



Government of **Western Australia**
Department of **Health**
Office of the Chief Psychiatrist

**Chief Psychiatrist's Review: St John
Ambulance Paramedic and Volunteer
Suspected Suicides**

November 2015

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FOREWORD

Director General
Department of Health Western Australia

St John Ambulance is a household name in Western Australia and has been providing emergency medical services to the metropolitan and country areas of the State since 1922. The community has the expectation that, in an emergency situation, a reliable and responsive ambulance service will be available. Meeting these expectations, often in very difficult circumstances, relies on the skills and dedication of paramedics, transport officers and, in country areas, volunteers.

Five suspected suicides amongst its 6,000 paramedics and volunteers over a period of 16 months up until March 2105 was both a significant human tragedy for families, friends and colleagues alike and a matter of concern for the WA community.

As Chief Psychiatrist, I was asked by the A/Director General, Professor Bryant Stokes, to review the deaths of these five paramedics and volunteers to try to establish what contribution their role as 'first responders' may have had in their deaths with a view to making recommendations to assist SJA to determine the best approach to dealing with the emotional and psychological impact of work and non-work stresses that impact on their staff and volunteers.

Firstly, I would like to acknowledge the remarkable courage of the families of these five paramedics and volunteers for agreeing to participate in this Review and thank them for their willing support. I knew that in asking for their participation that it would raise some painful emotions, but without their help the Review would not have been possible.

I would also like to acknowledge the significant contribution of the paramedic and volunteer colleagues and friends of the five people for sharing their memories of their former colleagues and their experiences as 'first responders' and as staff and volunteers of SJA.

Mr Tony Ahern, CEO of SJA, also deserves special acknowledgement for the willingness and openness with which he and his staff have assisted the Review Team and for the efforts that they have made in trying to strengthen the Wellbeing and Support services in the wake of these tragedies, including recently commissioning an Independent Oversight Panel to examine their workplace culture and well-being of their staff and volunteers.

The Reviewer Team has documented and carefully considered the information provided by relatives, colleagues, SJA and, where obtainable, health records in reaching their findings for

each individual. The findings for the individuals will not be released publicly for reasons of privacy. Family members will, however, be offered an opportunity to have an in-depth discussion on the findings of the individual reviews.

The Reviewers found little evidence that exposure to ‘critical incidents’ in their role as first responders was a key factor in the deaths of the five paramedics/volunteers. Four of the five people were receiving mental health treatment and support in the period preceding their death. In each case in which SJA was aware that a person was experiencing difficulty, support was offered. The uptake of the offer of support by making use of an SJA funded external counselling service was minimal. Most sought treatment, independently from SJA, from external health providers.

Seven recommendations arose from the review of the circumstances surrounding the five deaths relating to the following matters:

- SJA Wellbeing and Support Services
- Impact of suicide on workplaces
- Conflict resolution in the workplace
- Performance management
- The role of Community Paramedics
- Selection of volunteers
- Employee engagement

Finally, the Review found, in talking to the paramedic and volunteer colleagues of the five people, that although ‘job satisfaction’ was high amongst paramedics and volunteers their level of satisfaction with the way the system operates (‘organisational satisfaction’) was low. SJA is not alone in relation to this. Reviews in other Australian jurisdictions have also identified the ‘cultural divide’ between management and paramedics as a problem.

Staff ‘engagement’ has been increasingly recognised in health service research as critical for improving patient safety, service quality, organisational performance and staff wellbeing. Engagement requires two-way interaction, staff and management working together to find shared solutions to matters that affect them. This will be critical in addressing the issues arising from the circumstances surrounding the deaths of the five paramedics and volunteers.

Dr Nathan Gibson
Chief Psychiatrist
Department of Health Western Australia

November 2015

1 THE REVIEW PROCESS

1.1 Background

Five suspected suicides of St John Ambulance WA (SJA) Paramedics and Volunteers occurred between 21 December 2013 and 30 March 2015. The Minister for Health requested that the Acting Director General of the Department of Health WA, Professor Bryant Stokes, consider a review process for these deaths, external to St John Ambulance WA. The A/DG requested that the Chief Psychiatrist, Dr Nathan Gibson, undertake a review of these deaths.

Under Section 9 Mental Health Act WA 1996, the Chief Psychiatrist is required to monitor the standards of psychiatric care provided throughout the state. The Chief Psychiatrist, by the nature of his role, brings an independent focus on clinical aspects of care.

Following due process, the Chief Psychiatrist was requested to report his findings and any associated recommendations to the Director General of Health, who will then advise St John Ambulance accordingly.

At the same time as the Chief Psychiatrist's Review was being conducted, SJA established an Independent Oversight Panel to examine its workplace culture and the well-being of its staff and volunteers. The Panel was also charged with examining the SJA workplace and well-being programs and support structures including factors surrounding the recent deaths of paramedics. While there may be some overlap between these two investigations, the Chief Psychiatrist's Review was conducted as an entirely separate process to ensure its integrity and independence.

1.2 Terms of Reference of the Chief Psychiatrist's Review

The Chief Psychiatrist will consider the factors contributing to these deaths, and specifically consider the requirements of their role as a 'first responder'- Paramedic or Ambulance Volunteer- which may have contributed to the deaths. Individual, cohort or systemic factors may be considered in this review.

The Chief Psychiatrist will make findings and any appropriate recommendations that may assist SJA to determine the best approach to deal with the emotional and psychological impact of work and non-work stresses that impact the wellbeing of their staff and volunteers.

The Chief Psychiatrist acknowledges the coronial review of these individual cases as a separate process, and would provide the final report, through the A/DG to the State

Coroner, if required.

The Review procedure will include:

- Examination of any available health records (consent will need to be obtained from the surviving next of kin both to participate in the review and to access health records of the deceased);
- Interviews with appropriate third parties, which may include surviving family members or work colleagues, among others;
- Examination of information available to SJA relating to each case. This includes, although is not restricted to, the ambulance case history of each first responder;
- Examination of SJA policies or programs, so far as their relevance to the comprehensive understanding of the individual or cohort of cases at the time of their deaths;
- The Chief Psychiatrist may consider any relevant literature, reports, expert commentary or jurisdictional data relating to suicide and first-responders.

The individual cases within the scope of this review include:*

Name	Position	Age	Resignation	Date of death	Length of service	Location

**Names and details have been redacted to honour the commitment by the Chief Psychiatrist to the families involved regarding confidentiality.*

Limitations to the Review

The Chief Psychiatrist will not specifically seek to evaluate the existing wellbeing and support services provided by SJA. Although, any other concurrent review process would not limit the impartiality or capacity of the Chief Psychiatrist to comment or make recommendations on individual or systemic issues that might be identified as relevant in this review.

The Chief Psychiatrist does not have statutory power to require release of clinical, health record or other information as relates to an individual who may be receiving mental health care as a voluntary patient. The availability of any potential health records to provide an objective assessment of clinical or emotional impairment will be very relevant to provide a more complete understanding in this review. The absence of health records may impact on the extent to which the Chief Psychiatrist can comment in those specific cases.

Any limitations within this review will not limit further coronial investigation, if determined as required by the State Coroner.

1.3 Review Team

The Chief Psychiatrist was assisted in undertaking the Review by Dr Geoffrey Smith and Ms Theresa Williams. Dr Smith is a senior psychiatrist who for many years was Director of Mental Health in Western Australia and is currently Medical Director with the WA Centre for Mental Health Policy Research. Ms Williams is a clinical psychologist with extensive experience in policy, planning and service review and evaluation. She is currently Director of the WA Centre for Mental Health Policy Research.

2 METHODOLOGY

2.1 Interviews with Next of Kin (NoK)

St John Ambulance (SJA) was asked to make the initial contact with the NoK to seek their consent to SJA providing the Reviewers with their contact details. A letter from the Chief Psychiatrist was forwarded to the NoK through SJA which explained the purpose of the Review, introduced the Review team, outlined the process and timeline and sought their agreement to participate (see Appendix 1).

This letter from the Chief Psychiatrist outlined to the families that while the findings and recommendations would be publicly released, the information regarding individuals would be kept confidential. However, before agreeing to be interviewed, they were advised that disclosure of information could be required by a court of law.

Upon receiving approval from the NoK for their contact details to be provided by SJA, the Reviewers contacted them to arrange a time for a meeting. The meetings were conducted face-to-face wherever possible, at a location of their choosing, or alternatively by telephone. The Reviewers travelled to one regional centre to meet with the NoK.

The NoK of all five people who were the subject of this Review agreed to participate in the Review. In all, 9 people were interviewed, either in person or by telephone.

2.2 Interviews with SJA staff and volunteers

SJA were asked to identify staff members and volunteers who worked as colleagues of a person that was the subject of the Review and to seek their consent to provide the Reviewers with their contact details. A letter from the Chief Psychiatrist was forwarded to them through SJA explaining the purpose of the Review, introducing the Review team, outlining the process and timeline and seeking their agreement to participate (see Appendix 1).

This letter from the Chief Psychiatrist outlined to the SJA staff and volunteers that while the findings and recommendations would be publicly released, the information regarding individuals would be kept confidential. However, before agreeing to be interviewed, they were advised that disclosure of information could be required by a court of law.

Upon receiving approval from the staff and volunteers for their contact details to be released by SJA, the Reviewers contacted them to arrange a time for a meeting. The meetings were conducted face-to-face wherever possible, at a place of their choosing, or alternatively by telephone. The Reviewers travelled to three country locations to meet with

the staff and volunteers. In addition, a small number of paramedics and volunteers who knew a person that was the subject of the Review contacted the Reviewers directly requesting an interview. This was agreed to in all cases.

A total of 21 staff members and volunteers who worked as colleagues of a person that was the subject of the Review were interviewed, either in person or by telephone.

2.3 Health Records

The Reviewers sought wherever possible to obtain any available health records from public and private sources for the five people who were the subject of the Review. Advice was obtained from Legal and Legislative Services, Department of Health that the most appropriate approach would be for the NoK, where they were willing, to seek access to the health records and then, if they agreed, to provide them to the Reviewers.

It emerged from interviews with the NoK and SJA staff and volunteers that 4 of the 5 people under review were known to have made use of health services in the period leading up to their death. Of these 4, the health records of 2 of the people were able to be obtained by the Reviewers. In two cases, health providers refused a request by the NoK for access to the health records. In another case, the medical practitioner could not be identified.

2.4 Information available from St John Ambulance

The Reviewers determined that the information required from SJA should be tailor-made to the each individual. Accordingly, the information requests were specific and based primarily upon key matters that emerged in the interviews with NoK and work colleagues.

2.5 Consultation with the Senior Manager, Wellbeing and Support Services

The Wellbeing and Support Services were identified by a number of NoK and SJA paramedics and volunteers as being of key importance. The Senior Manager of the service agreed to being interviewed as part of the Review to gain an understanding of the program. A copy of the SJA Wellbeing and Support Plan is attached (Appendix 2).

2.6 Consultation with the State Coroner's Office

The Chief Psychiatrist wrote to the State Coroner advising her of the Review and requesting an opportunity to meet with her to brief her on the Review and clarify the current legal status of the deaths of the five people who are the subject of this Review.

A meeting was held with the Principal Registrar who advised that a finding had been reached in 1 case, while 3 were still open. One of the cases came within the jurisdiction of another State Coroner's Office.

The Reviewers were provided with a copy of a document entitled “Intentional Self-harm Fact Sheet: Emergency Services Personnel”, a publication making use of data from the National Coronial Information System (NCIS) to provide information on Australian emergency services personnel who died as a result of intentional self-harm. Data from the fact sheet is presented later in this report.

2.7 Literature Scan

In keeping with the Terms of Reference, a focussed search of relevant literature and reports as well as jurisdictional data relating to the health and wellbeing of first responders was undertaken. Reference is made to relevant research evidence in the Findings section of the report.

3 FINDINGS

3.1 Suicide and mental health amongst ambulance personnel

3.1.1 *Suicide amongst ambulance staff and volunteers*

Five suicides in WA amongst the 6,000 SJA paramedics and volunteers over a period of 16 months represent a significant human tragedy for families, friends and colleagues alike and is a matter for public concern.

The general belief that ambulance workers have higher rates of suicide than other comparable occupations is one of the issues that the Reviewers attempted to investigate. It has been challenging, however, to find studies with reliable, comprehensive data to conclusively support or negate this belief.

The NCIS has published a fact sheet on intentional self-harm amongst emergency services personnel. This fact sheet covers 'closed' Australian State and territory coronial cases from 1 July 2000 to 31 December 2012. There were 110 fatalities involving emergency services personnel identified of which 62 cases (56%) involved police service members, 26 (24%) ambulance service members and 22 (20%) fire service members. A formal diagnosis of depression (medically diagnosed) was identified in 35% of ambulance officers, while depression was informally noted in a further 19% (references to symptoms of depression in investigative reports). During this period, there was 1 death of an ambulance officer recorded by the Coroner in WA.

There are, however, limitations in the NCIS study in that it does not capture information about former paramedics, only closed cases are included, the determination of 'intent' is subject to the individual determination of each Coroner and volunteers are not included.

The challenge in interpreting figures on suicide is that it is a relatively rare event that occurs randomly over time and, as the Legislative Inquiry in NSW into *The management and operations of the Ambulance Service of NSW* (2008) concluded, "*it is not possible to establish if the levels of suicide in the Ambulance Service is higher than in comparative occupations.*"

3.1.2 *Broader mental health issues*

A systematic review of 49 studies on the health status of ambulance personnel found a number of methodological challenges such as small sample sizes, non-representative samples and a lack of comparison with normative data, which limited the interpretation. They concluded that it is unclear whether ambulance personnel suffer from more mental health problems than the general working population. They added:

“... there is no clear answer as to what degree work-related factors or individual factors, such as personality factors or individual coping, can explain the health data in ambulance workers, and the specific personality or coping dimensions that reliably predict adverse stress reactions among ambulance workers are still uncertain.”

(Sterud et al, 2006)

3.2 Major findings that emerged from the reviews of the deaths

The Reviewers have carefully considered and documented the information provided by relatives, colleagues, SJA and, where obtainable, health records in reaching their findings for each individual.

The reports of these findings will not be released publicly, for reasons of privacy. Family members will, however, be offered an opportunity to have an in-depth discussion on the findings of the individual reviews.

The Terms of Reference required the Reviewers to consider the “work and non-work stresses” that may have contributed to the death by suicide of five paramedics and volunteers. The death of each person was examined against the following factors:

- Factors associated with the role as ‘first responder’ (e.g. critical incident trauma, exposure to abuse and threats/actual violence, shift work)
- Workplace factors (e.g. interpersonal conflict, bullying, harassment, level of peer support, level of supervisor support)
- Organisational factors (e.g. level of organisational support, blame culture, performance management, professional development)
- Social factors (e.g. family conflict, relationship difficulties, level of social support)
- Individual factors (e.g. personality traits, coping strategies, level of resilience, mental disorder).

The factors that families and colleagues identified as significant sources of stress in the lives of the five paramedics/volunteers, which may have contributed to the person’s death are;

- 1st Responder role
- Workplace factors
- Organisational factors
- Social factors
- Individual factors

What emerges is a complex interplay between work and non-work factors where their combination and relative importance is unique for each individual.

The Reviewers found little evidence that exposure to ‘critical incidents’ in their role as first responders was a key factor in the deaths of the five paramedics/volunteers. However, concerns were raised about cumulative stress and the challenges associated with the changing nature of the job in having to deal with abusive and aggressive patients and those affected by alcohol and drugs.

After careful deliberation, the Reviewers concluded that in all cases, individual factors such as personality traits, coping strategies and mental health problems (including in some cases diagnosed mental illness) were major contributory factors in their deaths. The impact was felt in the social domain, with for example family conflict, relationship difficulties and/or social withdrawal. In some instances, these difficulties became problematic in the workplace, further fuelling their difficulties.

The majority of the five people were receiving mental health treatment and support in the period preceding their death. In each case in which SJA was aware that a person was experiencing difficulty, support was offered. A majority of the people made use of an SJA funded external counselling service. Others sought treatment, independently from SJA, from external health providers.

3.3 Recommendations arising from the review of the circumstances surrounding the deaths

3.3.1 SJA Wellbeing and Support Services

Overall amongst those interviewed there was strong recognition of the importance of and the need for wellbeing and support services for staff and volunteers and for their families. Most accepted that the 'old system' had to change as it relied very heavily on a single person and was unsustainable in a growing organisation.

The major changes which were implemented were to close the formal peer support program and place greater emphasis on mental health education and awareness raising for the entire workforce to remove the stigma which may prevent individuals from seeking support and to give everyone the skills to "support themselves, and each other, in an informed way." Appendix 2 describes the current SJA Wellbeing and Support Services Plan. In brief the program is built on:

- shared responsibility for wellbeing;
- reducing stigma;
- referral options for those who require professional counselling or a psychological service;
- a dedicated wellbeing and support team; and
- being evidence-based.

Despite a significant increase in resources being invested by SJA into their Wellbeing and Support Services there were mixed views among those interviewed about the new system. Some noted that the external counselling services were being increasingly used. While others noted that they didn't know the Wellbeing and Support staff and emphasized the importance of having a trusting relationship before they were prepared to seek help. The lack of a formal peer support program was seen as a gap and the Priority One wellbeing and support program in Queensland Ambulance Service was cited as having a number of innovative aspects to its program which could be considered by SJA. These included a highly developed system of peer support and various strategies for building the links between external counselling staff and paramedics.

A number of positive suggestions were made as to how the current Wellbeing and Support Service could be adapted and developed to better meet the needs of staff, volunteers and family members but at present the general consensus is that the organisation provides little opportunity for this.

The Reviewers noted that of the four individuals appropriately recognized by SJA as requiring support and who were actively, and in some cases repeatedly offered support by

their managers, only one person accepted the offer. In some instances they chose instead to seek support outside of the SJA Wellbeing and Support program. It was reported that one of the five people did not take antidepressants prescribed by their GP as they thought if SJA found out it could affect their employment. There was a general unease about personal disclosure of mental health issues and also about the confidentiality of help seeking through support services. It was widely felt among those interviewed that seeking help could adversely affect employment security and career progression.

These issues are not unique to SJA but are found in ambulance services in a number of countries. A study by Jonsson et al (2003) found that less than 50% of ambulance personnel felt they could talk with their supervisor or manager after a critical incident, whereas a majority stated that they had good support from their ambulance colleagues. A study of ambulance officers in Canada found that among the barriers to accessing support from a supervisor or via peer support after a critical incident was a fear of the stigma that may result from self-revelations (Halpern et al, 2009). Research undertaken with Scottish ambulance personnel also noted a reluctance to seek help because of anxieties about confidentiality and the perceived threat to their career prospects (Alexander & Klein, 2001). A further barrier was identified in a study of the Queensland Ambulance Service which found that proportionally more female than male ambulance officers were accessing counsellors which they suggested was most likely due to males waiting until an issue had become a significant problem before seeking assistance (Shakespeare-Finch et al, 2014).

Closer to home, research undertaken with Victorian paramedics concluded that regardless of the comprehensiveness or merits of employee support and assistance programs, the active participation of the paramedics in the design and on-going development of the services is essential to its acceptance and success.

Regardless of what is present within organizations, the support required must be driven from the employees themselves, in order to be successfully implemented...as the initiation of these supports was not originally driven by the employees themselves, they have not been as successful as they could be....The workers who are involved should be consulted at every step, to ensure they feel as though they have ownership of the changes and embrace them when they are put in place.

(Porter 2013 p 173-174).

Recommendation 1

It is recommended that SJA work in close partnership with staff, volunteers and their families, to review their Wellbeing and Support Services to increase 'ownership' and address the challenges in providing such services.

3.3.2 Impact of suicide on workplaces

The impact of suicide by a SJA staff member or volunteer on his/her workplace should not be underestimated. Many months on, the Reviewers found a significant level of distress, and in some cases dysfunction, in the workplaces they visited. While SJA's critical incident debriefing and offers of individual counselling are to be commended, the impact of such an event extends beyond the individual worker to the work group.

Recommendation 2

It is recommended that SJA broaden its response to the impact of suicide and other forms of traumatic death amongst its staff and volunteers by providing proactive, ongoing support focused on the work group, which recognises and builds upon the group's coping strategies.

3.3.3 Conflict resolution in the workplace

Conflict can have a significant effect not only on the individuals concerned but also on the performance of the work group. The SJA workplace is particularly challenging given the nature of the work environment where staff spend many hours together on the road and during downtimes. Sterud et al (2011) noted:

"In contrast to the critical incidents and more routine emergency calls, ambulance personnel must alternatively cope with the boredom and tedium associated with waiting for the next alarm. This time at the station can foment administrative and also co-worker tension and conflicts ..."

Recommendation 3

It is recommended that SJA investigate how to better respond to the management of conflict in the workplace, including in cases of ongoing serious conflict, using an independent skilled mediator.

3.3.4 Performance management

Although SJA has comprehensive Performance Management Guidelines, there are situations in which a paramedic or volunteer's mental health or wellbeing is so seriously compromised that the process is no longer appropriate and may need to be amended or suspended. SJA

needs to consider the best arrangement for it to be able to provide expert psychological advice to management in such complex situations. There are also times when the relationship between the parties is so compromised that the engagement of an external, independent person may be required.

Recommendation 4

It is recommended that SJA review its Performance Management process with a view to providing clear guidance on the conditions under which:

- the process may need to be amended or suspended;
- expert psychological advice should be sought;
- an independent person be appointed.

3.3.5 The role of Community Paramedics

In the report of his Inquiry into SJA (2009), Joyce noted the trials of Rural Support Paramedics being conducted by SJA and the WA Country Health Service (WACHS) with the aim of coordinating and encouraging participation of volunteers in target areas. He commented that *“the role of the country paramedic requires further analysis within the context of integrated health care at a regional level.”* He went on to add, that the development of country ambulance services should *“include consideration of service delivery models tailored to meet the needs of individual country regions.”*

The Rural Support Paramedic trials led on to the establishment of the Community Paramedic (CP) role. The main roles of the CPs have been described to the Reviewers as being to “recruit, train and retain volunteers and to assist with some call-outs if they are in town at the time.” It also involves developing and maintaining working relationships with other agencies.

The Reviewers noted that there was a particular problem in the Northern Goldfields recruiting and retaining CPs because of, amongst other things, its remoteness and isolation. Furthermore, there is significant pressure on the role of the CP in recruiting and retaining volunteers because of the small size and declining numbers in the population centres, accelerated by the downturn in mining.

Currently, SJA is staffing the CP position in the Northern Goldfields on a 3-monthly rotation. While this arrangement may be effective for training volunteers and reducing potential stress on the CP, it does not provide a long-term solution for the difficulty in the recruitment of volunteers against the backdrop of a rapidly declining population pool. Nor is it effective for the development of long-term relationships with volunteers and other agencies.

Furthermore, the decline in volunteers, if it continues, could potentially result in increasing pressure on other health and community services.

Recommendation 5

It is recommended that SJA in partnership with WACHS undertake a detailed review of the ambulance service in the Northern Goldfields to determine the most effective service delivery model for this region.

3.3.6 Selection of volunteers

The recruitment process for volunteers consists of an online application to the volunteer section in the Head Office of SJA. Following a criminal record check and a working with children clearance, a 'welcome pack' is sent out to the volunteer. A number of interviewees questioned the lack of a local screening process. Although, there is a 3 month probation period, local services find it difficult to dispense with the services of volunteers, particularly in the context of country communities.

The Reviewers are of the view that regional services need to have a sense of 'ownership' of the decision, giving them greater assurance of the 'fit' between the volunteer and the service and greater confidence that the health and wellbeing of the volunteer will not be compromised.

Recommendation 6

It is recommended that SJA review its volunteer recruitment process to include an assessment by regional services (possibly including reference checks, interviews and on-the-job experience) with delegation of the final decision for acceptance to regional services.

3.4 Putting the findings and recommendations in a cultural context

In talking with the relatives of the five people, it was clear that they all had a strong identity with, and valued their role as, a paramedic or volunteer and all felt very connected to it.

“St John’s was his life.”

“He loved the ambulance service to death ... that was his life.”

“His job as a paramedic was his life and his passion and he was good at it.”

“He was proud of his work he loved teaching and mentoring.”

“His identity was so connected with the work.”

This was a common theme that emerged in the interviews with their paramedic and volunteer colleagues and is in keeping with research findings (Alexander & Klein, 2001; James and Wright, 1991). Also in keeping with findings from other ambulance services (Alexander and Klein, 2001), the Reviewers found that this high level of satisfaction with the internal features of the job (‘job satisfaction’) did not accord with their low level of satisfaction with the way the system operates (‘organisational satisfaction’).

“Most of the stress in the job comes from management.”

“... there is animosity between the men and the management, a lack of trust.”

“With Belmont, it’s all business on their side. On this end, it’s people and relationships.”

“SJA is a challenging organisation, the job itself is easy, but the management is a problem.”

“Management is not aware of the toll the job can take on you.”

“If you do something wrong, there is a target on your back.”

Amongst SJA staff there was a perception that their views on important matters that affected their lives were not listened to or valued by management: and that if you did express contrary views “there was target on your back”. While this may not ‘actually’ be the case, it is staff perception that forms the ‘lens’ through which they form their views about the organisation.

SJA is not alone in relation to employee satisfaction with the organisation. A study of ambulance personnel in Scotland found that 73% viewed the ambulance service as ‘never’ concerned about their welfare after critical incidents (Alexander and Klein, 2001). Reviews

in other Australian jurisdictions have also identified the ‘cultural divide’ between management and paramedics as a problem (NSW Ambulance Service, 2008: ACT Ambulance Service, 2015).

One of the paramedics interviewed, made a very insightful reflection:

“We need to change the culture on both sides, management and paramedics. We have to get the groups together a sense of ownership of the system is important.”

The Reviewers share this view and believe that increasing the level of ‘engagement’ between management and the broader workforce will be critical in successfully implementing the recommendations in this Report.

Engagement has been increasingly recognised in health service research as critical for improving patient safety, service quality, organisational performance and staff wellbeing (West and Dawson, 2014). Engaging staff requires a two-way interaction, working together to find shared solutions to matters that affect them. SJA staff who were interviewed identified a number of areas of concern including wellbeing and support, continuing education and performance management, in which such an approach could be beneficial. The evidence suggests that strengthening engagement between SJA management and its workforce will go a long way to restoring trust.

Recommendation 7

It is recommended that SJA undertake the development of an Employee Engagement Strategy and Action Plan.

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APPENDIX 1: Letters from the Chief Psychiatrist

Letter from the Chief Psychiatrist to family members

Letter from the Chief Psychiatrist to staff members and volunteers of SJA

To Families

Dear Family Member,

As Chief Psychiatrist, I am writing to ask if you would agree to participate in a Review that I have been asked to undertake by the Acting Director General of the Department of Health, Professor Bryant Stokes, into the deaths of five people who worked as Paramedics or Volunteers with St John Ambulance WA. The deaths of these five people all occurred in the 16 months to 30 March 2015. The purpose of this Review is to consider the factors that may have contributed to the deaths of these people and, particularly, whether their role as a Paramedic or Volunteer may have played a part in their deaths.

Dr Geoff Smith and Ms Theresa Williams will be assisting me with the Review. Dr Smith is a senior psychiatrist who for many years was Director of Mental Health in Western Australia and is currently Medical Director with the WA Centre for Mental Health Policy Research. Ms Williams is a clinical psychologist with extensive experience in policy, planning and service review and evaluation. She is currently Director of the WA Centre for Mental Health Policy Research. These are the two people that I have asked to meet with you if you agree to participate in the Review.

The Review process will include:

- Examination of any available health records (consent will need to be obtained from the next of kin both to participate in the review and to access health records of the deceased);
- Interviews with appropriate third parties, which may include family members or work colleagues, among others;
- Examination of information available to St John Ambulance relating to each person. This includes, although is not restricted to, the ambulance case history of each person;
- Examination of St John Ambulance policies or programs, so far as they are relevant to the individuals at the time of their deaths;
- The Chief Psychiatrist may consider any relevant literature, reports, expert commentary or jurisdictional data relating to death by suicide of 'first-responders'.

I am anticipating that the Review will take approximately three months. At the completion of the Review, I will be delivering a report to the Acting Director General with my findings and with any recommendations I think necessary that may assist St John Ambulance to understand the emotional and psychological impact of work and non-work stresses on the well-being of their staff and volunteers.

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Government of Western Australia
Department of Health
Office of the Chief Psychiatrist

While the findings and recommendations will be publicly released, the information regarding individuals will be kept confidential. Disclosure of confidential information, however, can be required by a court of law.

While I understand that it may raise some painful memories for you, I would very much appreciate your help by participating in this review. I have asked St John Ambulance to make the initial contact to seek your consent to them providing me with your contact details. If you agree to this, Dr Smith will be in contact with you to arrange a suitable time to meet.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Nathan Gibson', with a long horizontal stroke extending to the right.

Dr Nathan Gibson
CHIEF PSYCHIATRIST

20 April 2015

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To St John Ambulance Staff Members

Dear Staff Member,

As Chief Psychiatrist, I am writing to ask if you would agree to participate in a Review that I have been asked to undertake by the Acting Director General of the Department of Health, Professor Bryant Stokes, into the deaths of five people who worked as Paramedics or Volunteers with St John Ambulance WA. The deaths of these five people all occurred in the 16 months to 30 March 2015. The purpose of this Review is to consider the factors that may have contributed to the deaths of these people and, particularly, whether their role as a Paramedic or Volunteer may have played a part in their deaths.

Dr Geoff Smith and Ms Theresa Williams will be assisting me with the Review. Dr Smith is a senior psychiatrist who for many years was Director of Mental Health in Western Australia and is currently Medical Director with the WA Centre for Mental Health Policy Research. Ms Williams is a clinical psychologist with extensive experience in policy, planning and service review and evaluation. She is currently Director of the WA Centre for Mental Health Policy Research. These are the two people that I have asked to meet with you if you agree to participate in the Review.

The Review process will include:

- Examination of any available health records (consent will need to be obtained from the next of kin both to participate in the review and to access health records of the deceased);
- Interviews with appropriate third parties, which may include family members or work colleagues, among others;
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- The Chief Psychiatrist may consider any relevant literature, reports, expert commentary or jurisdictional data relating to death by suicide of 'first-responders'.

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I have asked St John Ambulance to assist me by identifying staff members who worked as colleagues of the people who are the subject of this Review and to seek your agreement to participate in this Review. If you agree to participate, Dr Smith will be in contact with you to arrange a suitable time to meet.

I am anticipating that the Review will take approximately three months. At the completion of the Review, I will be delivering a report to the Acting Director General with my findings and with any recommendations I think necessary that may assist St John Ambulance to understand the emotional and psychological impact of work and non-work stresses on the well-being of their staff and volunteers. While the findings and recommendations will be publicly released, the information regarding individuals will be kept confidential. It should be noted, however, that the disclosure of confidential information can be required by a court of law.

Yours sincerely,



Dr Nathan Gibson
CHIEF PSYCHIATRIST

12 May 2015

APPENDIX 2: SJA Wellbeing and Support Plan

Wellbeing and Support Services: The Plan

Commitment to vision

St John Ambulance WA is deeply committed to offering services that support the psychological wellbeing of all staff, volunteers and family members. Our goal is to move through the stigma surrounding mental health and psychological first aid, which can so often prevent individuals from seeking support. Instead, we strive to build – through evidence-based awareness and skills – the resilience which individuals need to move through this stigma, and to support themselves, and each other, in an informed way. Ultimately, our vision is to cultivate a culture throughout the organisation of shared responsibility for mental health and psychological first aid. Central to this is our acknowledgement that the key to an individual's psychological health is their own willingness to engage with and to access available resources.

Central to the organisation's approach to wellbeing and support services is to::

- Achieve shared responsibility (peer support) for wellbeing
- Move through the stigma associated with mental health
- Provide a comprehensive suite of referral options for our people who require professional counseling or psychological service
- Provide a dedicated wellbeing and support team
- Be evidence-based

In accepting and approving this approach to St John's wellbeing and support services the organisation understood that there had to be a long term commitment to this approach and that it would see our wellbeing and support team grow over time.

One of the criticisms with the 'new approach' to wellbeing and support is that whilst people are seeing some good things, there are still gaps and we are not sufficiently advanced with the implementation. This is true. We are at least 12 months behind where we would like to be, however, there was a 12 month delay to ensure the first phase of wellbeing and support awareness education was a key component of the Continuing Education Program.

St John WA's plan for wellbeing and support services can be outlined as follows:

Ongoing organisational education – annually

To cultivate a culture of shared responsibility within St John Ambulance WA where psychological first aid is how we work together according to practical, visible, tangible and confidential psychological first aid practices, we need to maintain an ongoing schedule of annual organisational education. In 2014, the theme of this education (Unit 101) was around the neurological and physiological effects of stress, distress, and trauma. In 2015, the organisation's education program (Unit 2.0 – 'dare to care') will concentrate on anxiety, the psychology of gratitude, and the importance of resilience .

How is this education provided?

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**Wellbeing & Support Services:
The Plan**



Who?	How?
In conjunction with the College	Induction Grade Two Continuing Education Program – Paramedics Continuing Education Program – State Operations Centre Continuing Education Program - Patient Transport Develop Wellbeing and Support unit for Curtin Podcasts
In conjunction with Volunteer Training, Event Health Services & Country Ambulance	Wellbeing and Support unit – modularised Regional Teams, including Community Paramedics Volunteer Subcentres (training nights) Vollie TV
In conjunction with Learning and Development	Induction (Administration)
In conjunction with Executive	Delivery to all departments Topical, contextual workshops for line management (increased practical application) – May 2015 commencement.

Practical communication and services

Awareness of the services offered by the wellbeing and support team, and of the principles which underlie our organisation's strategic approach to wellbeing and support, will be achieved through and via the following means:

- 1) The team is on call 24 hours a day, 7 days a week (in place);
- 2) Wellbeing and support staff will make purposeful visits to depots and sub-centres to maintain a program of ongoing awareness (commenced and ongoing);
- 3) Continued definition and implementation of processes and training (in conjunction with Clinical Governance) concerning post-incident management (debriefing) (in progress)
- 4) Wellbeing and support's website will be a 'one stop shop' for wellbeing and support-related matters, resources, and information (commenced and ongoing);
- 5) Monthly updates on 'Vollie TV' (March 2015);
- 6) Monthly online communications (March 2015);
- 7) Information/contact cards/brochures distributed at depots and sub-centres and throughout the organisation (commenced and ongoing);
- 8) Distress and stabilisation cards (commenced 2013 and ongoing);
- 9) Conversation cards (March 2015);
- 10) Presentations at regional seminars and at the State Conference;
- 11) Dedicated space for introspection, reflection, and confidential discussions for all staff and volunteers to use ('The Room');
- 12) Podcasts (to commence towards the end of 2015);

For the Service of Humanity

- 13) Existing processes (such as personal leave applications) will give staff and volunteers options to have wellbeing and support contact them (commenced and ongoing).

External Expertise

Clinical psychologists, with an advanced understanding of St John's workforce and volunteers, have expertise in trauma, stress, distress, and grief. Importantly, they employ a therapeutic (treatment-based) approach and staff and volunteers who are referred to their services receive six sessions funded by the organisation. Access is given as a priority to St John staff and volunteers. Our external providers also provide a fly-in, fly-out service for regional staff and volunteers.

We will also continue our engagement with partners and subject matter experts to share understandings, knowledge, and evidence-based learnings. For example, we have been invited to collaborate with the Mental Health Commission on wellbeing and support initiatives; particularly those contained in the Suicide Prevention 2020 Strategy.

External validation

The organisation has adopted an approach towards wellbeing and support that accords with evidence-based learnings as articulated in sources published by subject-matter experts. A comprehensive list of sources, and authors, is attached to this paper. The organisation is as much committed to evidence-based practice in matters of psychological first aid as it is to evidence-based, pre-hospital, clinical practice. Accordingly, the organisation will constantly monitor, review, and critically analyse the evidence to ensure that its approach to support services remains current and guided by expert opinion.

Just as the content of our ongoing annual education needs to be based on evidence, and just as our overall approach to wellbeing and support services needs to be informed by evidence, so too do we need evidence that we are succeeding in moving through the stigma of mental health, and that our people are seeking the help they need, when they need it.

One source of evidence is from an external provider, who reported that a number of contacts had been made with paramedics who were recently involved in traumatic jobs. Feedback from those paramedics was "overwhelmingly positive"; they "appreciated the contact", and recognised that the "organisation cared for them".

Our external providers have also reported that they are seeing "a number of clients coming through for more formal counselling support" – and that this was a positive because clients now had an awareness that there were "not going so well", "needed assistance", and were "ready to make changes".

It is also important that the organisation look to external, independent opinion to measure the effectiveness of the structures and system we have put in place. Accordingly, we will seek such opinion in order to assess our wellbeing and support model.

For the Service of Humanity