Their employees and family members will access our services, and that is a confidential service where they have a relationship with myself or one of my colleagues —

Ms M.M. QUIRK: So that is standard EAP.

Ms Zaffino: And that stays as counsellor, and that is a standard EAP. With situations such as the Boorabbin fires, for example, or the Karijini incident or the Margaret River incident, we got a call from the Department of Environment and Conservation to say, “We’ve got a fire. We’d like your support in Margaret River” or “We’d like your support in Karijini.” What we do is mobilise an individual or a team of individuals to go onsite to provide support, but it is a debriefing support-type model, not a counselling model. They are very different models. Counselling is around someone coming in and saying, “I’ve got a problem. Can you help me sort through that, please?” The critical incident response model is very much around supporting the individual, normalising their reactions to the incident, and tracking them to make sure that they return to pre-incident routines once the incident has closed.

Ms M.M. QUIRK: How long does that tracking go for?

Ms Zaffino: For us at this stage it goes for a month.

Mr Butler: I think it is fair to add there, too, that with the organisation’s engagement with us we have been involved with some people for up to two years after the event, right through to coronial inquiries and so forth. So it is not a case of at the end of a month, “That’s it, you’ve had X number of sessions”. It is a case of what is the need for that person and do people recognise that this person is going to need ongoing support. For example, with the Christmas Island boat disaster, we are still working with people that are going through the process of that. In Victoria with the Country Fire Authority, we are still working with those people after the fires of several years ago, with the firefighters as well as other individuals who were on the ground at the time.

Ms M.M. QUIRK: All right, but you are saying that you give feedback to the employers in that case; is that right?

Ms Zaffino: Yes, we do.

Ms M.M. QUIRK: Say you have an incident where a firefighter or someone 18 months down the track is having troubles at work. He is being insubordinate. He might be hitting the bottle a bit much or whatever. The supervisor says to him, “Look, I think you need some counselling.” He sends him off through the EAP process and one of your people recognises that it is classic post-traumatic stress. What happens then? That is what I do not understand.

Ms Zaffino: There would not necessarily be a connect between the incident and what is happening to an individual 18 months down the track.

Ms M.M. QUIRK: Just say that in fact it is.

Ms Zaffino: Okay. In the process of their counselling session, if we were to diagnose post-traumatic stress, then we would actually talk to that individual about the options for treatment around post-traumatic stress. Typically with post-traumatic stress we would actually refer to a specialist in trauma and post-traumatic stress interventions.

Ms M.M. QUIRK: Outside your organisation?

Ms Zaffino: Yes, who would be outside of our organisation. And the reason for that is because the employee assistance program is meant to be a brief therapy model, so it means there is only a certain number of sessions that we work within. There is the possibility of an extension on that time and organisations are very generous at times in actually allowing for additional sessions for an individual, particularly if it is a work-related issue. However, for us it is also around are we the right specialist to be dealing with what is now post-traumatic stress?

Ms M.M. QUIRK: What number of sessions do most government agencies allow for a standard EAP?

Ms Zaffino: The standard is probably six sessions; that is very standard.

Ms M.M. QUIRK: I know it is hard to generalise clinically on individuals but I would anticipate that if you had post-traumatic stress, it would require many more sessions than that.

Ms Zaffino: It does, and it is about the complication of the presentation as well. If it is post-traumatic stress with one incident, it is that treatment; if it is post-traumatic stress with a compounding of incidents, it is sometimes how long is a piece of string?

Ms M.M. QUIRK: You mentioned that you would send someone off to an expert here.

Ms Zaffino: Yes.

Ms M.M. QUIRK: Are there many in Perth?

Ms Zaffino: Yes, there are.

Mr T.G. STEPHENS: How is your work audited in a situation where it is confidential by the agency? You are contacted by an employee, the agency is not advised of the name of the employee through the employee assistance program, and do you bill on the basis of contacts?

Mr Butler: Yes, we do.

Mr T.G. STEPHENS: How are you audited then, in that relationship?

Mr Butler: Externally we are not audited on the basis that the information about who we are seeing is confidential.

Mr T.G. STEPHENS: So you can put in whatever you like as a bill?

Mr Butler: Well, any EAP provider can from that perspective. How we manage that process, and obviously we are working in a situation that is a very respectful relationship, is we have to build trust. We have to maintain that trust in everything we do to avoid people being concerned about are we feathering our own nest or gilding the lily about what is actually happening? So one of the things that we do at the initial stages of the arrangement with people is to get very clear about the organisational information that is specific to that organisation, and people have to give us that information around what their occupation is, what their division is and what their location is, and it needs to match our data. That is one of the ways of collecting information that validates that person as being connected to the organisation. We are also asking for work contact, we are asking for email addresses if there is an emergency contact needed. So that is the filtering process of people engaging in our organisation, but also allowing us to be able to generate identifying information that goes back to client organisations about these being the people that we have engaged with by occupation, division, location, and these are generally the sorts of issues they are experiencing and working through.

[11.30 am]

Mr T.G. STEPHENS: The work is not easily audited, is it?

Mr Butler: No, it is not.

Mr T.G. STEPHENS: You have contracts with Parliament House and other state government agencies. Did you win those contracts or did you buy out someone who had the contract before you?

Mr Butler: We won a significant majority in our own right through 35 years on the block and through public open tenders and expressions of interest.

Mr T.G. STEPHENS: Are you part of a panel of companies that provide this service?

Mr Butler: That varies. We used to have a common use arrangement within the state public sector when we prequalified and we were part of that, and agencies would select from who was on that panel through that process. That panel has now disappeared. That common use arrangement is no longer supported by the Department of Treasury. Agencies now have to go back out again individually to request expressions of interest or tenders. Some organisations have more than one

provider. The majority have a single provider so they have clarity about where to go and what sorts of services are available, and it enables us to develop a nice close relationship so that we understand the culture and the needs of the organisation, where the hot spots are and in some cases representatives come in and talk to our counsellors about the nature and environment of the work they are doing. The significant majority of public sector agencies have only one provider. Some have one or two providers through their own mechanisms of going out to tender.

The CHAIRMAN: Is there an Australian first responder agency that has processes for dealing with staff stress that you classify as world class? Is there anyone who stands out that you think does it really well?

Ms Zaffino: Can you ask the question again? I missed the first part of it.

The CHAIRMAN: Are any of the first responder agencies ones that you would classify as world class for dealing with staff stress?

Ms Zaffino: There are research agencies that are doing some good work on organisational stress, crisis intervention services and post-traumatic stress. In the EAP industry, I think we all work from a best practice and a research evidence-based model of delivery of services. Is there an agency that stands out across Australia? None comes to mind immediately.

Mr Butler: Can I just clarify your question? When you say “first responder agency”, are you talking about police services and fire and emergency? Has one of those agencies got something that really stands out?

The CHAIRMAN: Yes.

Ms Zaffino: Across Australia?

The CHAIRMAN: From your knowledge, whether it be in WA, across Australia or overseas.

Ms Zaffino: I think all the agencies operate from a base of caring for their employees and wanting to provide a duty of care and compassion for their employees’ welfare. All the agencies do that very well. One that stands out the most for me at the moment because it is engaging in a proactive model of assessing individuals who are in front-line type roles would probably be Australian Customs, and also on the basis of the amount of investment and resource that they have made in response to the Christmas Island incident with the vessel that went down.

Ms M.M. QUIRK: I understand that the Australian Defence Force has had to do a fair bit of work with returning personnel in relation to post-traumatic stress disorder. Are you able to tell us anything about that?

Ms Zaffino: We provide EAP services to defence, but to the civilian staff. We are only just now starting to see their relationship with us developing into models, not just EAP but supervision models, and they are asking us to review their crisis intervention model et cetera. That is a department where we are starting to develop a relationship and I am starting to see some of the work that they are doing, but aside from that, I do not have any prior knowledge of the extent of the work they are doing.

Ms M.M. QUIRK: What are they doing with their military personnel?

Ms Zaffino: I do not have any insight into the depth of the models that they are using. I hear that they are doing good work but I do not have first-hand experience or knowledge of the work that they are doing.

The CHAIRMAN: In WA, can you tell us roughly how many counsellors you have who are providing services to our agencies?

Mr Butler: We have 76. That is in around 36 or 37 locations in regional areas, say from Kununurra down to Esperance, Kalgoorlie and Albany. We operate 11 locations in the metropolitan area as

well. It is about providing that spread and getting close to where people are working so they do not have to travel.

The CHAIRMAN: Do you fly people out to those areas or are they resident and working in those areas?

Mr Butler: They are residents; they are locals. Some mining organisations fly us out for specific large populations. On top of the face to face that we provide, which is around about 80 per cent of our work in terms of our connection with individuals, 20 per cent of our work with individuals is also by telephone, by Skype and by online services, so through delayed email processes as well as online or through CBT programs, to help people work through those things, particularly for people in remote and regional areas. Those additional ways of connecting is really important for them, particularly if they are really well connected to the community, but also in some of the enforcement roles, whether we are talking about Fisheries, Corrective Services, the police or the Australian Customs and Border Protection Service. They might be too personally connected with the counsellor locally so we extend the hours that people can phone through. We also carry a 24/7 emergency service that is available for people in those 24/7 operations as well.

Ms Zaffino: Brett was describing our EAP availability across the state. It is really important to mention that people rarely come to EAP with the presenting issue of trauma. They will come with family issues, alcohol, depression and anxiety issues and they will not necessarily make the connection, for those who have been involved in a traumatic incident, that that is how it is manifesting itself. It is up to the clinician, through their collection of data and mapping of the history of the individual, to diagnose what the depression is about.

In relation to our service delivery for critical incident response, we tend to mobilise out of the Perth office. The reason for that is because of availability sometimes in remote locations for those organisations that have people across the whole of the state. Sometimes if it is a disaster, the local provider is themselves a victim of the disaster or might have families who have been involved. As the head of clinical services, I like to mobilise a team from Perth because I have a good knowledge of who is in that team, what strengths they bring to the model and their experience also with critical incident response, their training background, the supervision that we do with them, and just really have a tighter connection to those individuals so I have a tighter idea of what is going on when they go out to a critical incident. If I am the critical incident coordinator, I am in constant contact with those individuals while they are in the field and I act as a conduit back into the organisation about our activities during the response itself.

The CHAIRMAN: When people are deployed to an incident, families can contact you to get support—how does the critical incident support for families operate?

Ms Zaffino: We will raise the awareness. Information already goes out to families. Some organisations are better than others in relation to use of services. About 10 per cent of family members access our EAP services at any time. During the critical incident our focus is on the staff who are involved in the incident but we will often also provide assistance to family members. That is usually by referral or through a staff member who says they are really worried about their family and ask if we can see their child or their wife. We will often have access to those family members by referral through the employee.

The CHAIRMAN: Have you noticed any new developments in stress levels of staff following the fires in Toodyay, Kelmscott, Roleystone and Margaret River?

Ms Zaffino: We try to monitor to see whether there is a peak after those types of incidents. We also alert our contact centre to the fact that more calls may come through. In some programs we are asked by the organisation to formally monitor the number of people who are calling through as a result of the incident. We had that with the Queensland floods, for example—organisations asked us

to specifically ask whether the call was as a result of the floods. I do not know whether that is happening in Western Australia.

Mr Butler: We have not had anything specific other than CHOGM to see whether anybody experienced issues as a result of that.

Ms Zaffino: Do we see the peaks? No, I do not think we see an increased use of our services directly following a critical incident.

The CHAIRMAN: Thank you very much. I will read you a closing statement.

Ms Zaffino: Can I make a couple of comments please?

The CHAIRMAN: Yes.

Ms Zaffino: In relation to Margaret's question around alerting organisations about individuals, we are mandated ethically to raise concerns about individuals who are a risk to themselves or others. Out of a duty of care, we escalate those sorts of cases. If we have someone who as a result of a critical incident is showing a reaction that puts them at risk or puts other people in the workplace or general public at risk, we would alert and escalate that information. We have a duty of care that overrides that confidentiality.

Ms M.M. QUIRK: I do not have an issue with that. It is just that the organisations are telling us that they do not get any of that information.

Ms Zaffino: The other part of my statement is about that issue of confidentiality. You have to work with the individual to disclose and you do not always get an individual who is happy about the disclosure. We can invite people to engage with us and to access our services. However, people will sometimes choose not to do so, and there are a range of reasons for that. They may engage to get support elsewhere or no support at all. We can reach out, we can raise awareness and we can give them information but then it is up to the individual to make that contact. The organisation often becomes a conduit to individuals as well. They will say to us, "Can you please check on this particular person because we know they are going through a particularly difficult time?" We will reach out to that individual. Once again, we let them know that they are there for them, but it is up to the individual to want to engage with us moving forward.

The CHAIRMAN: Many organisations do an annual health check. Do you do any sort of mental health or wellness checks with people on an annual basis or on a regular basis?

Ms Zaffino: Those organisations that I mentioned earlier do the psychological health monitoring. In the past the police force used an external provider. It is my understanding that they now do that internally. Our model used to be quarterly. We would check up with their front-line officers in areas that were identified by the department as requiring that monitoring. The organisations that we are working with now using that particular model have a six or 12-monthly check in place where they have a psychological health check. Some of those organisations also have medical health checks that they ask people to go through.

The CHAIRMAN: Thanks again for your evidence before the committee this morning. It has been great. It is a whole new area for us. A transcript of the hearing will be forwarded to you for correction of minor errors. Could you please make these corrections and return the transcript within 10 working days of the date of the covering letter. If the transcript is not returned within this period, we will deem it to be correct. New material cannot be introduced via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on a particular point, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Again, thank you very much for your time this morning.

Hearing adjourned at 11.44 am
