

United Voice Submission
2018 Review of Model Work Health and Safety Laws

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Introduction

United Voice welcomes the opportunity to make a submission on behalf of our members about the recommendations of the 2018 Review of the Model Work Health and Safety (WHS) Laws: Final Report.

United Voice is a union of workers across Australia organising to win better jobs, stronger communities, a fairer society and a sustainable future. We represent people working in a diverse range of industries including ambulance, cleaning, security, early childhood education and care, hospitality, and manufacturing.

United Voice has coverage of paramedics across Australia who work around the clock saving lives and caring for the community. These highly trained professionals work across both public and private sector ambulance services to ensure that members of the public can receive vital care in their hour of need.

This demanding work has a significant effect on paramedics' wellbeing as the workloads are high and the work hours are unsociable. The nature of the work also has significant health effects as they are exposed to highly traumatic events and can be subject to violence and abuse.

Paramedics strongly believe that WHS regulations for psychological risk would decrease risk of injuries, provide employers with tangible risk management mechanisms, and destigmatize workers standing up for their rights to safety.

Across the country, United Voice has thousands of paramedic members who are exposed to a dangerous combination or workplace fatigue, trauma and violence. The results of which can be utterly devastating if psychological injuries are incurred:

> ***"There have been lots of bad times. During my career there have been three people from the service I know very well who have committed suicide. I just don't want this to happen to anyone else."***
> ***[Stan Hewerdine, Victorian Retired Paramedic]***

Recommendation Responses

- **United Voice supports the submission of the Australian Council of Trade Unions and its responses to the Work Health and Safety Laws: Final Report.**

- **In particular, United Voice supports that Recommendation 2 (making regulations dealing with psychological health) should be adopted into model WHS laws and regulations.**

Executive Summary

- ***Paramedics experience high exposure to psychological risk***

  - A study of United Voice Paramedics has shown that they are at a high risk of developing anxiety, depression, post-traumatic stress and other mental health conditions as a result of their work.
  - Paramedics experience high levels of fatigue, isolation, trauma, and violence in their work. All of which exposes them to risk of psychological injury or illness.

- ***The benefits of regulations for identifying and controlling psychological risk***

  - Establishing strong WHS legislation has a real impact on reducing workplace injury rates.
  - Regulations for psychological health will provide employers with concrete steps to reduce workplace risk.
  - Regulations will destigmatise psychological health needs and strengthen enforceable rights for employees.

- ***Paramedics lived experience of workplace psychological risk and injury***

  - Paramedics have a proven high risk of psychological injury or illness.
  - Paramedics believe that making regulations for psychological health in workplace law will deliver real improvements to their health and lives.
  - Paramedics have a lived experience of the personal, family, financial and professional loss that comes with experiencing workplace psychological injury or illness.

- ***Importance of Change***

  - Paramedics' exposure to psychological risk means they are currently not safe at work.
  - They call for model workplace health and safety laws to include regulations for psychological health.

Paramedics experience high exposure to psychological risk

The nature of work performed by paramedics exposes these workers to high frequency of extreme and traumatic events. Despite being faced with these high trauma incidents, paramedics are expected to function quickly and effectively to perform expert, life-saving interventions.

The quantum of this traumatic exposure is extraordinary. Ambulance Victoria reported in its 2017-18 Annual Report that it responded to 287, 303 on-road incidents that were considered code 1 events.[1] Nationally, the rates of high urgency or high risk events are equally extreme with 3.7 million incidents reported to ambulance service organisations across the same year. Of these incidents 37.3% were considered emergency code 1 events.[2]

Chronic exposure to such events increases the risk of psychological injury, and associated mental health problems, including post-traumatic stress disorder (PTSD).

Additional factors contribute to the risk to paramedics' psychological health. The 24 hour nature of ambulance services sees most paramedics working shifts that result in fatigue and isolation. Paramedics are also subjected to extremely high rates of workplace violence and abuse.

Study of United Voice Paramedics - Management and Effects of Psychological Risk

In 2015, as part of the multi-faceted strategy to ensuring the health and wellbeing of ambulance officers, a study was commissioned from Associate Professor Keith Townsend and Associate Professor Rebecca Loudoun in the 'Department of Employment Relations and Human Resources Management' at Griffith University; and Professor Adrian Wilkinson Director of the 'Centre for Work, Organisation and Wellbeing' at Griffith University, on improving people management in emergency services ("the study"). A copy of the study report is annexed to this submission.

The study included interviews with United Voice and Ambulance Employee Association - SA paramedics, managers and psychologists working in, or with specialist knowledge of, emergency services. Below are some of the key findings in the study relevant to this review.

- *Link between paramedic work and mental health conditions*

  There is an undeniable link between paramedics' work conditions and the prevalence of PTSD and other mental health conditions affecting these workers.

  The study found that longer periods of exposure to traumatic events and exposure to different types of traumatic events were common factors for paramedics suffering from

[1] Ambulance Victoria, *Annual Report 2017-2018*, 2018, pg. 54

[2] Australian Government Productivity Commission, *Report on Government Services 2019*, 2019, https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/ambulance-services, (accessed 20 July 2019)

PTSD. Self-blame for perceived harm to others was also noted as a contributor to developing PTSD.

- *High rates of anxiety and depression*

  40% of the sample group in the study suffered from severe and extremely severe anxiety. Rates of reported depression were also high:
  - 17% of Queensland and South Australian participants reported severe or extremely severe depression, and
  - 52% of Northern Territory participants reported moderate, severe, or extremely severe depression.

- *High rates of PTSD*

  A provisional PTSD diagnosis can be made for 10% of Queensland and 8.5% of South Australian paramedics.

- *Impacts of fatigue and long shifts*

  A correlation between paramedics' hours of work and depression was found; those who worked longer shifts were more likely to report depressive symptoms.

  Exposure to trauma increases fatigue levels in paramedics, and high fatigue levels had adverse effects on physical and mental health. The study found that fatigue remained a problem for more than half the sample group in the study.

- *Importance of support systems*

  Ineffective support systems were also found to adversely affect resilience to trauma.

- *Paramedics unable to cope*

  This exposure to trauma and its resulting effects on mental health sees the sector faced with a crisis as 1 in 5 paramedics are seriously looking for another job.[3]

Fatigue and Isolation

Paramedics predominantly work shifts across 24 hour rotations. These work arrangements include working unsociable hours across weekends and public holidays. The night shift component of these roster arrangements are also isolating as paramedics are unable to see their children, socialise, or contribute to domestic or community duties.

High workloads and pressure for response times means that paramedics experience fatigue and burn out.

[3] K. Townsend, R. Loudoun and A. Wilkinson, *Summary Report – Improve People Management in Emergency Services*, QLD, Griffith University, 2018

Significantly, the relationship between trauma exposure and fatigue caused a vicious circle, whereby high fatigue lowered resilience to trauma, and low resilience to trauma caused higher fatigue, and so forth.

The study of paramedics above showed that there is a distinct link between the length of shift and depression as those working long shifts were more likely to have reported the symptoms of depression. The rates of fatigue in this workforce were particularly evident for regional paramedics, a third of whom reported severe fatigue. [4]

Violence

Paramedics are exposed to incredibly high rates of abuse and violence in their work. Ambulance Victoria CEO Tony Walker has addressed this issue in a budget estimates hearing at parliament. He reported 147 assaults on paramedics in 2017 and said:

> "Despite the fact that we put in a number of changes … we are still seeing paramedics exposed to occupational violence,"
>
> "Today in Victoria … every 50 hours, a paramedic is actually either physically or verbally assaulted.
>
> "They're reporting being exposed to 14 incidents a day where violence or aggression is part of the scene."[5]

Research across 13 countries into attacks on paramedics has shown the extent of this industry crisis with reports that 65% of paramedics surveyed having been physically attacked.[6]

Workplace Psychological Risk

The combined factors of trauma exposure, fatigue, isolation and violence sees paramedics at an extremely high risk of psychological injury or illness.

The high rates of stress, anxiety and PTSD among paramedics has a significant impact on the industry and on the lives of thousands of families. The industry requires urgent and significant action to work to identify and manage the risk of psychological injury or else this crisis will only worsen.

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[4] Ibid, pg. 19

[5] S. Anderson and R. Willingham, 'Politicians vow to crack down on 'disgusting' attacks after another paramedic assaulted', *ABC News Victorian*, 17 May 2018, https://www.abc.net.au/news/2018-05-17/vic-paramedic-assaulted-public-outcry-about-assaults/9772478 (accessed 20 July 2019)

[6] CQUniversity, *Violence Against Paramedics is an International Problem*, [website], 6 February 2016, https://www.cqu.edu.au/cquninews/stories/research-category/2017/violence-against-paramedics-is-an-international-problem (accessed 20 July 2019)

Implementing psychological health regulations

Strong WHS legislation has a real impact on workplace injuries

For some time now, we have seen a gradual decrease in workplace injury rates across Australian jurisdictions. For example, Safe Work Australia records a 16% decrease in serious workers compensation claims between 2012 and 2016.[7] When expanded out to 2001 through to 2016, the decrease is in the order of 19%.[8] This decrease is a result of Australia's robust and mainly effective workplace health and safety laws. The system is predicated on a number of core principles that the Boland Review essentially agrees with:

- Risk based legislation;
- Prescriptive requirements in regulations and compliance codes; and
- Effective employee representation through health and safety representatives and unions.

But, the same report that demonstrated a drop in overall serious workers compensation claims also found a 5% increase in serious mental injuries in the same 2001-2016 period.[9] Mental health claims result in workers being off work for longer and cost the insurance scheme more compared to physical claims. For example, Safe Work Australia reports that in the five years between 2010 and 2015, there were the following averages for mental injuries and physical injuries: [10]

Injury Type	Time Off Work	Cost to Scheme
Physical	5.5 weeks	$9,000
Mental	15.3 weeks	$24,500

For decades now, physical hazards have been subject to prescriptive regulations: falls from height, manual handling, hazardous substances and carcinogens. This has resulted in significant improvements in injury rates for those hazards. The lack of regulation for psychological hazards has resulted in a 5% increase in mental health claims since 2001. The risk based legislation requires proscriptive regulation to address the increase in mental health injuries in Australian workplaces and United Voice supports the recommendation to create regulations for psychological health.

[7] Safe Work Australia, *Comparative Performance Monitoring Report* https://www.safeworkaustralia.gov.au/system/files/documents/1812/comparative-performance-monitoring-report-20th-edition-part-1.pdf (accessed 2 August 2019)
[8] Safe Work Australia, Australian *Workers Compensation Statistics 2016-17* https://www.safeworkaustralia.gov.au/system/files/documents/1904/australian-workers-compensation-statistics-2016-17_1_1.pdf (accessed 2 August 2019)
[9] ibid
[10] Safe Work Australia, https://www.safeworkaustralia.gov.au/topic/mental-health#snapshot-of-claims-for-mental-health (accessed 2 August 2019)

Regulations will provide concrete steps for employers to reduce risk

The hazardous manual handling regulations in Victoria provide a good starting point for discussing how potential psychological regulations could assist employers to provide a safe workplace. The Victorian regulations:

- (r 5) Provide a definition of hazardous manual handling
- (r 26) Require employers to identify any manual handling hazards in their workplace
- (r 27) Require employers to implement risk controls in accordance with the prescribed hierarchy of control in relation to each identified hazard; and
- (r 28) Review the risk controls when any of the following occur:
    - Alterations to the system of work
    - New or additional information comes to light
    - When an injury occurs
    - After any notifiable incidents occur
    - If the risk control fails to control the risk; or
    - At the request of a Health and Safety Representative

A similar approach to psychological health would ensure that employers are required by legislation to take concrete steps to control psychological risk in their workplaces.

Regulations will destigmatize psychological injury and strengthen enforceable rights for employees

Requiring employers to address psychological hazards in all workplaces will ensure that every workplace has a conversation about psychological health. Secondly, it will shift the focus off individual resilience and onto the employer to ensure the work is safe and without risk to health. This will assist in destigmatizing psychological injuries in the workplace.

Having regulations for psychological health will assist employees to enforce their rights to a safe workplace. Inspectors employed by regulators cannot be in all workplaces all of the time. But, the workers are in all workplaces all of the time. One of the key planks of the WHS system is that of employee representation through Health and Safety Representatives (HSRs). HSRs have a number of key powers:

- The right to inspect the workplace,
- The right to issue a provisional improvement notice, and
- The right to direct that work cease.

When coupled with psychological regulations, these HSR powers will allow employees to directly enforce their rights to a psychologically safe workplace.

Paramedics' experience of psychological risk and injury

Risk of psychological injury

The study of United Voice Paramedics strongly evidenced the high rates of mental health conditions among paramedics.

The risk to this industry was also shown by Safe Work Australia which identified the occupations in which there are the highest rates of mental health condition claims being made.

The occupations with these high claim rates are:

a. train and tram drivers,
b. police,
c. Indigenous health workers,
d. prison officers, and
e. ambulance officers and paramedics. [11]

Paramedics call for change

United Voice surveys and interviews with paramedics show the real life implications of exposure to this high risk environment.

96% of surveyed paramedics reported that they, or a paramedic they knew, had suffered psychological injury or illness due to work.

> *"[There is] a prevalence of mental health concerns including anxiety, depression, PTSD and suicide in paramedics in all areas." [Victoria Paramedic]*

Surveyed paramedics reported the following risk factors that make paramedics particularly susceptible to psychological health risks:

- *"exposure to stressful events over long periods of time"*
- *[We are] prone to seeing and attending things that most people wouldn't see."*
- *"[The] workload causing you to respond again to similar events"*
- *"Shift work, workload, exposure to events, incidental overtime, KPI pressure and expectations."*
- *"violence against health care workers."*
- *"witnessed trauma, high stress, long hours and shift work with poor sleep patterns."*

Paramedics were also asked what they thought the benefits were of psychological health being properly protected by workplace safety laws. Responses included benefits such as:

[11] Safe Work Australia, *Mental Health,* [website], 3 September 2018, https://www.safeworkaustralia.gov.au/topic/mental-health (accessed 20 July 2019)

- *"Prevention of […] stress related psychological injuries."*
- *"better structure to managing exposure"*
- *"Better quality of life for workers and their families."*
- *"healthier staff"*
- *"Less personal and family stress"*
- *"greater support for those affected in the job"*
- *"Improved worker wellbeing"*
- *"being safe to return to work"*
- *"people not being afraid to seek help"*
- *"Work longevity"*
- *"Higher work attendance"*
- *"If they're taught about the signs and symptoms in themselves, they'll know how to recognise it in somebody else anyway, just by default. So, destigmatising, encouraging people to put their hand up if they feel unwell or not dealing with something, and workmates who spot where someone might be struggling."*

The lived experience of exposure to psychological risk

Members reported the significant impacts of experiencing psychological injury or illness due to work. They reported that their physical health, families, finances and work performance were all negatively affected.

Personal Impact

- *"Paramedics are exposed to high stress situations where life and health of patients are at risk." [Victorian Paramedic]*
- *"For me, I want to get out of the ambulance service because just objectively, I don't see many 50, 60 year old ambos retiring who have healthy marriages, are a good weight, are genuinely happy people, and are still themselves. What I do see are these partly angry, overweight, somewhat unhappy… I want to get out because not many ambos run the gauntlet and come out unscathed" [South Australia Paramedic].*

- *"[We experience] exposure to violence, trauma, […] and high stress situations" [Victorian Paramedic]*

- *"Because paramedics see things that humans shouldn't have to see." [Victorian Paramedic]*

- *"I was accused of being a liar and putting in a false claim. Not only did I have to fight for 2yrs and take AV to court, but I had to sell my house and nearly lost my career. More stress was placed on me whilst having to fight WorkCover." [Victorian Paramedic]*

- *"I feel undervalued and just seen as a resource- a 'bum on a seat' - and that's way more important to Ambulance Victoria than anyone's lifestyle and wellbeing." [Victorian Paramedic]*

- *"Mental fatigue and poor psychological health in Paramedics cause them to use sick leave for 'mental health days'. Leaving paramedics out of pocket" [Victorian Paramedic]*

- *"30 years a paramedic and shift work and the pressure expectation to perform has never been greater ." [Victorian Paramedic]*

Family impact

- *"You can't go home and tell people, I had a baby die today. You just can't tell that to most people, they'd be devastated. Then they become needy, then they need attention and they're upset and they want to know what happened, and what happens to the parents, what's going to happen next? You're like, I told you this because I wanted to unload and now I'm minding you. So you just don't end up telling people" [Queensland Paramedic].*

- *"Paramedics feel undervalued and alone in a workforce that now treats them like a number. […] When a roster or shift doesn't work for the paramedic or their family for whatever reason - paramedics know they are easily replaced. [It is] made clear to them by both by rostering department and upper management." [Victorian Paramedic]*

Feeling unsupported

- *"There's no chance to defuse after a job because they're bouncing you from job to job, you never get the chance to process what just happened because you're now onto the next event. That never happened years ago, we were a very different service" [Queensland Clinical Educator].*

- *"I went through a stage where we had a lot of very aggressive patients who were just incredibly abusive. When I mentioned that to my [FLM], her response simply was, 'well it must be you, and you're the only one having these problems' - and she walked away. There*

was nothing about, 'okay what's happening - why is this happening - let's have a look at it - let's sort of work through if there are better ways of approaching this'. None of that. Then what I found subsequent to our conversation was that most of my colleagues were having similar issues with their patients. They just weren't telling her about it. They were talking about it among themselves" [Northern Territory Paramedic].

- *"There's a certain percentage of our workforce that will not go and see the staff support services, like because there's an intrinsic lack of trust there. I trust them, I use them myself, but there are a certain percentage that will not use it." [South Australia Paramedic]*

- *"I've had a call once [from staff support services] over a day later - you know, you do a job in the morning, the following night at home sitting on the couch the phone's going. Oh, it's such and such from peer support. I'm like, 'what are you calling me for?' Oh, in regard to - I'm like are you frigging kidding me? It was like - it was a slap in the face because it was a significant job the day before in the morning but over 24 hours later you get a phone call when I'm sitting on the couch eating dinner. I couldn't hang up quick enough. "[South Australia Paramedic].*

- *"You just want to talk about it, you don't want to remember it forever, but you want to talk about it and move on. In the old days you used to have a fifteen-minute overlap on the shift but you were at the station at the end of the shift. You had a laugh about what happened the night before but then you buggered off and it was done. You didn't have to take it home. But now there's nothing like that because you don't even see the crews because you don't get back to the station – job in job out". [Northern Territory Paramedic]*

- *"I started fulltime in '94 and every day a shift was three low acuity movements - so fifty per cent of day in vehicle and fifty per cent in the station. So you could put that in to training and debrief time. So there's no chance to defuse because you're bouncing from job to job and that never happened years ago. It's really only the older staff that remember it… The new grads know nothing else but busy." [South Australia Paramedic]*

A Paramedic's Story

"I retired two weeks ago after 45 years on the job. I joined the job in the country as a single officer. I started one September. I had been in the job for 3 days before I had to respond to a car accident by myself. There were two fatalities and one critically injured. Then just a couple months later before Christmas, I had to respond to a truck that had rolled onto of a car. The whole family in the car - mum, dad, and three kids - were all deceased at the scene.

It was baptism by fire. I had no back up. I had no training or support. I then worked on my own for the next 30 years. In that time I have been shot at, chased with knives, threatened with shot guns, and assaulted many times. During these times all the ambulance service said to me was – "I have another job for you".

Then one night I hit the wall – burst into tears. I phoned the psychological unit and left a message. I heard nothing. I didn't want to unload on my wife. I called again and I hear nothing. It was a complete waste of time.

Being a bloke – we just carry on. I reached a stage where it became intolerable. I hit the wall again. This was 15 years ago. I was sent to a psychologist and psychiatrist and I was diagnosed with PTSD. During all that time I didn't have any support – zero.

I spent a lot of time sitting out looking at the water near where I lived thinking about swimming out and not coming back.

I was on WorkCover but being paid sick leave for 14 months. WorkCover paid for my medication, GP, psychologist and psychiatrist. The insurer was playing psychological games – as they do. And during all of this I never had any help from the company – no one reached out, no peer support. Nothing.

I ended up taking a second job as a trainer just so that I could see and talk to people. By then the medication was doing all kinds of weird stuff. I couldn't care about anything. I didn't have any fight left in me. I got disciplined for having a second job. I wasn't in a position to protect myself. I couldn't feel anything. I was demonised by everyone at work. We had peer support but I heard nothing because I had been demonised by management and my colleges. It is 14 years later and they still haven't every reached out.

And this is why these people have no place being involved or responsible for mental health. I just don't think it is right for people who don't know what they are doing to playing around in this area. They just made it worse.

It affected my marriage and my personal life. I am struggling every day, but I am fighting it. Some days are far worse than others. There have been lots of bad times. During my career there have been three people from the service I know very well who have committed suicide. I just don't want this to happen to anyone else."

[Stan Hewerdine, Victorian Retired Paramedic]

A Family's Story

"My family member was diagnosed with PTSD after prolonged exposure to traumatic cases with no proper supports put in place.

Only [being] able to access a limited number of psychological sessions meant that stress was not properly managed resulting in continued exposure and finally a diagnosis of PTSD.

The WorkCover system caused additional stress [and] the loss of income caused increased stress resulting in worsening of the PTSD symptoms.

[There was] no real support given for light duties without the threat to income.

All of this has led to an inability to cope with life, affected relationships with family members, an inability to deal with any stressful situation and a loss of self.

The aim of the Ambulance Service has been to get rid of my family member from the service.

WorkCover has done nothing to provide proper supports leading to a permanent disability.

The loss of income has led to extreme financial stress compounding symptoms and will have a long term affect [on] retirement funds adding further stress. [This is] compounding the condition and decreasing likelihood of recovery.

Both the government and Ambulance Victoria need to understand that PTSD is generally a life-long condition with Paramedics triggered by many day to day experiences."

[Family Member of Victorian Paramedic]

Importance of change

Paramedics are exposed to high levels, and high frequency, of psychological risk factors in their work. They are exposed to trauma, pressure, fatigue and violence.

Without clear legal mechanisms to identify, manage and protect against these risk factors – paramedics are left unsupported and unsafe at work.

The implications of this are palpable, with paramedics experiencing anxiety, depression, PTSD and other mental health conditions.

Paramedics call for model workplace health and safety laws to include regulations for psychological health. They see both the clear benefits of making the change, and the dangerous consequences of failing to do so.

"Look after your front line emergency service workers"

"Our people matter!"

"[We need] mandatory reform to protect against known triggers including sensitive events and excessive workloads."

"Please help us so we can help others."

"Paramedics cannot be and are not supported by a system that treats them just a number or a 'bum on a seat'."

"Treat people like humans who have feelings, not like KPI robots."

"Recognize that some jobs are more susceptible to repeated psychological pressures and that recognition make a big difference."

"Support for emergency service workers affected by PTSD."

"Don't say you will support the paramedics. Do it!"