Submission No 2

PHYSICAL HEALTH OF POLICE AND EMERGENCY SERVICES WORKERS IN NSW

Organisation: The Australian Society of Rehabilitation Counsellors

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The Australian Society of Rehabilitation Counsellors Ltd. (ASORC)

Submission

to

The NSW Legislative Assembly Committee on Law and Safety

Inquiry on the

Physical Health of Police and Emergency Service Workers in NSW

28 August 2020

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Introduction

The Australian Society of Rehabilitation Counsellors Ltd (ASORC) welcomes and thanks the NSW Legislative Assembly Committee on Law and Safety for its invitation to provide a submission to *The Inquiry into the Physical Health of Police and Emergency Services Workers in NSW.*

We are pleased to provide our submission and have chosen to provide responses to Terms of Reference A: *How the physical health of police and emergency services workers impacts the performance of their duties* and Terms of Reference C: *Any impacts on workplace management for police and emergency services organisation,* as we believe it is in these specific areas that we can add most value.

ASORC understands that although this inquiry focuses on the physical health of police and emergency service workers in NSW, physical health bears an integral relationship with mental health and individual well-being. Rehabilitation Counsellors apply a holistic biopsychosocial approach when considering the health of an individual. It is on this basis that ASORC has chosen to make a submission to this inquiry.

For those unfamiliar with ASORC and the profession of Rehabilitation Counselling we take this opportunity to bring the following information to your attention.

ASORC is the peak professional body representing Rehabilitation Counsellors throughout Australia and has been doing so since it was established in 1976. ASORC is a non-party political, non-sectarian and not for profit organisation. Its mission is to promote the profession of rehabilitation counselling and to foster the professional capability of its members.

ASORC provides:

- A long standing and respected voice for the profession (over 40 years since inception)
- Resources, education, mentoring and supervision necessary for members to achieve career advancement and enhanced credibility in the profession and in the community
- A robust set of core competencies and code of ethics
- Access to the latest research and academic commentary through the ASORC Journal, the *Australian Journal of Rehabilitation Counselling*
- Access to a network of similarly skilled and like-minded professionals across Australia.

Rehabilitation Counsellors (RCs) are Allied Health Professionals who work within a counselling and case management framework, across the biological, psychological and social domains to assist people with disability, health conditions and disadvantage participate in employment or education, or live independently and access services in the community to achieve their personal, educational and vocational goals.

Rehabilitation Counsellors possess advanced academic and professional skills in personal counselling, vocational assessment, vocational training, job placement, case management, service coordination, injury prevention and management and independent living planning. Typically, Rehabilitation Counselling qualifications are obtained at a post graduate level following an undergraduate degree in psychology or behavioural science. This provides them with a deep understanding of the impact of disability, health conditions and disadvantage on people's lives, and especially of the importance of work and education in fostering inclusion, independence and self-esteem. Consequently, Rehabilitation Counsellors are highly qualified to provide services that are often not in the repertoire of other allied health professions.

It is important to note that Rehabilitation Counsellors should not be confused with Rehabilitation Consultants. The former is a distinct and respected Allied Health profession whilst the latter is a generic title often used by WorkCover authorities to describe anyone who delivers return to work and associated services. This confusion in nomenclature can often undermine the superior skills held by a Rehabilitation Counsellor which are not necessarily present in a Rehab Consultant.

Terms of Reference A: *How the physical health of police and emergency services workers impacts the performance of their duties*

As advised in the Introduction, ASORC firmly maintains that physical health bears an integral relationship with mental health and individual well-being overall. Rehabilitation Counsellors (RCs) apply a holistic biopsychosocial approach when considering the health of an individual.

This viewpoint is strongly supported by the Mental Health Commission of New South Wales, which provides an Evidence Guide developed by the School of Psychiatry at the University of NSW and the Eastern Sydney Local Health District (Mental Health Comission of NSW, 2016). Furthermore, a recent systematic review investigating the psychological and physical effects of ambulance work supports this position and articulates the interplay between physical and mental health (Lawn, et al., 2020). There is also a body of literature supporting the effect of physical exercise on mental health disorders and vice versa. Rehabilitation Counsellors aim to improve psychosocial functioning by taking into consideration mental health, physical exercise, social concerns and participation in occupational activities. The strategies our members employ are holistic and multifaceted and would be effective in assisting emergency service personnel manage the impacts of physical health on their work.

Terms of Reference C: *Any impacts on workplace management for police and emergency services organisations*

There are numerous factors which may impede adequate management and recovery of physical health conditions in the workplace. These may include:

Medical/Treatment

- Ineffective treatment modalities/ approaches for the individual patient
- Failure to identify and address early indicators of injury
- Presence of comorbidities, which complicate the recovery and/ or higher severity of condition(s)
- Unintentional reinforcing messages that work is dangerous, e.g. prolonged certification of incapacity
- Quality and consistency in approach of medical treatment (i.e. where there are multiple medical professionals, multiple diagnoses and various modalities of treatments recommended)
- Limits of confidentiality with medical practitioners and perceptions of a limited ability to liaise with employers for the purpose of RTW success
- Quality and consistency of allied health treatment services (e.g. Psychologist, Social Worker, Rehabilitation Counsellor)
- Limited funding for often long-term treatment recommendations
- Slow, more gradual recovery progress than anticipated

Workplace

- Poor supervisor support, behaviour and leadership
- Time in service (cumulative stressors (Haugen, Evces, & Weiss, 2012))
- Perceived injustice including:
    - feeling as if there have been no adverse consequences where blame is assigned
    - any protracted claims handling processes
    - the impact of an insurer pending a WorkCover claim for further investigation prior to acceptance and the requirement to attend Independent Medical Examiners.

Poor workplace culture including:

- Poor systems to assist with return to work
- Lack of suitable alternate duties
- Failure of occupational bonding, this refers to the bond between workers, employers and employment systems (Shrey, 1997)
- Inadequate RTW assessment, planning, preparation and monitoring, resulting in initial RTW failure.

Opportunities for improvement

We suggest that return to work occurs as soon as practicable whilst acknowledging that this must occur with a balance of symptom management and avoiding reinforcement of the belief that work is dangerous for the patient and should be avoided. This is supported by a growing body of literature confirming the health benefits of good work and the benefits of engaging in disability prevention (The Royal Australasian College of Physicians and the Australasian Faculty of Occupational and Environmental Medicine, 2013; American College of Occupational and Environmental Medicine, 2006).

A qualified Rehabilitation Counsellor assisting in return to work (RTW) arrangements should be utilised where necessary to assist the worker, workplace and treating health practitioners with:

- Psychological education, in terms of recovery and the importance of maintaining activities of daily living, including work
- Supporting adherence to medical and other recommended treatment regimens
- Identification of suitable duties preferably with the pre-injury employer (Pomaki et al., 2010)
- Return to work, and where this is not possible initially, arranging suitable work placement for the purpose of:
    - Graded exposure to work relationships / situations
    - Opportunities to practice treatment management techniques Note: This strategy should be monitored closely and return to pre-injury employment should be implemented as soon as practicable (i.e. ensuring that it is safe, durable and sustainable)
- Assisting the worker with helpful 'patient centred' strategies to manage return to work obstacles, as required
- Education for employers, as necessary, on what is required from them
- Management of relationships between the stakeholders
- Assistance with complex communications, as required
- Acknowledge the unique nature of the work first responders undertake as part of any recovery process

ASORC believes that tertiary-qualified and accredited Rehabilitation Counsellors are required for the complexity of work related to police and emergency services workers. These professionals are typically employed by a Workplace Rehabilitation Provider (WRP, see the Nationally Consistent Approval Framework for Workplace Rehabilitation Providers for more information) Shaw, Hong, Pransky, & Loisel (2008) make it clear that RTW professionals should be, at the very least, appropriately trained in line with the 6 core competencies of RTW. These core competencies and skills represent a minimum standard which is met and exceeded by the skills and competencies of ASORC-qualified Rehabilitation Counsellors (see Appendix 1).

We strongly believe that the intrinsic value proposition that Rehabilitation Counsellors offer is their underpinning competencies in behavioural science and ability to apply a biopsychosocial approach to return to work. As such, Rehabilitation Counsellors are ideally suited to working within a physical health context with police and emergency services workers. Intrinsically, Rehabilitation Counsellors understand the principles underpinning injury management including:

- Early intervention
- Occupational bonding
- Person-centred approach
- Respect and dignity
- Comprehensive and coordinated services
- Understanding the personal impact of injury and disability
- Trying to reduce adversarial issues
- Goal oriented occupational rehabilitation services
- Mediation – if appropriate
- Engagement of the key stakeholders.

(American College of Occupational and Environmental Medicine, 2006; Attridge & Wallace, 2010; Australian Human Rights Commission, 2018; Nicholas, 2017; Pomaki, et al., 2010; Shaw, Hong, Pransky, & Loisel, 2008; Shrey, 1997; Sullivan, Scott, & Trost, 2012; The Heads of Workers' Compensation Authorities, 2018).

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Appendix 1 – ASORC Competencies for Rehabilitation Counsellors

Online Booklet available here.

Appendix 2 – ASORC Code of Ethics

Online booklet available here.