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 BRISBANE
THURSDAY, 5 JULY 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

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Hearing commenced at 10.40 am

SCULLY, MR PAUL
Manager, Counsellor Staff Support Services, Queensland Ambulance Service,
PO Box 1425,
Brisbane 4001, examined:

WEHR, MR TODD
Staff Counsellor, Queensland Ambulance,
PO Box 1425,
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The CHAIRMAN: I thank you both for coming in this morning and giving us the benefit of your experience. The purpose of the meeting is to assist the committee in gathering evidence for its inquiry into the recognition and adequacy of responses by state government agencies to the experience of trauma by workers and volunteers arising from disasters. I will take the opportunity to introduce the committee: Albert Jacob is deputy chair of the committee and is the metropolitan member for Ocean Reef; Margaret Quirk is a metropolitan member as well, the member for Girrawheen; Ian Britza is the member for Morley in the metropolitan area, and Tom Stephens on the end is the member for Pilbara, which is a very remote electorate in WA; and David Worth, whom I think you have met already and spoken to a few times and Jovita Hogan are our committee staff. The Community Development and Justice Standing Committee is a committee of the Legislative Assembly of the Parliament of Western Australia. The committee may look to use information it receives today as part of its deliberations for its final report. Before we start, would you like to make any comments or an opening statement?

Mr Scully: Not at all, except to thank you for the opportunity; we would be delighted to help in any way we can.

The CHAIRMAN: Paul, can you give us some background on Queensland Ambulance so that we can understand it? We run slightly differently, as we use St John Ambulance Australia.

Mr Scully: Queensland Ambulance is associated peripherally with St John's, but since its inception in 1892, Queensland Ambulance has been quite independent. Right up until 1990–91 it was attached and associated with the health department. In 1991, it became the QAS—it was the old QATB, Queensland Ambulance Transport Brigade. In 1990–91 there was a parliamentary review and ambulance was separated into what was then the Bureau of Emergency Services, which became the Department of Emergency Services, which was Police, Ambulance and SES; and more recently it became the Department of Community Safety, with police and emergency services, and we now have prisons as well. Within that, Queensland Ambulance responds to about 850,000 cases a year. We have a staff of 3,500, approximately. We operate out of about 270 stations throughout the state, including the islands off the very northern tip—Thursday Island and other islands in the area and in the gulf, so we share some of your experience in terms of remoteness. We travel very large distances. We have about 27 what we call "honorary stations", which are stations that have an ambulance vehicle and a building, and volunteers come in and man that from time to time as required. We have also moved to the area of what they call "first responders", who are people in a community where there are no facilities but they are trained first aiders, and we will communicate with them via a paging service and get them to respond, and then an ambulance will be deployed at about the same time. We have seven regions in the State and each of those has an assistant Commissioner in charge of that region and devolving to an Area Director down the line. We have a

State Commissioner, a Deputy Commissioner and various other associated administrative roles. Does that cover it?

The CHAIRMAN: That has covered it nicely. Are your 3,500 staff career people?

Mr Scully: Yes, they are, and we probably have an additional 500 voluntary or honorary staff.

The CHAIRMAN: Does Queensland Ambulance undertake any psychological testing of their employees?

Mr Scully: Yes, it does. We have pre-employment psychometric testing for all staff, and just as recently as in the last few weeks a decision has been made, in addition, to do psychometric testing of what we colloquially refer to as "EOQs", which is equivalence of qualifications so that an employee who comes from interstate to join us will also have pre-employment psychometric testing.

The CHAIRMAN: How long has that been in place?

Mr Scully: Since 2006 or 2007, and we are now transitioning to university graduates; we are on the last cohort of in-house full-time employee–trained diploma people, if that is not too longwinded. In the past individuals applied, and if they were accepted they went through the screening et cetera and then embarked on a Diploma of Education as part of their full-time role. That has been transitioned out and we are going to full-time university graduates now. So it is an undergraduate degree in either Paramedic Studies or Nursing, (which can also be offered as a double degree). Individuals can make a choice at the end of that time. We have negotiated an arrangement with the universities to do psychometric testing at the end of first year before individuals go on the road.

Ms M.M. QUIRK: What is the rationale for the supplementary testing?

Mr Scully: Essentially, there are probably two significant things. On the one end of the spectrum are the legal obligations of duty of care. For example, just last year in the case of Doherty—a New South Wales police officer and his circumstances, which I am happy to talk in more detail if you wish. But prior to that we have had a number of occasions in which individuals have pursued civil action in respect of the necessity to recognise and anticipate the likelihood of serious mental health injury as a result of exposure in the workplace.

Ms M.M. QUIRK: In other words, their level of resilience or their capacity to cope?

Mr Scully: Essentially, yes. The purpose of the screening, of course, is that we have a duty of care not to employ somebody who has a pre-existing condition that might make them at risk of decompensating as a result of the work to which they would be exposed.

The CHAIRMAN: You are moving now from training your paramedics on site to training them off site. In the training off site, through that university degree, will there be any sort of psychological first-aid training for your officers?

Mr Scully: Yes, there is. Essentially, it is very difficult to deal with universities—let me turn that around. The student actually belongs to the university. In consequence, we have negotiated, for example, to do the pre-employment testing and we can make a significant contribution to the education that the student gets. A lot of paramedics are there doing a whole variety of things in an undergraduate context. Notwithstanding, it is difficult to get a consistency for resilience-building training and psychological education in the university across all campuses, bearing in mind, for example, that some universities are offering it externally. QUT and the University of Queensland here in Brisbane do it full time in the university and a couple of other universities do it elsewhere as a combination of external—first year in the university, and then second and third year external. The short answer to your question is that we do have input, but we are having our first group of graduates now graduating in 2008. We have discovered that it is absolutely essential that we have an internship, and we have now introduced that. It is necessary to have an internship to make sure that we inculcate them with appropriate information, which the university cannot or does not

provide. They get information at the university level, some of which we do. We go there and give them a couple of hours preparation prior to their first block on the road, which is six weeks at the end of their first year, and we give them the opportunity to ask questions and we prepare them in a way that is appropriate to their circumstances. Notwithstanding that and the extra information that we give in the second and third years, the reality is that we have made a commitment now, and we have approval from the commissioner, that an additional block of four hours of resilience building education needs to be done when they are appointed as full-time employees. That is bearing in mind that some of them will not get there; some of them who we do educate within first and second year may hive off and do the major of nursing and not come into the ambulance service. So there is a bit of a mishmash of people who ultimately end up getting jobs, and we have to be very clear about that.

The CHAIRMAN: We will follow that a little further. So they get an internship once they have got their degree.

Mr Scully: That is correct.

The CHAIRMAN: They come to Queensland Ambulance then there is a period of internship.

Mr Scully: They apply for a position, yes and that is assuming they get it.

The CHAIRMAN: How long is that?

[10.50 am]

Mr Scully: At the moment it is set at six months, and during that time they have to do a variety of orientation in a whole variety of contexts in terms of driving, locality et cetera. But on this particular topic of mental health and wellbeing, they are required to complete a comprehensive lecture series, to complete a workbook in fatigue and effective functioning for themselves and the impact that has on their mental health and then they are required to do what we call a journal. They have to report on six cases—not necessarily bad ones; but over their first six months they have to journal information about their response to six cases. What is that about? The objective is that they have to take the journal to one of our counsellors and/or a peer support officer, and that has to be assessed and marked and we have to have some discussion with them. It is not an assessment in a conventional sense, but the objective is to do two things: first, to get them to reflect on their understanding of how they cope and survive in the environment; and, second, that they have a non-threatening encounter with a mental health professional. That has, of course, proved to be absolutely invaluable. We have been doing this for many years now with the diploma people and we are just translating it across to the degree people.

The CHAIRMAN: You mentioned peer support. Could you tell us a bit about your peer support group?

Mr Scully: I will give each one of you this document, which refers to some key aspects of the program. If I could draw your attention to page 2, section B, on the peer support officer program. I hope this is helpful. Essentially, peer support officers are paramedics with, generally, a minimum of two years' operational experience. They have to complete a written application and then they go through an interview with one of our full-time counsellors and one of the local regional counsellors. I am happy to talk to you about that in more detail later. If they get past that, they then have some reference checks. We have to assume, and they are required to provide, some measure of credibility from the personnel in their area. So they have to have their officer in charge and another peer supporter in the area write a reference for them, and a third person of their choice. If that goes according to Hoyle, they then attend a six-day training course. We bring them all here to Brisbane and we do quite an experiential interactive training course about mental health in a whole variety of contexts. By way of a descriptor, we lose about 30% of applicants; that is to say, we do not give the nod to about 30% of people who come to interview and we probably lose another 10% from the course. So not everybody gets through; it is not a lay down misère, and we need to be very

discerning. If you apply the principle that says some people, to deal with their grief, want to be grief counsellors, we have to be very cautious that we do not offer somebody to be a peer supporter who is struggling with their own trauma experience; so we need to be discerning. There is quite a lot of screening and discernment that goes on as part of that process after the course. They are mentored for six months. They are obliged to go to supervision monthly and as required; and if they are dealing with somebody who they are struggling with we require them to attend supervision routinely. They have to do a three-day refresher course. They do not always get there every year, but we try to get them there. Shift work, holidays, having babies, doing exams and a whole variety of things preclude them from getting there. We have regional workshops for the peer supporters and, of course, we inculcate in them the whole notion of self-care modelling good mental health behaviour. If they need to stand down because they are having a relationship breakup or they are overloaded or sitting for exams or whatever it is they might be doing, we encourage them to stand down.

At this stage we have trained about 450 or maybe a bit more in the state. We have on the books about 110, and about 70 or 75 of those are active at any time, so we get quite a lot of activity. [Please interrupt, as I am just rabbiting along according to the list in front of you. Please interrupt if needs be]. They have initial contact about physical and emotional safety and comfort, stabilising individuals and gathering information et cetera. There is a whole variety of stuff there they do. Might I suggest, paraphrasing this—peer supporters see about 153 people in our service per month or about 1,700 to 1,800 people a year. They do an extraordinary amount of work. They are very highly regarded. They are carefully supervised and well trained. I do not wish to infer that we have got the Holy Grail here. I do not pretend that for a moment; we still have difficulties as we go along, and I am happy to chat about them.

Ms M.M. QUIRK: How long has all this been in operation?

Mr Scully: We are in our twentieth year.

Ms M.M. QUIRK: Of the peer support stuff?

Mr Scully: Yes. We have done one or two courses every year for the last 20 years. We have tried to maintain a reasonable ratio. Please do not ask me what the best ratio is; I do not know what that is. The problem is we have remote areas where they do not do a lot. We have busy areas in the city and Gold Coast where they do a lot. It is really difficult to get the ratio right. I might add that even if a peer supporter moves from station A to station B, a lot of people will ring that peer supporter if they like him—I mean, if they have cultivated a relationship.

Ms M.M. QUIRK: Do you conduct exit interviews or anything when people leave the service?

Mr Scully: I do not think so, no. Do we?

Mr Wehr: No, we have been in stages, but —

Mr Scully: I do not think that is routinely done, no.

The CHAIRMAN: Is your peer support just for the ambulance service? Do any of the other Queensland emergency services mirror that as well?

Mr Scully: Yes, they do. The fire service has a program, as does EMQ, Emergency Management Queensland, or SES as it is more frequently known.

The CHAIRMAN: What about other jurisdictions around Australia?

Mr Scully: Yes. There is what is known as the Convention of Ambulance Authorities as a committee, which only started last year admittedly, but yes there are peer support programs in each of the major states that I am aware of and we try to liaise closely. It is not always easy but they certainly do. There was what they called a Critical Incident Stress Management Foundation of Australia, which has receded somewhat because of a lot of other stuff that I will not get into now,

but there was a focus body that cultivated a lot of work for those. And prison officers—in fact, I went to Perth and did some work with your department of prisons over there with Jenny Hatfield, who was setting up a peer support program in prisons over there.

Mr I.M. BRITZA: Paul, do you use retired members of the ambulance —

Mr Scully: We have a retired officers association. It is only three years old now. Do we use them in this sort of context? No. I would be very keen to do that. I think it is a golden opportunity to do so, but, no, we do not.

Mr I.M. BRITZA: What is the major reason for that?

Mr Scully: For not doing it?

Mr I.M. BRITZA: Yes.

Mr Scully: It has just never been acted upon. But I would be very keen to do it.

The CHAIRMAN: Why are you keen to do it?

Mr Scully: The Queensland Ambulance Service has the lowest attrition rate of any government department in Queensland. My strong view is that I am very keen to do some research with this population, because it is very good for us to be able to know and discern precisely what it is that creates the robustness and the resilience that enables a person to join the service at, say, 20 and leave at 60. That is a very useful bit of information which has been neglected over the years I am sorry to say. Notwithstanding that, I would be very keen for people who have served over time to be able to make a further contribution in way in which, of course, is commensurate with their retirement but is also a valuable resource that we could and should draw upon. I am very keen for that to be used and I think it would be very, very useful.

Ms M.M. QUIRK: You mentioned earlier the impact of Doherty's case. I have just quickly looked it up and I gather that was a case where a police officer was awarded quite significant damages because he was found to have not been given any assistance in terms of his post-trauma stress.

Mr Scully: Not quite, no. There is a little more colour to that. The reality is that he had made a prior claim through WorkCover and the psychiatrist and other professionals said he was okay to go back to work and be monitored. The judge said, "That is not good enough." This is Paul's interpretation without any law degree. My strong view is that what the judge said is that we should be circumspect about whether we accept the opinion of the treating psychiatrist that it is appropriate for a person to come back. Notwithstanding that, what I do know in my area of expertise is that an individual is nine times more likely to succumb to psychological trauma having had a prior diagnosis. So it is a very potent indicator to say that perhaps what the judge said was very significant about the fact that the duty of care of the employer goes beyond just minimising the risk at employment; it requires us to monitor staff as we go along and to make sure that we do not allow people who have had a significant injury to return to the workplace.

[11.00 am]

Ms M.M. QUIRK: So what changes have you had to make as a consequence of that?

Mr Scully: That has only come out recently and the changes—may I have the temerity to suggest that we do not have to make any because we have made it a practice not to allow people back into the system. As a result of the Hegarty case, to which the judge referred in this matter regarding Doherty, we have introduced mental health training for managers and supervisors. There is a package there that I am happy for you to have. That is a one-day mental health training package for all managers and supervisors, which is now mandatory. We have recently had some data following initial research that we did in respect to running those. Managers and supervisors do need that support and they do not always understand what their obligations are in respect to that.

Ms M.M. QUIRK: Especially if they have been out in the field themselves and say, "Suck it up, princess" —

Mr A.P. JACOB: Just quickly on Doherty, I do not know whether you know, but when he went back and the psychiatrist cleared him for that, was it his desire to go back or was it his desire to still be off?

Mr Scully: I think that is an important observation to make. I am aware that Doherty endeavoured to minimise or deny a lot of his symptomology and as a consequence it made it difficult for people to know that he was continuing to suffer. Notwithstanding that, one of the things that I think is really important in that matter is that an individual who has been diagnosed is at greater risk than anybody else.

Mr A.P. JACOB: The flip-side of the coin and the danger here is that people might see that and people who may themselves be in denial about their own problem—the implications would be that they would be far more cautious in even coming forward in the first place if they were worried about their careers and then not being allowed to return to the workforce sooner. So there is a big danger in this as well.

Mr Scully: That is correct. We have encountered this many times over the past 10 years particularly. That is the reality. There is no doubt about it. I am satisfied that there is a likelihood that people will be fearful and therefore minimise. There was a recommendation in an initial statement given in the Hegarty court case, which was our court case some years ago. Professor Richard Bryant, who is the specialist in CBT in Australia, made a recommendation that all paramedics should be screened on an annual basis. He recanted that information at trial and realised the inappropriateness of that and the questionable validity or usefulness of being able to do such an activity.

Mr A.P. JACOB: I suppose that hinges on who does the screening as well. To a previous witness I asked the question, for example, if there is a union that covers the membership, possibly some of the screening could be done through them or through a group that already has a bit of the trust built up, but also a group that is not implicated in the management. So you would not, by the same token, hinder your advancement.

Mr Scully: With respect, I would question the validity of that given the people who know this is coming up would struggle with it, as they do, for example, with being screened for their skills et cetera. We have found that it is very useful to be able to cultivate a culture through the peer support model, which is highly trusted. We have some peer supporters who have been doing this for 20 years and many who have been doing it for long periods of time in the intervening period. Creating an environment of safety, I think, is probably the factor which has been most helpful in getting people to put their hands up. We are noticing that now even with the cohort of postgraduate university students who, in fact, have become, as in some recent data that Todd produced—we have had 135% increase in less than five years' service officers who are using the counselling program and the peer support program. This speaks loudly to the fact that this cohort is much more willing to put their hand up and embrace such a program, whereas people of my vintage who joined 40 years ago are maybe not that enthusiastic.

Mr A.P. JACOB: There is maybe a bit of a generational aspect to that as well —

Mr Scully: Absolutely. No question about it.

The CHAIRMAN: Can I just clarify that you have got a number of levels of support and one is that you do psychological first-aid training?

Mr Scully: When David originally communicated with me about this, I would not classify ours as psychological first aid. Psychological first aid is entirely appropriate in a context. What we have is a population of people who are exposed on a daily basis. We have to deal with the issue of resilience building, of learning to deal with repeated grief, with death of children on a more or less daily basis

and a whole variety of things. That goes beyond the reach of psychological first aid. Psychological first aid is designed with a specific context to deal with individuals immediately after, frequently, a catastrophic event. It is obviously about food, shelter and clothing, but then it becomes support and care and humane compassion and embracing and warmly caring for individuals—not to trivialise it, because it is a very good model, but in that context where it is a one-off. We have people who try to cope with things in their way and that falls well beyond the reach of psychological first aid. Notwithstanding, we do talk to them about it, because many of our paramedics have themselves been victims of the flood. I think 23 of our paramedics in the state were affected in some way by inundation from the flood. We have had people whose houses have been damaged in a cyclone and on other occasions. There is no question that in our education of managers and peer supporters that is an issue. But we have to understand that the role played by paramedics and emergency dispatchers goes far beyond that. Have I answered that okay?

The CHAIRMAN: Maybe I have got a different idea of psychological first aid. I am thinking about crews out in ambulances. Are they trained to watch out for each other and pick up signs?

Mr Scully: Quite so, my word.

The CHAIRMAN: Then you go to a peer supporter or your manager directs you to a peer supporter.

Mr Scully: Generally peer supporter, yes.

The CHAIRMAN: Then where does the counselling come in? Does a peer supporter direct people to the counselling?

Mr Scully: Yes, they do. I think that one of the things that we found with our research over time is that about 80% of issues for which a paramedic may talk to a peer supporter are resolved with that peer supporter. In my experience, when I was on the road 1 000 years ago, I found that I could go home and I would want to tell my wife about a compound fracture that I had or some dreadful event that I went to, but I also realised that she could not tolerate that because she had no nursing background. It was a struggle for her to sit and listen and I discovered that. That for me was a learning inasmuch as I also needed to be able to talk to a colleague who would understand and who would not avoid listening to my story. That is the first thing. The second thing is if I say to somebody—my wife, for example—"I tubed the patient, but the cuff would not inflate and I found that we had trouble keying up the number of JLS I had", they do not know what we are talking about, but a peer does. Oftentimes it is about processing the earlier experience and the job-related stuff that is the stressor: could I have done more to save the child? If a peer who understands my context is able to say, "Well, you have done it all mate." Then I can breathe again and then we can talk about the emotional impact. To that extent, 80% of the reasons for which individuals talk to peer supporters are resolved with the peer supporter, and I am very confident that the other 20% they encounter are forwarded on to counsellors. So they get referred and they see—I have forgotten the number—600 ambulance personnel a year.

The CHAIRMAN: So that is 600 actual individuals, is it?

Mr Scully: Yes, it is.

The CHAIRMAN: What happens with the counselling then? Where does that go from there and is there any resistance to come forward for counselling?

Mr Scully: Not now. I am sorry. I am not clear about your first question when you say, "Where does it go from there?" They will do X number of sessions.

The CHAIRMAN: Are the counsellors trained psychologists?

Mr Scully: Yes, my word. They are external to the system.

The CHAIRMAN: They are external?

Mr Scully: Yes, they are. We have not let a contract to a group. I have been actively resistant to the proposition that a contract be let to a provider. What we have done over the years is engage individuals. We carefully screen them and we check that they have some competence in the area of trauma and issues under general anxiety disorders in the DSM so they have an understanding and provide work for us in this context. So, we employ them individually.

Mr T.G. STEPHENS: Can I ask why you resisted recruiting a group?

Mr Scully: For that very reason. When you recruit a group, unfortunately, you do not have any control on screening the individuals who provide the service. You have to take whom the group nominates, whereas I have hand-selected these individuals over the years and am satisfied that they have got some significant experience in the locality.

[11.10 am]

Mr T.G. STEPHENS: Is that the experience of other emergency services —

Mr Scully: It may well be. Bearing in mind, if I am looking for a counsellor at a remote location, there may only be one there —

Ms M.M. QUIRK: You might need to spell that for us.

Mr Scully: Sorry, that is a made-up—I do not mean to trivialise your question. If I am looking for an individual in a community—Longreach there are I think only three and I think all three of them work for a federal government department, but they do private work as well. I have no choice there, but where I have a choice —

Mr T.G. STEPHENS: The other equivalent services, do they draw off your personnel that are out there for counselling?

Mr Scully: Do they use the same counsellors?

Mr T.G. STEPHENS: Yes.

Mr Scully: Yes, they do.

Mr T.G. STEPHENS: They are individually commissioned by those different agencies?

Mr Scully: Yes, that is correct.

The CHAIRMAN: Is there a report back to the Ambulance Service from those counsellors? Do you know who goes to the counsellors?

Mr Scully: No. It is absolutely confidential; otherwise people will not use it. They are absolutely required to provide a statistical return, which I have got in a document here and am happy for you to have. There is a whole lot of other material here, but one of them is a statistical return that the counsellor is required to provide when they see a client and they must send it in with their invoice. We have a data inflow which provides us with some evaluation of the program and then I supervise them as well. So I have to see them at least twice a year and then we bring them all together for a counsellors' workshop once a year. There is quite a lot of investment in them in order to for them to provide this service. The short answer to your question is no. If Bill Smith goes to one of the counsellors in Townsville, I would not know that.

Mr T.G. STEPHENS: How do you audit that process?

Mr Scully: There are two ways we can audit it. We can get the individual who presents for counselling to sign a form at the time that they attend the visit. Then we can get a third party—which has been done twice in the last 20 years—to visit randomly a number of those counsellors and check that the invoice matches the file and the signature.

Mr Wehr: The other option for accessing counsellors as well is the self-referral. People have access to the lists of all the counsellors within their region and they can ring up the counsellor themselves

and make an appointment. They do not even have to go through the peer support officers if they do not feel comfortable doing so.

The CHAIRMAN: Does that extend to families?

Mr Scully: Yes, it does.

The CHAIRMAN: You mentioned that your wife could not cope. So, it does extend to families?

Mr Scully: Yes, it does.

The CHAIRMAN: Is there a limit?

Mr Scully: Yes, there is. If the matter is work-related, it is more or less unlimited. We do not market that as "Go as many times as you want", but in actual fact it is actually two dependants; so it can be a partner and offspring who are dependants. Beyond that it does not go and they are limited to six consultations.

The CHAIRMAN: Do you track the number of incidents individual operators might go to? Do you actually know if your operators have attended five child incidents in a week or a month or anything like that?

Mr Scully: That can be done. We personally do not do it. We have an activation policy for the priority 1 peer support officer. There is a mandatory list and there is a policy, which is here, which lists those types of cases which must be mandatorily activated for peer supporters. Death of children is one of them. We would not necessarily keep a record that Bill Smith has attended three child deaths this month, but the three child deaths would be automatically activated to the peer supporter. We have a phone or a pager in each of the regions. There is a duty peer supporter active with that phone or pager at all times, as are we. We have three full time counsellors in our unit and I am on call all the time. Over the years, people have learned to understand that if this first number is not responding, they can quickly go to this 2nd one and so on.

Ms M.M. QUIRK: So how does that get to the pager?

Mr Scully: Our communications centre —

Ms M.M. QUIRK: Okay.

Mr Wehr: The advantage we are finding since we have been doing the mental health training as well with the managers and supervisors, is that they are often probably the people who have been going to more jobs. So, now they know and we are letting them know that if they are worried about someone, they can call us. They can call us directly. For them it has been a big relief because they were saying, "We do not know what we should do in this circumstance", because they are trained to be paramedics but not so much managers and looking after people. For them it has been a big relief. Since we have been doing the training, we are getting a lot of calls from the managers saying, "Look, I am just a bit concerned about one of my officers here." We tell them they can keep it confidential if the person wants to keep it confidential and then we can provide advice of what they can do. We find that we are certainly catching more of those cases as well.

The CHAIRMAN: Can we go to the floods of last year? Have they greatly increased stress with your staff? Did you notice any major differences?

Mr Scully: I do not think there is any doubt that in the key areas—might I also say that we also noticed that people in areas who were not impacted by the floods, cyclones et cetera, actually peer supporters, put up their hands and said, "Is there anything we can do?" So we used them. We tried to avoid using the peer supporters in the actual impacted areas and used peer supporters from elsewhere. The organisation was happy to fund travel et cetera to do that. But yes, there were undoubtedly very, very difficult problems. In fact, as recently as just in the last few weeks I have been asked to organise one of our counsellors to go to the north to Tully, just south of Cairns, to do some more work. A couple of our officers actually had their houses badly knocked about there and

there continues to be some difficulty with staff in general there. So, we are doing some more work there right now.

The CHAIRMAN: When you say "difficulty with staff", what do you mean?

Mr Scully: Staff not coping. One officer's house at Mission Beach is not yet completed. A lot of stuff like that has just meant that these people are unable to let this go and there will be another—they have just missed a cyclone season. We were blessed; we did not get badly knocked about. But the anxiety level just went through the roof there. We were having counsellors and peer supporters visiting stations at that time just to talk to people about their anxiety et cetera. I mean, these people were not in the foetal position in the corner, but we were very aware that people were anxious about the possibility of yet another repeat of 2011 and in consequence we were proactively trying to just make sure that people were doing okay.

The CHAIRMAN: Was there an increase in aggression and insubordination or anything like that?

Mr Scully: Not that has been registered.

Mr Wehr: Anecdotally—there is certainly no research to show it—people actually pull together a lot more. From what the managers were saying, there was a lot less complaining and a lot less aggression because people actually just pulled together and were wanting to do more work and volunteering to come in.

Mr Scully: Can I draw your attention to page 7? I am aware that you may want to initiate another question, but page 7 just deals a little with the 2011 floods et cetera and there is a bit about the concurrent events there. Closely at the end we also dispatched people to the New Zealand earthquake. About nine or 10 of our paramedics went and one of our counsellors went over to support them as well. There is a bit of information there about the impact et cetera and some other —

The CHAIRMAN: What support goes to the family when you deploy?

Mr Scully: I beg your pardon.

The CHAIRMAN: Is there any support that goes to the family when you deploy officers overseas?

Mr Scully: My word, yes. It is not my specific area except for the mental health support of—we have extensive screening for people who are in what is called SOT, which is the special operations team. They are screened and trained in special emergency response stuff for floods, fires and cyclones. In fact, they go interstate to the fires et cetera as well, as they have done over a number of years. However, they too have a mental health assessment. They are required to go through a process. We do ask them questions on a variety of topics. For example, do they have elderly parents? If you are leaving your wife behind, does she have family support around? A whole variety of stuff. Do they have a will? You would be amazed at the number of people who do not have a will. A whole variety of information about that sort of stuff before they are deployed overseas. We sent some people to Banda Aceh as well of course a few years ago.

The CHAIRMAN: What is the communication between the family and the person deployed?

Mr Scully: They have company phones and they are able to communicate, I think, pretty much on a daily basis as required. They come off their shift. I think they were doing in New Zealand 12 hours.

[11.20 am]

Mr Wehr: In New Zealand they actually had fairly good phone access, so they were able to communicate. I screened some paramedics before they went over and one of the things they were anxious about was whether they could communicate with their family. We obtained a whole heap of information before they went over and found out that they could access communications to their family. The other thing they were anxious about was whether somebody could just get hold of their wife and see that everything was okay with the family. So, we did that and I made phone calls and

also wrote them letters offering—should they require our services—that we are available. For the paramedics going over, that was a relief for them. That was something that they wanted to happen and for the wives they were quite relieved and thankful that it did happen as well.

Ms M.M. QUIRK: I just noticed on the next page there is a Christmas card with information on it. Was there anything that particularly initiated that other than the fact that it was Christmas?

Mr Scully: I just put that there as information for you. Every year we have a mail-out. We did do it at Christmas. We find it gets a bit lost at Christmas now so we send it out at June. I have got a sample of the most recent one we have done just here in this package, which I will leave with you. We were sending that out every year at Christmas. We now do it in the middle of the year if we can. That goes to their snail mail address so that there is a lot of information that is out there. In the page before that there is the *You News*, which is a monthly newsletter we put out about mental health stuff. In addition to that, the other picture prior to that is a whole lot of promotional material that is at the station and given to managers and supervisors. We give a package of stuff to new recruits, of course. We update the stuff routinely.

Mr I.M. BRITZA: You both probably said it, but I just want to clarify it again. The service appears to really have focused on this mental issue, which is the area that we are primarily focused on; not everybody accesses it, but it does appear that your members do, in fact, avail themselves of this.

Mr Scully: Look, that is a very, very astute question. It is a bit like turning around the aircraft carrier. It was slow. It was difficult. When I first began this 20 years ago, there was a lot of people then who said we do not want anything to do with the tree huggers. We have had to work very, very hard on that and gradually they did. If there was one thing—probably I might be overstating just one thing. I think there are two things. I think our peer support model has been extraordinarily efficient, but I think if it was second to anything, it would be education. We need to get people when they get in the door and we need to say to them, "This is what we do. This is how you can care for yourself. These are the risks if you don't and it is important for you to embrace the idea that you are not a wuss if you talk to somebody about how you are feeling." That is cryptic but that is the point. To turn the aircraft carrier around took probably 10 years until we had a very significant and overwhelming embrace of the program. But it is now working.

Mr I.M. BRITZA: I am encouraged. Overseas, I spoke with the police service where, after a traumatic fatality, it was "compulsory"—I use that word, but that is the word. It took a while to get in but now they are very thankful—that first 24-hour period. To hear that this one is not compulsory but people actually are putting up their hand, that is quite encouraging.

Mr Scully: To be fair, it is compulsory that the event—the motor accident—gets reported to our people. One of the things that Justice Kirby was quoted in the Hegarty court case as saying was that we need to apply this support program assertively, when appropriate.

Mr I.M. BRITZA: That was carefully said!

Mr Scully: It was carefully said. However, he also said that we have to have due regard to the privacy and confidentiality of the individual. I might be looking distressed and distraught around the workplace and I come to work unshaven, et cetera, because my wife has left me and I have issues, so my privacy is important, but it might also be that I am traumatised as a consequence of something and the OIC at least needs to put up his hand and say to me, "How are you travelling?" Mandating a debriefing has gone off the agenda. I am happy to chat about that.

The CHAIRMAN: Do you have a chaplaincy service?

Mr Scully: Yes, we do.

The CHAIRMAN: What form does that take?

Mr Scully: We have a chaplaincy free-call telephone number to a chaplain who is located in Toowoomba. It has not been embraced or as vigorously utilised but, ironically enough, we are

beginning to expand it a little. There are a few chaplains—I say a few; maybe three or four throughout the state—who are proactive. Yes, we are very happy to expand that. It has some difficulties of its own, but the short answer is that yes, we do have a state chaplain and he frequently goes around the state and, of course, he does funerals and gives talks and things like that.

The CHAIRMAN: You spoke about the staff that you have deployed in Christchurch. How long did you track them for after they came back? Do you track them at all?

Mr Scully: Oh, my word, yes. Because they are in a select group of this sort of team, it is quite easy to find out where they are and what they are doing. We do follow them up and we actually did some research with that Banda Aceh group. We try to have robust research around our program in mental health in general and, yes, we did follow them up for about 12 months.

Ms M.M. QUIRK: You have given evidence about the psychometric test so that you do not have people on board when they are predisposed. You will not have this on hand, but if you could maybe send David an email, how many applicants do you have a year and how many in fact are knocked out because of that reason? I would be interested to know that.

Mr Scully: I do not have that off the top of my head but I would be very happy to share that with you. Believe me, it has paid for itself. Sadly, you may have read in the news about an ambulance station that was burnt down here about 18 months ago. A first-year applicant who did psychometric testing was declined a position and torched an ambulance station down at Cleveland.

Mr T.G. STEPHENS: So it has cost you something.

Mr Scully: It did cost us. I do not wish to sensationalise or denigrate, but I think it is important that we need to do it and I think it has paid for itself many times.

Ms M.M. QUIRK: So if we make some recommendations in that regard, there is going to be some push back —

Mr Scully: Yes, of course.

Ms M.M. QUIRK: — and some will say that we will either lose too many applicants or that it is costly. Any information in that regard —

Mr Scully: I think the thing that informs us of our legal duty—I will not bang on about this too much—is that a judge will not take kindly to the fact that we did not make every diligent effort to screen an individual who may have been at risk. That is where we are at.

The CHAIRMAN: When you pair teams up, how long are they in that team? Is that a permanent relationship with the two, or are they cycled through?

Mr Scully: No, it is not permanent and they move from station to station. I think they endeavour with first-year students in particular to put them together for at least a couple of roster cycles, which is about 14 weeks, for a start. Beyond that I do not think there is any specific protocol to keep individuals together for any particular period.

Mr Wehr: Prior to 10 years ago there were a lot of the people who had been in the job for a long time and not a lot of new people coming through, so people were teamed up for quite a long time, but in the past 10 years there has been a significant increase in staff numbers, with groups of 50 or 60 students coming out at a time. Most of the stations have not been able to keep people paired up for long. They have to keep people through what they call a “learning achievement phase”, where they will have a mentor with them. They will do that period of time and then they may be floating until their next learning phase. People are deliberately rotated around to work with different people in different stations.

The CHAIRMAN: Do all these services that you provide to the career people extend to the volunteers as well?

Mr Scully: My word. I think Todd went and did one recently with a group of volunteers, and he is doing one tonight. Yes, absolutely. Can I just make a point about that? I think it would be helpful for this committee to be aware that in respect to the point that Todd just made, since 2004 we have had a 40% increase in staff and a seven per cent annual increase in workload. The population in Queensland just went berserk in the early 2000s.

The CHAIRMAN: We know what that feels like.

Mr Scully: I am sure you do. In that window of time, as a consequence of this program and other good work we have actually had a 40% reduction in the mental health PTSD claims—post-traumatic stress disorder claims. We have had a 40% increase in staff and a 40% drop in proved post-traumatic stress disorder claims to WorkCover. The point is that I think there is a potency in what we are doing but it requires a lot of massaging and a lot of work.

[11.30 am]

Mr A.P. JACOB: And that is incorporating the floods.

Mr Scully: Absolutely, yes. Forgive me, if I have to stop, just tell me to stop, but I really think it is important to understand that in terms of our program, we monitored the floods and cyclones very carefully and we activated people as we went along. Thank God they tell you when a cyclone is going to hit four days before it does, so that is good news, and the floods are a slow journey. Some of our towns were flooded four or five times. Emerald had two hits, Roma four and Goondiwindi was evacuated twice. We had all this stuff going on but there was a lead time that enabled us to just hand-pick counsellors and peer supporters, and we delivered them to the regions. They do not want people parachuted in saying we are going to do psychobabble; they just want to know they are cared for, and that is what we were able to do.

The CHAIRMAN: Do you do briefings? When you get a warning of a flood or a cyclone, is there a briefing of the crews as to what they might expect?

Mr Scully: There is in all the regions. Operationally, from our point of view, we would communicate by email directly with peer supporters and counsellors and tell them that this is going down and might you be available and so on, but we do not particularly go into a briefing in a room with peer supporters or counsellors specifically for that. The ones we have a harder struggle with are the instantaneous ones. One of our tragedies was that one of our officers was being lowered on to a boat off Thursday Island and the rope broke off the helicopter and he is now a quadriplegic. That was much harder to manage because there was no lead time. In 2000 and 2001, eight people were killed in two helicopter crashes. That was much more difficult to deal with because there was no lead time and it distressed everybody. There were four paramedics killed, patients were killed, the mother of one patient was killed, and the pilots too, of course. They are much more difficult in so much as you have no lead time and you have to marshal resources quickly. In the context of natural disasters, that it is much easier to manage, and we have now had a bit of practice.

Mr A.P. JACOB: I just noticed this table you put at the back here. I just wonder if you could go into a little bit of detail about where that came from.

Mr Scully: That is from a book called *When Disaster Strikes* written by Beverly Raphael in 1986. Emeritus Professor Beverly Raphael is a national and international expert. If you go to her website, she and Professor Louise Newman wrote the manual that was used, by request, for responding to the 9/11 disasters in America. If you go on to the website, you can actually download her manual, which talks about a variety of responses to the community, emergency workers and a whole variety of people. We had her up here just a fortnight ago doing a workshop for us with our staff counsellors. It is quite brilliant. The reason I included that is we need to understand—because many people do not—that the response to trauma is not linear. People do compensate for a period of time and then there is the response and so on.

Mr A.P. JACOB: There is actually a spike.

Mr Scully: Indeed, there is.

The CHAIRMAN: I am going to make an assumption about your counselling services: is it because you pick your counselling services individually that you do not think that having joint counselling services across all the agencies in Queensland would be a help?

Mr Scully: We do, but we have grown together a little bit in fire and the SES, and many of us use the same ones. The Premier's department did a review of this two years ago and wanted to know why we were not using a group arrangement, as I described before. The reality is that we need to be able to be very careful that we have people who are suitably competent and qualified and that we train them. We run workshops regionally as well as an annual workshop for all of them. The short answer is that many of us do use the same counsellors across the other emergency services, and many of those, of course, do other work with other agencies, I am sure. I am aware that my counterparts in police, fire and SES will often use the same counsellors we are using.

Mr I.M. BRITZA: It was good that the Premier's department actually received your explanation.

Mr Scully: Yes, thank you.

Mr I.M. BRITZA: Because they could be pretty heavy-handed—telling you what to do.

Mr Scully: We were very blessed. At the time we were off the back of the Hegarty court case and it was necessary for us to say that our duty of care means—I mean no disrespect to young graduates who are coming out of university and get registered as a psychologist, but we do need some expertise to understand the complexity of long-term trauma and the business of post-traumatic growth and the issue of people decompensating and the complexity of issues that individuals inherit as a consequence of that.

Ms M.M. QUIRK: So the Hegarty case was a local one, was it?

Mr Scully: Yes, he was our employee in 2007.

Ms M.M. QUIRK: What was the story?

Mr Scully: Just briefly, Hegarty made a claim for damages relating to psychological injury on the grounds that he had not been supported and he won a trial but it was overturned on appeal. The appeal judges essentially said—the recording is there—actually, there is a copy of the paper; there is an article written by Freckleton, who is a barrister and a psychologist in Melbourne, on the Hegarty court case, and that is in that package. In essence, Hegarty's outcome was essentially that he claimed he was not provided with sufficient support, and they did not recognise his symptoms. That was certainly a wake-up call for us but the reality was that his wife also went on the stand and said that she did not recognise that there was a problem either. I am being a bit trite here, but that is the essence of it.

Ms M.M. QUIRK: So it basically fell on the factual issues, not on any legal finding about whether there was a duty of care or anything like that?

Mr Scully: That was very heavily canvassed. That was the argument they came after us with—that we failed in our duty of care to monitor his health and wellbeing. That is why Richard Bryant came forward and made the statement that he thought people should be screened on an annual basis, but he recanted that later.

The CHAIRMAN: Members, are there any other questions? Thank you very much for that and thank you for all the information that you have provided and the work you put in beforehand in just putting it together for us. We will send you a copy of the transcript so that you can make any corrections and send it back to us.

Hearing concluded at 11.37 am