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What is your submission based on? I am making this submission based on my professional knowledge, qualifications or experience or on behalf of a group or organisation
What is your area of professional expertise?
If you are lodging your submission on behalf of a group or organisation, what is the name of the group or organisation? Fortem Australia

Your Submission

In your experience, what areas of the bushfire emergency response worked well?
In your experience, what areas of the bushfire emergency response didn’t work well?
In your experience, what needs to change to improve arrangements for preparation, mitigation, response and recovery coordination for national natural disaster arrangements in Australia?
Is there anything else you would like to tell the Royal Commission?
Do you agree to your submission being published? Yes I agree to my submission being published in my name
Supporting material provided: Final_RoyalCommission_BlackSummer_FortemAustralia.pdf
Fortem Australia Submission

April 2020

Royal Commission into National Natural Disaster Arrangements

Our mission is to improve and protect the health and wellbeing of those who keep our community safe
Summary

The Black Summer Bushfires were unprecedented in their scale and geographic impact. While the vast majority of Australians (78.6%) were affected in some manner, the effects on one subgroup, our First Responders and their families, who were on the front line for the duration of the bushfires, will take a considerable and ongoing toll which is yet to be fully realised.

This submission focuses on the potential impact of this trauma for First Responders and their families. It also makes recommendations to reduce the impact of this trauma and support the resilience and wellbeing of First Responders and their family members. These recommendations are based on the scale of the trauma experienced by First Responders and their families, as well as domestic and international research that highlights the long-term impacts.

Our submission also discusses some areas that can provide support and build the resilience of First Responder organisations and families for future natural disasters and mental health support.

In this submission, we define protective strategies and explain how they build stronger wellbeing within First Responder families. While the Black Summer fires may have been unprecedented, research indicates that, as global temperatures continue to increase, First Responders and their families will continue to face fires of enormous scale.

Black Summer highlights the need for a Mental Health Strategy for national and state-based First Responder organisations. A more combined and collaborative approach will help leverage effective and evidence-based programs to support more First Responders and their families.

The First Responders who were involved in the Black Summer Bushfires will, at some stage, become former members of their agencies. The mental health concerns of former members are not well researched and there are limited programs to connect with former members or provide mental health support that is specific to their service.

Finally, we discuss how First Responders and their families could be recognised for their work during Black Summer.

The key recommendations in this submission are:

**Recommendation 1** – Commission a longitudinal study on the impacts of trauma faced by First Responders during Black Summer.

**Recommendation 2** – Conduct a longitudinal study on the impacts of trauma experienced by the families of First Responders.
Recommendation 3 – Protective factors and their establishment are given a more significant focus within First Responder agencies.

Recommendation 4 – Social Connection programs are offered to First Responders and their families, particularly those who were involved in the Black Summer Bushfires.

Recommendation 5 – Mental health support should be provided to the family members of First Responders; this support should complement the work of the First Responder agency.

Recommendation 6 – First Responder agencies can achieve better outcomes for their members if mental health strategies and programs are coordinated. NFPs are in a unique position to support this policy development across jurisdictions. They should be further considered for these roles.

Recommendation 7 – Mental health research should be conducted into the former First Responder cohort and their families.

Recommendation 8 – Mental health programs should be built for former First Responders from the aforementioned research. Families should be included in these programs.

Recommendation 9 – A national day of thanks for our First Responders and their families should be organised nationally via a collaborative approach between the Commonwealth, State and Territory Governments and not for profits.

First Responder Trauma and the Black Summer Bushfires

The Australian National University identified that around 2.9 million adult Australians had their property damaged, their property threatened, or evacuated during the 19/20 bushfire season (known as the ‘Black Summer’). While the man-hours utilised by First Responders to fight the Black Summer Bushfires is not publicly available, it appears that Black Summer was the largest utilisation of First Responder resources to any natural disaster in Australia’s history.

It is too early to understand the scale of trauma experienced by First Responders. However, research that explored the effects of trauma on First Responders to large-scale natural disasters, both domestically and internationally, highlights that the impact of this trauma can affect both individuals and their families for years after the trauma is first experienced.
Volunteer firefighters were the largest group of First Responders involved in fighting Black Summer. Firefighting is a very dangerous and stressful occupation. The danger and stress of this occupation results in high general mental health concerns, including depression, alcohol and substance use disorders and posttraumatic stress symptoms. Following large scale traumatic incidents, psychiatric morbidity worsens. Despite the general mental health issues faced by volunteer firefighters, and first responders in general, there is limited studies on the impacts of posttraumatic stress on firefighters after large scale national disasters.

The only longitudinal study into posttraumatic stress after a major national disaster was conducted by Professor Alexander McFarlane (University of Adelaide). McFarlane studied the long-term emotional impact of the 1983 Ash Wednesday Bushfire Disaster in South Australia. The University of Melbourne studied the mental health costs of the 2009, Black Saturday fires over a six-year period. Beyond Bushfires identified that strong social groups helped the resilience of individuals within the community. While these findings are very relatable to First Responders, the research focused on survivors and not on those that fought the fires. Besides a follow-on study on the same cohort (as McFarlane’s) in 2016 by Doley et al., there remains little research on the long-term impacts of these traumas.

This lack of contemporary research on the impact of trauma experienced by First Responders to large scale natural disasters requires addressing. As mentioned above, in 2016, Doley et al. did a follow-on study of the McFarlane Ash Wednesday research. It found that at 84 months after that specific disaster, a core group of firefighters still reported symptoms of psychiatric disturbance and PTSD. International longitudinal studies have also found increased prevalence of health and mental health complaints many years after the traumatic event. Huizink et al. (2006) found that within a sample of 334 professional firefighters, who responded to a 1992 Amsterdam plane crash, the increased prevalence of health and mental health complaints still existed 8.5 years after

the event when compared with a matched comparison sample of unexposed firefighters.\(^8\)

Noting the large number of First Responders who deployed to fight the Black Summer Bushfires, both from Australia and international partners, it is expected that both short- and long-term symptoms of trauma will be experienced within this cohort. It is likely that the scale of Black Summer trauma impact will be equivalent or exceed Ash Wednesday.

Trauma from Black Summer will impact both the individual First Responders, especially volunteer firefighters, and their families. The length of this impact is not well understood and further research is required.

**Recommendation 1** – Commission a longitudinal study on the impacts of trauma faced during Black Summer.

**The Black Summer Bushfires Impact on First Responder Families**

While the leadership of First Responder agencies recognised the impact of Black Summer on the families of individual members within each agency, the experience of those families still requires considerable research and further focus. Families of First Responders are constantly under great pressures. The stressors of shift work, call outs and prevalence of trauma to the First Responder have direct implications on the family unit. Most research on work stress and families focuses on paid work and the difficulties inherent in balancing work and family roles.\(^9\) Studies have found negative outcomes when employees cannot balance work and family demands, including decreased job satisfaction;\(^10\) increased turnover and perceived work stress.\(^11\) Black Summer would have stretched many families with their work and home responsibilities. This immediate stress will be further exacerbated by the scale of the trauma caused by the Black Summer Bushfires.

Families are a key part of many First Responders’ daily lives. A 2006 study found that 60% of new recruits in the Victorian Country Fire Authority were married and 17% had at least one dependent child.\(^12\) Often, volunteer firefighting is a family affair, with several members of a family belonging to the same brigade. This can result in significant

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\(^9\) Grzywacz, Joseph ‘Conceptualizing Work—Family Balance: Implications for Practice and Research.’


\(^12\) McLennan, J. (2006) ‘Survey of new volunteers at six months: April–September 2005 entry cohorts,’ Bushfire Cooperative Research Centre, School of Psychological Science, La Trobe University
family stress. Ten percent of rural volunteers reported that balancing brigade commitments and family life was very difficult, especially those with young children.

Although First Responder families are not directly exposed to the traumas that their loved one’s face as a First Responder, they are still significantly impacted by this trauma. Research on the impacts to families of First Responders is limited, however, there exists considerable research on the impacts to families of combat veterans.\(^1\)

Research conducted into the impacts of war-related trauma highlights that trauma is not just experienced by veterans; it also extends to their children and partners, who are negatively affected by the trauma as they live with, and care, for the veteran.\(^2\) Trauma within a family unit can ripple through family relationships and impede optimal family functioning. Partners of veterans with PTSD have increased psychiatric symptoms and impaired social relations, as well as more negative emotions and inner feelings of loneliness.\(^3\) Children of veterans with war-related PTSD have higher levels of behavioural problems. These children often have significantly lower self-esteem, higher levels of disruptive behaviours, difficulties in academic performance and peer relations, and emotional and psychiatric disturbances.\(^4\)

Despite the lack of research into First Responder families, it is expected that many of the issues identified in veteran families will be mirrored in First Responder families. Bessel van der Kolk (1987) described how children are impacted by a parent’s PTSD:

> Children in such families invariably grow up with distorted ideas about their roles in family conflicts: they are likely to blame themselves and carry around a core of self-hatred that is difficult to undo later in life. These children often develop difficulties in emotional involvement with others; their object relations frequently are characterized by withdrawal and caution lest the wounds of emotional betrayal once again be opened, or by intense involvements and repeated disappointments as nobody is found who can compensate for the sense of loss and betrayal they have carried since childhood.\(^5\)

Wellbeing programs, including a focus on protective factors, will ensure that families are more resilient to the traumas faced both every day and in large scale natural disasters.

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\(^3\) Mikulincer, M et al. (1995) ‘Marital intimacy, family support and secondary traumatization: A study of wives of veterans with combat stress reaction,’ in Anxiety and Coping 8. 203-213


However, no matter how resilient, many families will still require mental health support during times of significant stress and trauma. Currently, there are no known programs that can provide this mental health support to these families. This is an area that needs consideration to ensure the family unit does not take on the vicarious, secondary and sometimes transgenerational trauma associated with the First Responder’s role.

**Recommendation 2**– Conduct a longitudinal study on the impacts of trauma experienced by the families of First Responders.

**The importance of protective factors**

There are numerous ways that agencies can support families of First Responders through better communications, coordination and, within reason, family friendly guidelines. Most of these areas for improvement lie within the agency and are outside the scope of this submission. However, there are community-led programs which can improve the resilience of First Responder families. Building resilience for First Responder families requires focusing on both the daily rigours of being a First Responder and large-scale events such as natural disasters.

Protective factors have several benefits for the support of all populations, including First Responders and their families. While clinical support for First Responders is best met within the agencies, the improvement of individual and family protective factors often sits outside of the workplace or are an adjunct to typical mental health support.

Protective factors also highlight the cost-effective nature of maximising health gains across populations as opposed to individual health gains. This is because many individuals exposed to a small risk may generate many more cases of disorder than a few individuals exposed to high risk. Providing programs that develop protective factors can have a significant impact on many of the First Responder population while reducing the effects of daily and large-scale event trauma.

**Recommendation 3** – Protective factors and their establishment are given a more significant focus within First Responder agencies.

**Social Connection and Trauma**

Connection is one the most important elements of the preventative factors that can be practiced by both the First Responder communities and their families. Social connection refers to several inter-related factors denoting support a person receives from their social networks. Social connectedness can play a protective role in maintaining wellbeing in the face of repeated exposure to severe stressors.
Studies show that social connection is a building block for good mental health. The recent senate inquiry indicates that police, in particular, struggle with isolation from their community once they retire or are no longer operational. A study by Beyond Blue shows that those with limited social connectedness are more likely to have probable PTSD. This is supported by international research, which highlights a robust body of evidence that shows a lack of social support is one of the strongest predictors of PTSD after exposure to a traumatic event. “A study of law enforcement officers, who had served for two years, found that those with a high degree of perceived social support and social functioning had lower levels of PTSD symptoms.” Resilience to repeated traumatic exposure is bolstered by protective psychosocial factors relating to social connectedness and community involvement.

It is important to understand that trauma is not always a negative experience and it can lead to post-traumatic growth. The term ‘posttraumatic growth’ refers to positive psychological change experienced because of the struggle with highly challenging life circumstances. Post traumatic growth is only possible with strong social support. People who had strong social support were more likely to undergo positive psychological changes or personal development after experiencing trauma.

The protective effect of social relationships seems to extend not only to general mental health but also to mortality risk. Studies have predicted the risk for mortality, irrespective of causes of death and initial health status, at a rate comparable with well-established mortality risk factors such as smoking, alcohol consumption and lack of physical exercise. Social connectedness plays an important role in predicting mortality risk and suggests that individuals with strong social relationships are likely to remain alive longer than their counterparts with poor social connectedness.

There is a consistent finding that positive mental health and wellbeing are tied to strong social connectedness. The core factors underpinning this relationship centre largely on social support, community engagement, family and relationship cohesion, and self-perceived levels of loneliness. First Responders would benefit, throughout their careers, if there was more focus on developing better social connection programs.

Recommendation 4 – Social Connection programs are offered to First Responders and their families, particularly to those who were involved in the Black Summer Bushfires.

Focused Trauma support for First Responder Families

Mental health support for First Responders is the responsibility of the agencies that employ them or coordinate their volunteering. However, there is currently very limited programs to support families, especially those that have been traumatised.

The Department of Defence offers a range of services through its Defence Community Organisation (DCO) that help Defence families manage the military way of life.24

These programs include:

- Building the capacity of local urban and regional communities to provide support services to Defence member families;
- Delivering community capacity building outcomes;
- Fostering community linkages through programs;
- Providing Family Support Funding; and
- Operating a 24/7 Defence Family Helpline staffed by human services professionals.

DCO also has a Defence Childcare Program and Defence School Mentor Program.

DCO’s operating model would not work for the First Responder community in its current format. However, several services that are offered by DCO would benefit First Responder families. Currently, the support provided to First Responder families is limited and is designed through an agency, by agency approach.

Recommendation 5 – Mental health support should be provided to the family members of First Responders; this support should complement the work of the First Responder agency.

Unified mental health strategies.

Currently there is no unified Mental Health Strategy for national and state based First Responder organisations. The ‘people behind 000: mental health of our first responders’ (February 2019) committee recommended that better coordination is required to ensure the best outcomes for First Responders and their families.25

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25 The people behind 000: mental health of our first responders (2019).
It might be better for not-for-profits, which have experience and expertise in developing mental health frameworks and community programs, to coordinate the work of State and Territory agencies to achieve a better national framework.

There is little coordination of mental health programs for First Responders. While the Commonwealth might complete a national action plan for First Responder mental health, we argue that the research and development of this framework is better established through several not-for-profits working together.

A more coordinated response to the mental health of First Responders is important to ensure the best outcomes for those that serve.

**Recommendation 6** – First Responder agencies can achieve better outcomes for their members if mental health strategies and programs are coordinated. NFPs are in a unique position to support this policy development across jurisdictions. They should be further considered for these roles.

**Better support for former First Responders.**

The ‘people behind 000’ highlight that more support is required for former First Responders. The trauma of the Black Summer Bushfires will impact many First Responders and their families long after they leave the professional or volunteer service.\(^\text{26}\)

There is limited support for those who leave First Responder agencies, even though the number of former First Responders is significant. Even conservative comparisons place it at a size greater than veterans of the Australian Defence Force.

The size of the former First Responder cohort and their mental health is not well understood. ‘The people behind 000’ recommended that this research is completed to understand the issues facing this group. This research is urgent and anecdotal evidence points to many First Responders not transitioning well from their organisations and having poor follow up mental health support.\(^\text{27}\)

Not for profits therefore bridge the gap between current and former members and are in a unique position to provide coordinated policy solutions and some services.

The ‘people behind 000’ committee also recommended (14) that ongoing and adequate mental health support services be extended to all First Responders who are no longer employees of First Responder organisations around the country. Many of the wellbeing

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\(^{26}\) *The people behind 000: mental health of our first responders* (2019).

\(^{27}\) *The people behind 000: mental health of our first responders* (2019).
programs that exist within agencies, as well as those delivered by external providers, could be extended to former First Responders.\textsuperscript{28}

**Recommendation 7** – Mental health research should be conducted into the former First Responder cohort and their families.

**Recommendation 8** – Mental health programs should be built for former First Responders from current research. Families should be included in these programs.

**Better recognition of First Responders.**

First Responders and their families need recognition for their work over the Black Summer.

The recent bushfires are just one of many traumatic events experienced by our First Responders over the course of their careers. At time of writing, they are once again on the frontline, as Australia responds to COVID-19. We propose a national, annual day of recognition for those who do so much for our community. This day will be our way, as a grateful community, to recognise the tireless, and often dangerous, work our First Responders undertake while serving the community. Other countries around the world have dedicated a national day of thanks to their First Responder community, including the United States, United Kingdom and Canada.

Such a day gives a platform for the community to thank, appreciate and praise our First Responders. It also allows our First Responders, along with their families, to understand the positive impact their work has on communities.

**Recommendation 9** – A national day of thanks for our First Responders and their families should be organised nationally via a collaborative approach between the Commonwealth, State and Territory Governments and not for profits.

**Conclusion**

We write this during the COVID-19 pandemic. Once again, First Responders are on the front line as Australia responds to a national emergency, and, once again, their families are supporting them on the home front. This comes on the back of the trauma endured during the Black Summer, as both paid and volunteer firefighters, along with their First Responder and law enforcement colleagues, protected and defended communities for months on end. The effects of such trauma on the individual and the impacts on the

\textsuperscript{28} The people behind 000: mental health of our first responders (2019).
family unit are yet to be fully realised, however research suggests they will be significant.

Conducting research into the effects of the Black Summer Bushfires, and how it has impacted the mental health and wellbeing of First Responders and their family unit, will allow organisations to collaborate around a national, evidence informed framework. This research will further inform programs designed to assist in building protective factors for First Responders, both current and former, and their families. This research will also ensure organisations can work side by side, with not for profits, to ensure best practice delivery of wellbeing, mental health and transition programs.

Like those Australians who choose to serve in the Australian Defence Force, our First Responders make huge sacrifices to serve, protect and defend our communities. Their families also make huge sacrifices. During a disaster, they must put their own lives on hold and then afterwards they must help their loved one process the trauma experienced. Simply put, as a nation and as communities, we owe them a huge debt of gratitude.

As organisations, Government and not for profits, the least we can do is seek to understand the mental health and wellbeing effects of an event such as the Black Summer. We must work to put programs in place to positively impact the health and wellbeing of not only the First Responder, but also their family unit.

For simply doing their job — for protecting and defending their community — no First Responder, or their family members, should have their mental health and wellbeing negatively impacted. We must be steadfastly committed to ensuring it.
Bibliography

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