



# APA (NSW) Response to Questions on Notice – Mental Health Inquiry

## 1. ECP utilisation

### ***The CHAIR:***

***I wanted to ask about extended care paramedics. In your written submission, you talk about some of the benefits for non-transport because of the extra skill of ECPs. An obvious example out of the submission might be being able to suture and do wound care for someone who may have self-harmed. I was very interested to read that there are more ECPs than funded positions in NSW Ambulance. We have heard so much evidence in this inquiry about the workforce issues and that, for a number of other types of professionals, there are just staggering vacancies that NSW Health is unable to fill. I'm very interested that this is a workforce that is actually more available than the number of positions. What conversations have you had with NSW Ambulance about this, or what reasons have you been given for the under-utilisation of that workforce?***

**We have broken down this answer into several parts in the preceding pages.**

## **Some reasons for underutilisation of ECPs**

### ***Access to ECP rosters***

We have had a great many conversations with NSW Ambulance in relation to the ECP program and appropriate utilisation of ECPs. To contextualise further, one of the things that had consistently been an issue with ECPs until the last couple of years is that there were ECP rosters across Metropolitan Sydney, Illawarra, and the Hunter, but ECPs have never had minimum operating levels ("MOLs"), which is now typically referred to as PAR. What this has meant historically, is where there have been shortages on either ICP vehicles or P1 (normal/primary care) Ambulance vehicles, ECPs would be used to fill those gaps. There is another issue of ECPs who are also ICPs being used for high acuity work as a kind of high acuity first responder. All of the above means ECPs were not (and often still aren't) doing the ECP appropriate work that they are meant to be doing. ECPs have a broad skill set with numerous additional skills that other Paramedics do not have. Until about 2 years ago we advocated almost every quarter in relation to ECP rosters being maintained, because often you would see only 50-60% maintenance over Metropolitan Sydney each roster cycle.

It is the case for both ECP and ICP trainees that once they complete their training modules to become ECPs or ICPs they then undertake a period of 2 years consolidation, where they must remain on an ECP or ICP roster. The purpose of the consolidation period is skill consolidation and return of service. In the last two years, Ambulance has substantially increased the number of ECP classes, and therefore have more ECP trainees in comparison with previous years. There are a limited number of ECP cars that maintain limited ECP rosters across the Metropolitan, Hunter, and Illawarra areas. These ECP trainees then undertake two years consolidation on ECP rosters across Metro, Illawarra and the Hunter. What this means is that more experienced ECPs have fewer opportunities to work on ECP rosters. When they are not working on ECP rosters they work on P1 cars or sometimes ICP cars. This is why in our submissions we state that there is a large pool of ECPs available to work on MHAAT cars or similar alternatives.

*Note: the one exception to this is Hamilton station where the ECPs, from our understanding, have always been permanently appointed to ECP positions. Despite this, there are still ECPs at Hamilton that are not being utilised as intended (ie. they are on primary care/P1 dual crews or ICP cars).*

### ***Inappropriate tasking***

ECPs are specialists in low acuity urgent work. In development of the ECP program a system was developed within Ambulance Control to identify ECP appropriate jobs, this is referred to as “E” suffix. Briefly put, an E is added to a normal response code which denotes that the job is ECP appropriate.

For example:

- 1C becomes 1CE
- 2A becomes 2AE

This could include presentations such as a catheter change or setting a shoulder dislocation - which only ECPs have the skillset to undertake, and which would otherwise require transport to an ED by a dual crew Ambulance.

Unfortunately, what ECPs regularly experience is tasking to non E suffix jobs. This impacts the efficacy of the ECP program as they are not available to attend the right jobs and treat patients in their home. This often creates a negative outcome for the patient, the Paramedics and EDs.

Often this type of tasking also puts ECPs at risk both physically and psychologically. This is because, as a single clinician they are attending:

- high acuity work where their ability to provide adequate treatment is limited
- unpredictable environments where there are risks of occupational violence

We have queried this with Ambulance many times over many years. In response they have stated that their primary goal is to “put a car on a job”

Lastly, on the issue of underutilisation of the ECP workforce more broadly and especially across the State, that is another 40-page submission that we could provide the Committee on that issue alone so we will table that for now. It is certainly something that we would be happy to provide the Portfolio Committee more information on at a later date, if it would assist.

## **The importance of ECPs on MHAAT**

We don't intend to restate our submissions on why it is important for the MHAAT model to have ECPs if it is to achieve the best outcomes for Paramedics, their colleagues across health, EDs, and perhaps most importantly patients.

However, we would just like to briefly address a question on notice in the recent Examination of proposed expenditure for the portfolio areas: Water, Housing, Homelessness, Mental Health, Youth, The North Coast reproduced below:

### **Question on notice**

*"The CHAIR: I'm interested in discussing the Mental Health Acute Assessment Team program in further detail. I did ask a couple of questions about it this morning. I understand that when that program was initiated it functioned with an extended care paramedic who had an extended set of clinical skills to be able to provide treatment outside of hospital, and that was then downgraded to a regular paramedic. Why was that decision made?"*

### **Answer to QON by The Hon. Rose Jackson**

*"I am advised:*

*A Mental Health Acute Assessment Team Proof of Concept evaluation identified that less than 1% of patients attended during the proof-of-concept period had conditions that specifically required an Extended Care Paramedic intervention.*

*NSW Ambulance paramedics are registered health care professionals through the Australian Health Practitioner Regulation Agency. They are highly trained and equipped to assess patients and deliver a broad range of interventions and high-quality out of hospital care. All paramedics, regard less of skill set, form part of the integrated clinical services model of NSW Health.*

*Extended Care Paramedics and qualified paramedics receive the same mental health training and can use the mental health clinical nurse consultant for their expertise as needed."*

With due respect to the Minister, it does appear that this question was answered on the basis of a flawed premise. That is, that the role of the Paramedic on the MHAAT team is in some way tied to mental health assessment and care.

To quote the research paper referenced in our original submission:

*“ECPs have undergone advanced training in patient assessment, risk mitigation and clinical decision making. The role of the ECP on the MHAAT team was to provide thorough physical assessment and determine whether the patient was suitable to be referred to a destination other than an Emergency Department (ED).*

*The Mental Health CNC was responsible for conducting a comprehensive mental health assessment in accordance with the Mental Health Outcome Assessment Tool guidelines. Where direct admission to a mental health inpatient unit was indicated, the CNC co-ordinated the admission in consultation with the psychiatrist on call.”*

AND

*“Conclusion*

*This model of care, pairing an extended care paramedic and a mental health CNC, was successful in providing assessment of the patient and more suitable transport destinations in a majority of patients experiencing an acute mental health crisis.”<sup>1</sup>*

We addressed the advanced skillset that supports the utilisation of ECPs on MHAAT in our original submission, in the interests of brevity, we won't restate it here. We are unaware of any research that has evaluated the P1 and CNC model nor that compares the two differing models.

**In concluding this section what we wish to impress upon the committee is that there is no clear reason why ECPs should not be utilised on MHAAT or its alternatives.**

**They are available.**

**They can conduct the most thorough assessment due to their advanced assessment training.**

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<sup>1</sup> Faddy SC, McLaughlin KJ, Cox PT, Muthuswamy SS. The Mental Health Acute Assessment Team: a collaborative approach to treating mental health patients in the community. *Australasian Psychiatry*. 2017;25(3):262-265. doi:[10.1177/1039856216689655](https://doi.org/10.1177/1039856216689655)

Their core practice is building referral networks and re-attending patients for follow-up.

They are still paid as ECPs when they are on P1 cars so there is no additional cost to utilise them in this way.

## 2. MHAAT/MHAPP Funding

***The CHAIR: My next question is probably better suited to ask NSW Health—and I will—but given the wild success of that MHAAT and MHAPP trial, why haven't they been done elsewhere, do you think?***

We can't speak to MHAPP as we don't know.

However, in relation to MHAAT, when our representatives queried this with the Ministry of Health, we were advised that a decision had been made to use the available funding to fund PACER. We haven't received any more information on the basis for that.

Any more formal response that the Committee could get will hopefully shed more light on any evaluation of the programs.

## 3. APA (NSW) Members

***The Hon. EMILY SUVAAL: Thanks to you for appearing today and to Mr Andrews online. With the inquiry, after we've proceeded through the hearings that we will hold, we will then go about the process of drafting the report with the recommendations to the Government. I suppose an important process of doing that is weighing up the evidence because there's some evidence which has been very complementary and some that's been, I suppose, conflicting so it's important to have the appropriate weighting placed on various parts of the evidence. In terms of your own workforce—I note you mentioned you've had the extensive consultation with members which is***

***very well appreciated—how many financial members do you have in New South Wales at the APA New South Wales branch?***

APA (NSW) member numbers fluctuate day to day as do all unions with resignations and joins. However, 2500 members is the number it currently hovers at. Additionally, APA (NSW) only represents Paramedic members who work for NSW Ambulance and as such all our members are involved in the triage, treatment and/or transport of mental patients. Hundreds of members provided feedback for this inquiry.

As for the number of Paramedics employed by NSW Ambulance. NSW Health will be able to provide you better data. However, the last figure to be publicly reported was in ROGS 2023<sup>2</sup> which reported on 2021/22 period, that number was 5 244 in the total operational workforce.

## 4. Support for paramedics

***The Hon. SUSAN CARTER:***

***I'm just curious—this is not directly relevant to our inquiry, but do you have, as paramedics, sufficient access to vicarious trauma counselling so you can manage your own mental health?***

We wanted to expand on this further. Unfortunately, very little has changed on this topic since we made submissions to the Legislative Council Inquiry into emergency services agencies (2017) and the Federal Senate Inquiry into the mental health conditions experienced by first responders in (2018).

To our knowledge there is limited vicarious trauma specific training, counselling, or other specific support in relation to managing exposure to vicarious trauma. It goes without saying that the job of members extends well beyond exposure to vicarious trauma. Our members have direct exposure traumatic events and scenes every day. When we talk about the mental health jobs that Paramedics attend, these are some of the most traumatising jobs for our members. While the support that is provided is better than in years before, our view is that it is still wholly inadequate considering the nature of work and daily exposure to traumatic events.

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<sup>2</sup> Report on Government Services 2023.

### **The support options currently available to our members include:<sup>3</sup>**

- Staff Psychology Service (SPS)
- Employee Assistance and Psychological Services (EAPS)
- NSW Ambulance Mental Health Support Program
- Mental Health Care Plan
- Workers Compensation

### **Staff Psychology Service (SPS)**

In 2016 NSW Paramedics had significant changes to their Death and Disability ('D&D') Award entitlements. Previously staff had contributed a portion of their salary into a pool of Treasury Funds to pay for their entitlements under the previous D&D Award. After negotiation of a new D&D there were residual funds (30 million) left in the pool, these funds from Paramedic salaries were used to rollout wellbeing measures for Paramedics. One of these measures was the Staff Psychologist Service. This service was introduced in consultation with the unions advocating on behalf of staff.

The Service is very well received by staff, and members report that it is an invaluable service for them to have access to. The largest concerns with the Service centre around the fact that it has insufficient resourcing, meaning that it is unable to be more than a band-aid. Members cannot speak more highly of the psychologists who staff it and especially their understanding of, and experience with first responders.

The Service is hugely under resourced for the size of the workforce and prevalence of psychological distress and injury. There is one only psychologist for each Sector of NSW Ambulance when fully staffed, and at various times there have been issues with staffing, meaning other Sectors psychologist have had to try their best to pick up the slack.

### **Employee Assistance and Psychological Services (EAPS)**

As we said in our submissions to the Senate Inquiry referenced above:

*"Mental health conditions in paramedics are largely focussed around the trauma, violence and exceptional levels of stress they are exposed to daily. It is vital that the professionals*

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<sup>3</sup> See attached, NSW Ambulance Information Sheet on Support Options and Staff Psychology Service Guide



*who are employed to aid are suitably qualified and specialised in mental health and more specifically trauma.”*

The problem with programs of this type is that the professionals lack requisite experience of first responders.

Over many years we have received feedback from many members regarding these programs not being fit for purpose. The feedback has remained largely the same:

- the unsuitability of the professionals who are providing advice to emergency services.
- members report that they get no value out of the counselling sessions, and
- that in many cases they left the sessions feeling they had actually traumatised the counsellors, and
- feeling worse off themselves after the sessions.

### **NSW Ambulance Mental Health Support Program**

This is a program in which employees can receive up to a maximum of ten (10) sessions with mental health services during their career which Ambulance will pay for.

Some of the issues with this program are self-evident including:

- For a paramedic with 20+ years' experience that is one session every two years at best.
- 10 sessions is a band-aid solution generally considering the nature of the work of our members.

Other feedback in relation to the program has included that some psychologists are reluctant to participate in it due to issues with receiving payment. Conversely, our members are reluctant to use it as they do not want a record that they accessed this service due to stigmatisation.

### **Mental Health Care Plan**

Given that this is available to everyone in NSW we do not intend to comment on it specifically for the purpose of addressing this issue.

### **Workers Compensation Support:**

The experience of workers compensation for our members was recently highlighted in reporting by the Sydney Morning Herald earlier this month. We do not seek to traverse all the issues in addressing this question however three points that we believe are worthy of addressing:

1. The reporting in the Herald was the tip of the iceberg so far as what we see our members experiencing while on workers' compensation.
2. Our members are hugely resistant to making workers' compensation claims due to the experience of other members who are managed on these claims.
3. We have had numerous reports over the past five years of health professionals not wanting to provide treatment to our members because of how difficult the various parties are to deal with.

### **Vicarious Trauma Training**

Our advice is that there is currently an online Vicarious Trauma module on HETI which is 20 minutes in length. We are unaware of any other training program.

## Psychological Support Options: NSW Ambulance staff and volunteers



### **Staff Psychology Service (SPS)**

The SPS is a state-wide team of internal Senior Staff Psychologists employed to provide customised support to NSW Ambulance employees. The Senior Staff Psychologists provide psychological support/counselling, post-incident support, well checks (regular check-ins with staff), advice on employee staff support needs and mental health and wellbeing training. The Senior Staff Psychologists are located across the state and are available for face to face, telephone and video support.

**Availability:** Monday to Friday

**Contact:** A full list of our Senior Staff Psychologists is available on the intranet.

### **Employee Assistance and Psychological Services (EAPS)**

EAPS is a professional and free telephone and face to face support service for all NSW Ambulance employees, volunteers and their families. It provides:

- Personal Counselling/Coaching – short term, solution focussed counselling service. Individuals are entitled to four sessions, per issue, per year. Extensions can be sought on a case by case basis.
- Post incident (trauma) Support—the provision of psychological first aid and one-on-one trauma counselling following a workplace significant event. Post incident support is available for all significant workplace incidents.

**Availability:** 24/7

**Contact:** 1300 687 327 and further information is available on the intranet.

### **NSW Ambulance Mental Health Support Program**

The Mental Health Support Program provides NSW Ambulance employees subsidised access to specialist mental health services provided by registered psychiatrists or psychologists. Employees can receive up to a maximum of ten (10) sessions during their career. You require a referral from your GP for the service which is then directly paid for by NSW Ambulance to the specialist provider through the Safety and Recovery Unit.

It is open to all NSW Ambulance employees, volunteers and contractors and is managed by the Safety and Recovery Unit.

**Contact:** First Contact Coordinators on 1800 679 262 or [AMBULANCE-Recovery@health.nsw.gov.au](mailto:AMBULANCE-Recovery@health.nsw.gov.au)

### **Workers Compensation Support: First Contact Coordinators**

First Contact Coordinators are the first point of contact for employees with workers compensation related enquiries such as:

- Helping lodge a workers compensation claim;
- Assisting staff on how NSW Ambulance can assist with management of their injury or illness, regardless of the cause;
- Assisting managers with advice for staff members who have suffered an injury.

**Availability:** First Contact Coordinators are available Monday to Friday

**Contact:** 1800 679 262

**More information can be found on the NSW Ambulance intranet page:**

[Staff Psychology Service](#)

[Employee Assistance and Psychological Services \(EAPS\)](#)

[Staff Support Services](#)

### **Useful Websites:**

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.blackdoginstitute.org.au/](http://www.blackdoginstitute.org.au/)

[www.phoenixaustralia.org](http://www.phoenixaustralia.org)

[www.kidshelpline.com.au](http://www.kidshelpline.com.au)

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

[www.lifeline.org.au](http://www.lifeline.org.au)

[www.eheadspace.org.au](http://www.eheadspace.org.au)

[www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

[www.sleep.org.au](http://www.sleep.org.au)

[www.reachout.com.au](http://www.reachout.com.au)



## Psychological Support Options: NSW Ambulance staff and volunteers



### **Mental Health Care Plan – Medicare**

Mental Health Care/Treatment plans are to provide you access to psychological support and counselling with a mental health professional who is registered with Medicare. A mental health care plan needs to be created by your General Practitioner (GP). If your regular GP is not available any GP can do this. Once you and your GP have mapped out what kind of support you require, they will provide you with a referral (Mental Health Plan) to see a Psychologist or other mental health professional in your local area. A Mental Health Plan provides a medicare rebate for between 6 – 10 sessions per calendar year. There may be out of pocket expenses incurred reflecting the gap between the medicare rebate and the practitioners charged fee. If you have private health insurance, you may also be able to get some money back- you can check with your insurer.

**Contact:** Visit your GP to discuss a Mental Health Plan

#### **Telehealth options:**

A large number of practices and mental wellbeing organisations can offer counselling and support via telehealth consultations using video conferencing equipment such as face time, zoom and skype platforms. A discussion with your mental health professional prior to your first session will determine which platform will work best for both of you.

This is a great support option for remote locations and if you have difficulty attending in person a counselling session.

### **Further resources & support can be found at:**

#### **NSW Mental Health Line – 1800 011 511**

A single number, state wide 24 hour mental health telephone access line.

#### **Lifeline (24/7) – 13 11 14**

#### **Suicide Call Back Service - 1300 659 467**

24/7 National telephone counselling and online service for people 18 years and over

#### ***beyondblue*: National depression initiative- 1300 22 4636**

24-hour telephone support and online chat service with links to local services -

#### **Australian Psychological Society**

<https://www.psychology.org.au/Find-a-Psychologist>

Search for a psychologist by issue, name or location.

#### **Mindspot Clinic - 1800 61 44 34 - [www.mindspot.org.au](http://www.mindspot.org.au)**

An online and telephone clinic providing free assessment and treatment services for Australian adults with anxiety and depression.

#### **Headspace – 1800 650 890 – [www.headspace.org.au](http://www.headspace.org.au)**

A free service that supports young people aged 12 – 15 years and their families going through a tough time.

#### **Alcohol & Drug Information Service (ADIS)- 1800 250 015**

Provides 24/7 day a week telephone counselling, support, referrals and information for those affected by alcohol and other drugs.

#### **1800RESPECT – 1800 737 732**

[www.1800RESPECT.org.au](http://www.1800RESPECT.org.au)

National sexual assault, domestic and family violence counselling service.

#### **Domestic Violence Line (24/7) – 1800 65 62 63**

Is a NSW state wide telephone crisis counselling and referral service for women

#### **Relationships Australia - 1300 364 277**

Relationship support and counselling services for individuals, families and communities.

#### **National Indigenous Critical response - 1800 805 801**

Provides emotional and practical support to bereaved families and individuals impacted by a suicide or other traumatic loss

#### **Carers Australia – 1800 242 636**

[www.carersaustralia.com.au](http://www.carersaustralia.com.au)

Short-term counselling and emotional and psychological services for carers and their families

#### **Kids Help Line – 1800 55 1800**

Support for people aged 5 years – 25 years 24/7 online and telephone counselling

#### **QLife – 1800 184 527 - [www.qlife.org.au](http://www qlife.org.au)**

A nationally oriented counselling and referral service for LGBTQIA+ people



# NSW Ambulance

# Staff Psychology Service

Service Guide

Service Guide



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[AMBULANCE-StaffPsychologyService@health.nsw.gov.au](mailto:AMBULANCE-StaffPsychologyService@health.nsw.gov.au)



**PHONE**

02 9320 7777



**WEBSITE**

[www.ambulance.nsw.gov.au](http://www.ambulance.nsw.gov.au)



# Staff Psychology Service

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## Staff Psychology Service

### Appendices

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**Appendix B:** Referral follow up contact templates

**Appendix C:** NSW Police Force- Firearms Registry: Disclosure of Information by Health Professionals

**Appendix D:** Consent to release/obtain information

**Appendix E:** NSW Ambulance Staff Psychology Manager Well Check Template

**Appendix F:** NSW Ambulance Staff Psychology Employee Well Check Template

**Appendix G:** NSW Ambulance Staff Psychology Employee Risk Assessment

**Appendix H:** Confirmation of NSW Ambulance Staff Psychology Service Contact

**Appendix I:** Staff Psychology Service Fact Sheets

## 1. Staff Psychology Service (SPS)

NSW Ambulance is committed to supporting the health and wellbeing of its employees and offers a range of staff support initiatives to assist staff to achieve positive mental wellbeing. NSW Ambulance's Staff Psychology Service (SPS) is a component of a suite of staff support initiatives and programs available to NSW Ambulance employees. The SPS provides high quality, evidence-based psychological services and programs to all staff of NSW Ambulance. The SPS activities, services and programs aim to assist staff to optimise their wellbeing, manage mental health risks, identify signs of mental ill health and access best practice intervention early when required. The SPS offers proactive, preventative and support interventions to assist staff identify and address both workplace and personal issues that may affect wellbeing, mental health and performance.

## 2. Scope of Staff Psychology services

The Staff Psychology Service delivers a range of staff support activities that focus on primary, secondary and tertiary mental health prevention activities and aligns with best practice interventions and workplace mental health initiatives. These include:

- Promotion of health and wellbeing initiatives and the suite of employee support pathways (including internal staff psychology services, chaplaincy, peer support, employee assistance and psychological services program, health and fitness initiatives, staff health programs and services, community-based health services) through site visits and other promotional activities;
- Proactive initiatives to promote employee wellbeing and resilience e.g. employee well checks, health and wellbeing training;
- Provision of confidential, tailored, short term evidence based psychological support including individual psychological intervention;
- Activities to enhance mental health literacy within the organisation e.g. mental health promotion activities, mental health training;
- Post incident support following a significant or traumatic workplace event
- Provision of advice on employee support, workplace mental health and people issues;
- Organisational and management support, coaching and advice on people management and workplace mental health issues; and
- Employee support planning and referral.

These activities support the key pillars and priorities of the NSW Ambulance Staff Health and Wellbeing Strategy 2021-2026 (Figures 1 and 2).



# Staff Psychology Service



## Priority 1: Customised, targeted resources & tools

- Health and wellbeing promotion is embedded in everything we do
- Create innovative health tools and resources
- Deliver capacity building programs to support positive health behaviours
- Establish and maintain integrated health and wellbeing promotion networks

## Priority 2: Employee-centred, best practice health & wellbeing support

- Ensure employees have the knowledge to be experts on their health
- Promote positive attitudes to help seeking
- Create best-practice models of support across the employee journey
- Strengthen partnerships to enhance tailored referral pathways

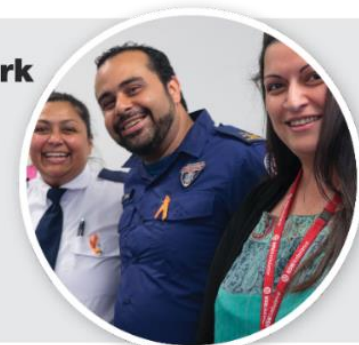


## Priority 3: Workplaces promote positive wellbeing

- Create workplace culture and environments that drive health and wellbeing behaviours
- Ensure policy, procedures and practices support employee wellbeing
- Ensure employees and families have access to quality health and wellbeing information
- Increase stakeholder engagement in our health promoting environment

## Priority 4: Management of the health risks in our work

- Develop evidence-information strategies to manage risks across the employee journey (recruitment to separation)
- Develop a health insights system to identify risk, understand needs and inform interventions
- Identification and assessment of our workplace and environmental risks (including psychosocial risks)
- Proactive management of our health and wellbeing risks



**Figure 1: NSW Ambulance Wellbeing Strategy priorities**





# Staff Psychology Service

<b>Promote mentally healthy workplaces and prevent harm</b>	<b>PRIMARY</b> Universal	
<b>Workplaces that promote positive wellbeing behaviours</b> <ul style="list-style-type: none"> <li>Promote stigma reduction</li> <li>Promote psychologically safe work design</li> <li>Contribute to the creation of mentally healthy work environments</li> <li>Contribute to staff health policy development</li> <li>Lead development of procedures and practices to support wellbeing</li> <li>Collaborate in wellbeing initiatives and campaigns</li> <li>Contribution to enterprise level risk management strategy</li> <li>Consult and provide SME to Staff Health &amp; Wellbeing Strategy</li> </ul>		
<b>Building literacy and mental health capabilities</b>	<b>SECONDARY</b> Capability focussed	
<b>Customised, targeted resources and tools</b> <ul style="list-style-type: none"> <li>Lead mental health promotion</li> <li>Contribute to the design and delivery of mental health training</li> <li>Support leadership development</li> <li>Delivery of management consultation on workplace mental health</li> <li>Facilitation of management mental health training</li> <li>Development of customised resources and tools</li> <li>Early detection and support of high risk cohorts</li> <li>Development and delivery of competency based mental health training</li> </ul>		
<b>Support recovery and treatment</b>	<b>TERTIARY</b> Clinical care	
<b>Employee-centred, best practice support</b> <ul style="list-style-type: none"> <li>Completion of individual assessment</li> <li>Delivery of best practice short term interventions</li> <li>Coordination and delivery of mental health crisis support</li> <li>Triage and referral</li> <li>Engagement and partnership with health service providers (internal and external)</li> <li>Coordination and delivery of critical incident management</li> </ul>		
<b>Clinical Governance</b>	<b>SERVICE ENABLERS</b>	
<b>Excellence in care</b> <ul style="list-style-type: none"> <li>Clinical risk management</li> <li>Increased data capability</li> <li>Building SME/clinical capability</li> <li>Supervision</li> <li>Clinical policy development</li> <li>Practice based research</li> <li>Development of best practice models</li> <li>Service evaluation</li> <li>Continuous improvement and monitoring</li> <li>EAPS partnership and oversight</li> <li>Contribution to evaluation of Staff Health &amp; Wellbeing Strategy</li> </ul>		

Figure 2: Staff Psychology Service pillars



## Staff Psychology Service

The scope of the Staff Psychology Service does NOT include:

- Psychological assessment of staff including fitness for work assessments;
- Provision of employee psychological reports or supporting letters;
- Primary psychological treatment for accepted worker's compensation conditions. The Staff Psychology Service may provide initial support whilst a staff member is linking with their workers compensation treatment team or provision of an acute risk or welfare assessment. The NSW Ambulance Employees Compensation and Recovery at Work Operating Procedure (PRO2019-002) provides more information of the injury management process.
- Long-term or specialised psychological intervention and support; where this is required, the SPS will facilitate referral to appropriate providers, including referral to culturally specific where appropriate, and provide support monitoring where indicated;
- After-hours or weekend support.
- Mental health support and/or advice regarding NSW Ambulance patients or members of the community;
- Psychological intervention for family members; the SPS can provide support planning, advice and referral options to staff for their families.

An overview of the Staff Psychology Service clinical services triage framework is outlined in figure 2.

### 3. Staff Psychology Service Psychologists

Staff Psychology Services are delivered by a team of Senior Staff Psychologists located across the state. SPS Psychologists have primary responsibility for coordination of service delivery within an area or portfolio and contribute to the delivery of state-wide service provision, when required.

The SPS Psychologists report to the Chief Psychologist, who is responsible for managing service needs across the state and deploying team resources based on operational requirements and service demands.

All psychologists who deliver staff psychology services and programs within NSW Ambulance, are required to be registered with the Psychology Board of Australia (PBA). As part of their professional registration they must comply with the Australian Psychological Society (APS) Code of Ethics (2007).

SPS psychologists are required to comply with the continuing professional standards set by the Psychology Board of Australia (PBA). They are required to participate in regular clinical supervision to support provision of high quality services and ongoing professional development.

NSW Ambulance will provide relevant supervision for SPS psychologists that includes access to professional development opportunities in order to maintain relevant skills and competences in their area of practice. Professional development plans will be a component of NSW Ambulance's professional development process and documented in the Staff Psychologists Professional Development Plans.

The Chief Psychologist is responsible for the provision and coordination of supervision and management of the Senior Staff Psychologists.

As a NSW Ambulance employee, the SPS psychologists must comply with the NSW Health Code of Conduct and other relevant NSW Ambulance policies and procedures.



# Staff Psychology Service

**Figure 2: Staff Psychology Service clinical services triage framework**





## Staff Psychology Service

### 4. Access to Services

All NSW Ambulance staff including paramedics, control centre staff, flight nurses, doctors, volunteers, corporate staff and contractors, can access the Staff Psychology Service.

Accessing the services of the Staff Psychology Service is voluntary. Staff are informed about the scope of service and limits to confidentiality to support informed consent regarding participation in services. (See **Appendix A**: Agreement to undertake Staff Psychology Services and consent for the collection of health information).

Support may be provided via telephone, face-to-face or teleconferencing (where available). Staff are allowed to contact any SPS psychologist, regardless of assigned sector.

THE SPS operates within business hours, Monday to Friday. After hours support is available through the Employee Assistance and Psychological Services (EAPS) provider who are contracted to provide service 24 hours a day, 7 days a week.

The SPS psychologists will identify suitable locations for face-to-face support, in consultation with the employee, to ensure privacy and confidentiality. The Chief Psychologist must be informed of any face-to-face or onsite support activities that occur outside of NSW Ambulance or NSW Health sites to ensure appropriateness and the completion of a workplace health and safety risk assessment and implementation of appropriate risk management strategies.

The SPS will ensure that services are appropriate to the needs of all staff including people with disabilities, injuries that may impact access, people of non-English speaking backgrounds, aboriginal people, lesbian, gay, bisexual, transgender and intersex (LGBTI) employees and women. The SPS will ensure customisation of intervention or access to specialist services as required.

Where employees are accessing the SPS whilst on duty, employees are responsible for notifying their manager and seeking approval if involvement in support activities will impact workplace operations or service delivery.

### 5. Referral Management

Referrals can be made directly with any of the Staff Psychologists via phone, text or email to one of the Staff Psychologists directly or contact the service email: [AMBULANCE-StaffPsychologyService@health.nsw.gov.au](mailto:AMBULANCE-StaffPsychologyService@health.nsw.gov.au)

Staff may contact a Staff Psychologist of their choice or the referral may be allocated by the Chief Psychologist and/or receiving Staff Psychologist based on resource issues, workload and/or fit.

In cases where there is a real or perceived conflict of interest (for example, employees are family members, engaged in a relationship with an existing client, involved in a common workplace matter or personally known to the Staff Psychologist) the referral will be allocated to an alternative staff psychologist or other referral options will be explored.

#### 5.1 Referral follow up procedures

On receipt of a referral the Staff Psychology Service will make a minimum of two separate (at least 2 business days apart) attempts to contact the staff member.

The Staff Psychologist will attempt to make contact with referrals via the most appropriate means. This may include phone, text, email or Teams (example contact communications are included in **Appendix B**: Referral follow up contact templates).

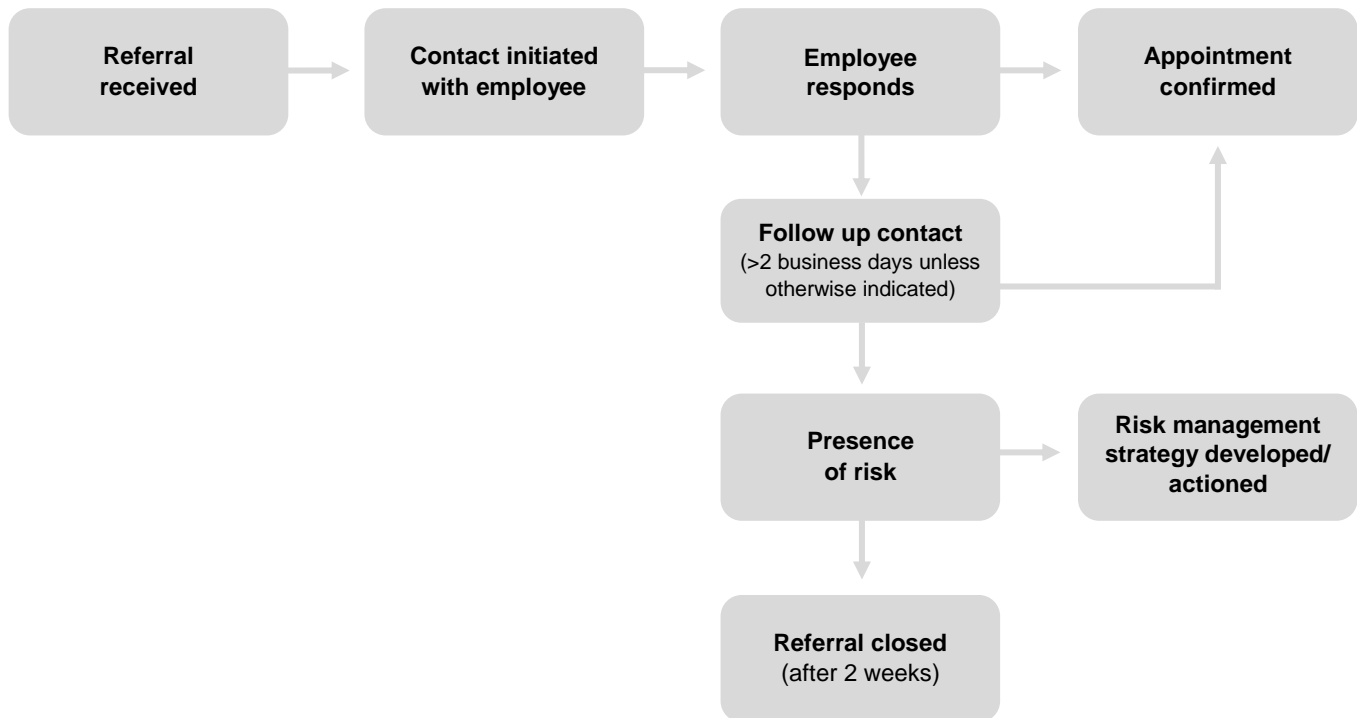
Wherever possible Staff Psychology will attempt at least 1 telephone contact.

Referrals will remain active/open for two weeks following date of referral. If no response to contact has been received within two weeks following date of referral staff psychology the referral will be closed. Prior to closing the case the Staff Psychologist will send a SMS or email informing the staff member that the referral will be closed and inviting the staff member to contact at any time if wanting support.

If risk has been identified on receipt of the referral an appropriate risk management plan will be developed by the Staff Psychologist in consultation with appropriate stakeholders e.g. referrer.



# Staff Psychology Service



**Referral follow up procedure**

## 5.2 Third party referrals

Managers, staff supporters (e.g. Chaplains, Peer Support Officers), Business Partners or colleagues may at times assist staff access the Staff Psychology Service. A third party can make, or support a referral to the Staff Psychology service with the staff member’s consent.

When a referral is facilitated by a third party e.g. manager, Peer Support Officer, Chaplain etc. the referral should be completed with the consent of the staff member and with their full knowledge of the referral information provided.

When making a referral to the service, the Staff Psychology Service requires the following information:

- Confirmation that the staff member is aware and consenting to the referral
- Relevant referral information and details regarding presenting issues)
- Any details related to best way to connect with the staff member
- Details regarding and identified risks including welfare, workplace or suicide risks

In cases where there is insufficient information for the Staff Psychology Service to accept the referral, the Staff Psychologist will request further details from the referrer, the referrer will be notified that the referral has not been actioned pending further information.

Contact with the Staff Psychology Service and confirmation of contact will only be provided with the consent of the staff member. The Staff Psychologist will seek consent from the staff member to confirm contact has been made or “close the loop”. Details of the content of the support contact and what is discussed is not shared with the referrer. In some cases, consent may be sought to provide some limited feedback in regard to safety or risk. The staff member may also request and provide consent for the provision of feedback regarding helpful workplace support.

If there are identified risk issues and the Staff Psychology Service are unable to make contact with the staff member, the Staff Psychologist will reconnect with the referrer to coordinate an alternative risk management plan.

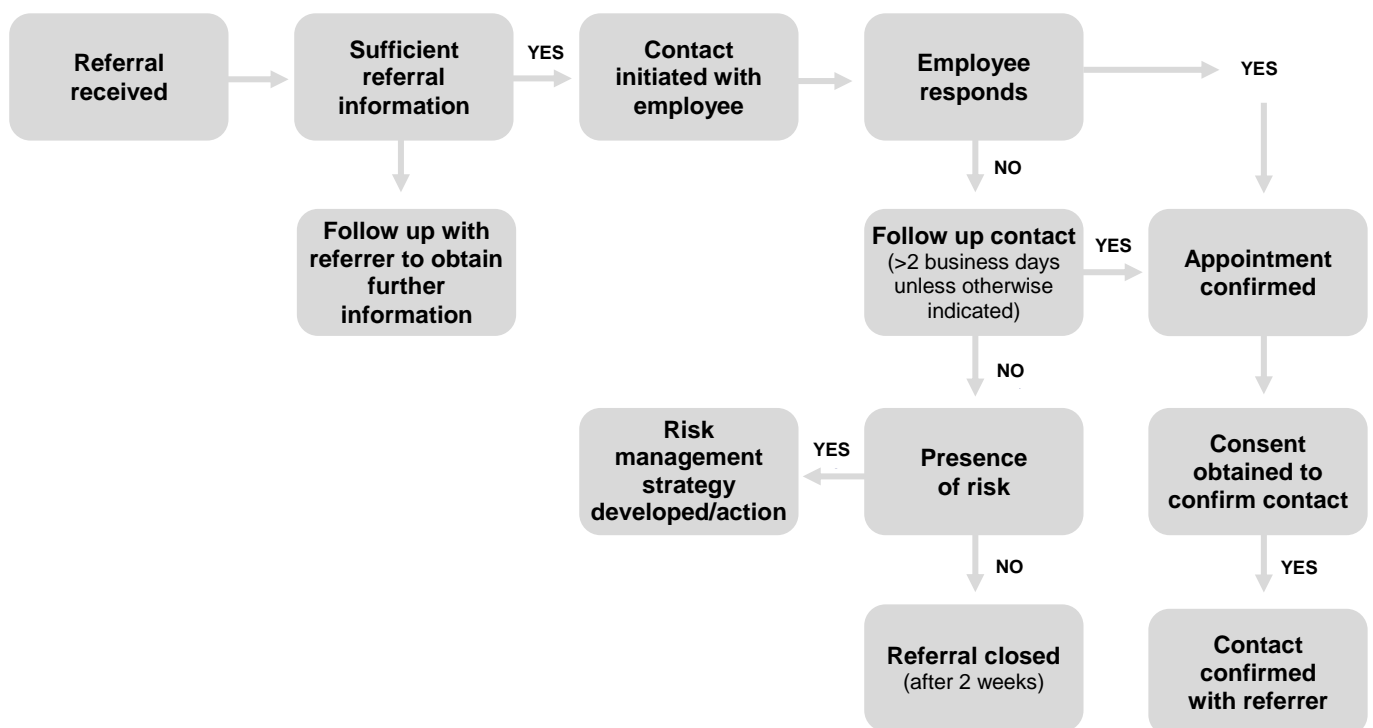


# Staff Psychology Service

If there are acute welfare concerns, the Staff Psychologist will explore the most effective way to mobilise a risk assessment and support with the referrer.

The Staff Psychology Service do not contact staff regarding welfare concerns without sharing details regarding the source of referral and concerns raised. The Staff Psychologists will provide advice and coaching regarding the best approach to support and tips for a welfare conversation to support management of risk and referrals.

The Staff Psychology Service may contact staff on occasion to offer proactive support. This is usually associated with program offers e.g. the Well Check program or when support is being provided to teams in relation to a workplace issue or trauma. In these instances the Staff Psychologist will consult with the manager in regard to an appropriate communication strategy such that staff are expecting service contact.



Third Party Referral Process

## 6. Confidentiality

The Staff Psychology Service is committed to providing high quality, professional and confidential psychological services. Confidentiality of information obtained in the delivery of services is a requirement of professional conduct for psychologists. This requires psychologists to refrain from discussing information in the course of their work except under legislation, policy compliance requirements or with informed consent.

Psychologists are also obliged to ensure that their practice is transparent and delivered under the conditions of informed consent and to disclose interventions subject to limited confidentiality as required.

Obtaining informed consent is an ongoing process requiring review throughout all contacts with the employee. The Senior Psychologists will provide regular opportunities to discuss any questions or concerns relating to consent and the limits to confidentiality.



## Staff Psychology Service

When obtaining consent, the SPS psychologists will ensure that the employee understands that the staff member is consenting to contact with the Staff Psychology Service and not a specific psychologist and that information is managed and accessible to other psychologists within the Staff Psychology Service as required, to ensure delivery of best practice support and integrated care.

### 6.1 Limits to confidentiality

The integrity and confidentiality of the SPS is fundamental, however there are occasions in which the staff psychologists must, or may, disclose information. These include:

With consent of the employee;

- a) Where there are legal obligations, e.g. a subpoena,
- b) There is immediate and specified risk of harm to a person(s),
- c) To reduce or prevent serious threat to the life, health or safety of an individual or the public;
- d) Mandatory notification requirements for registered health practitioners required by the Australian Health Practitioner Registration Authority (AHPRA) and or NSW Ambulance policy and procedure,
- e) Statutory provisions for mandatory notification e.g. suspected child abuse, NSW Police Force- Firearms Registry: Disclosure of Information by Health Professionals (**Appendix C**).

In the event of an allowable disclosure, SPS psychologists will disclose only the information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information. The employee should be informed of all disclosures, regardless of whether their consent is required e.g. in the case of legal obligations or mandatory notifications. Where practicable and appropriate, any disclosure should be facilitated in consultation with the employee.

Consent for consultation and liaison will be discussed and contracted with the employee. This may be obtained verbally and documented in the clinical notes or provided in writing (see **Appendix D**: Consent to release/obtain information).

Unless the disclosure is time-critical, SPS Psychologists will consult the Chief Psychologist in relation to required disclosures. All legal requests for information will be reviewed and managed by the Chief Psychologist with appropriate consultation with internal NSW Ambulance legal services, as required.

### 6.2 Support activities associated with organisational feedback

The Staff Psychology Service plays a critical role in ensuring the NSW Ambulance employees receive proactive, best practice support and intervention to maintain their mental wellbeing and support them during challenging or high-risk times. SPS will frequently be engaged to support workplace activities or respond to significant workplace events. Such support activities will often be coordinated in consultation with management and other staff support services.

On occasion, support activities may require limited feedback, that is, there will be a requirement to provide feedback to NSW Ambulance confirming that a support intervention has been provided. In such cases, the SPS will only confirm that an employee was provided support but not what was discussed during the support contact, unless limits of confidentiality are relevant or consent is provided.

Situations subject to organisational feedback may include the provision of psychological support following a significant event or in relation to a workplace activity or process e.g. a workplace concern or misconduct matter.

The SPS may also be engaged to develop an employee or incident support plan, when there is an identified support need and opportunity for support planning and coordination. The development of a support plan should be completed with the consent of, and in consultation with the employee and/or stakeholders (where appropriate). Feedback is limited to the type of support(s) recommended or planned.

In cases where organisational feedback is required or requested, the employee will be informed of the requirements and type of feedback required as a part of obtaining agreement and consent to undertake services.



# Staff Psychology Service

## 7. Staff Psychology Service Lines

### 7.1 Employee Counselling

The SPS provides confidential, best practice, evidence-based psychological interventions to address the wellbeing and mental health needs of employees. This service supports staff for a range of workplace and personal issues. These issues include, but are not limited to, depression, anxiety, stress-related conditions, trauma, adjustment and change, interpersonal issues or conflict, relationship and family issues and addictions.

The SPS provides short-term interventions and referrals with be managed within this framework. There are no limits related to session entitlements and staff can contact the service at any time to access psychological support or explore support. Where employees require specialist or long term psychological support, Staff Psychologists will conduct a need assessment and coordinate support planning and referral that are best fit for their needs.

### 7.2 Post incident support/Trauma Support

A critical role of the SPS will be to ensure a coordinated, proactive approach to post incident support following significant or critical workplace incidents.

Psychological First Aid (PFA) represents an evidence-informed approach to post incident psychosocial support and is considered current best practice following a significant incident or disaster. PFA is the evidenced-informed, theoretical basis for the SPS post incident support services. PFA is recommended by a range of key response and support agencies and has been integrated into training for incident and disaster support personnel. Current guidance has identified the importance of psychosocial interventions immediately following a significant incident focused on immediate needs and aimed at reducing distress, provision of information and support and normalisation of stress responses. Psychosocial support delivered with care and empathy strongly complements and promotes the resilience of those impacted.

Post incident support activities of the SPS include:

- Leadership and consultation on post incident support activities and procedures;
- Provision of post incident support services including
  - Group Psychoeducation Sessions to support resilience and recovery
  - Facilitation of Psychological First Aid support activities
  - Individual post trauma psychological interventions
  - Support planning and referral for longer term, or compensable support needs;
- Partnering with managers to ensure proactive support and follow up in line with the Staff Support Activation and Significant Events Support Register policy and procedures;
- Liaison with the external EAPS provider in relation to the provision of post incident support;
- Collaboration with other post incident supports including chaplaincy and peer support program to coordinate post incident follow up and referral; and
- Monitoring of the Significant Events Register.

### 7.3 Manager Assistance/coaching

The SPS support the identification, assessment and management of psychological risk within the organisation. The SPS provide support and advice to managers, and other key stakeholders, in relation to difficult or challenging people management, mental health and staff support issues and provide targeted, specialised support, where appropriate. This may include advice regarding employee support, management of employee mental health risks, issues associated with team performance and functioning.

### 7.4 Well Checks

Well checks are one support initiative that assist staff reflect on their current mental health status and supports referral to other primary, secondary and tertiary staff support mental health initiatives.







## Staff Psychology Service

### 7.5 Employee Well Checks

The Employee Well Check program will involve periodic, individual consultations with staff to reflect on their current wellbeing. The Well Check program facilitates assessment of how employees are managing over time, allows for the completion of mental health assessment tools (where appropriate) and creates an opportunity to promote proactive wellbeing strategies and early intervention to manage occupational and mental health risks.

An employee Well Check includes and structured consultation (see **Appendix E**) including:

- A review of how employees are managing in their role;
  - The completion of mental health tools (to assist with the assessment of current mental health and wellbeing status);
  - Identification of strengths and current wellbeing strategies;
  - Exploration of areas of concern/challenges that may impact on occupational and personal functioning;
  - Understanding of work or personal factors that may be impacting health and wellbeing;
  - Provision of coaching to optimise wellbeing or manage role challenges.
- Well checks can be provided face to face, via telephone or video-conferencing.

The Well Check program will be implemented as both a routine wellbeing initiative and when a support need or risk is identified for high risk groups or at critical career points. This includes:

- As a follow up to wellbeing and mental health training e.g. Wellbeing workshop, Transition to Retirement,
- As part of ongoing mental health promotional campaigns, service outreach and mental health literacy activities e.g. mental health month,
- As a follow up to identification of cumulative trauma exposure,
- As a proactive support initiatives for high risk staff groups.

### 7.6 Manager Well Checks

The Manager Well Check Program involves periodic, individual consultations for managers to “check in” regarding their current wellbeing, provide support and coaching related to role challenges, staff support issues and self-care.

A manager well check provides an opportunity for managers to engage in targeted support consultations at regular intervals, to provide an opportunity for managers to debrief, talk through issues, and receive assistance and specialist advice with professional/role challenges and personal or team wellbeing issues.

A manager well check consultation (see **Appendix F**) includes:

- A review of how the manager is managing in their role;
- An opportunity to debrief role challenges or issues, particularly regarding management of significant event/trauma exposure for our operational managers;
- Identification of strengths and acknowledgement of achievements;
- Exploration of areas of concern/challenges that may impact on occupational functioning;
- Understanding of work or personal factors that may be impacting health and wellbeing of the manager and/or their team;
- Provision of coaching to manage staff support or people management issues; and
- Exploration of self-care and wellbeing strategies.

The program will also promote other manager support and development initiatives including encouraging contact with the Staff Psychology Service or Employee Assistance and Psychological Service (ManagerAssist) or other subject matter experts for additional, issue based support or advice.

The Manager Well check program is promoted through ongoing touchpoints with managers including as a follow up to manager mental health training, sector forums and when exploring support needs as part of regular manager check ins.



## Staff Psychology Service

### 8. Managing Risk

The safety and wellbeing of employees is paramount for the Staff Psychology Service and where risk is identified or reported, the SPS Psychologist will complete a risk assessment and determine level of risk. The risk assessment will include exploration of suicidal ideation and behaviour, risk and protective factors (See Appendix G: Staff Psychology Employee Risk Assessment).

Where risk has been identified, a safety and support plan will be developed in consultation with the employee. The employee is engaged and consulted on preferred strategies and supports. The risk assessment and safety and support plan is documented in the employee's case notes.

Disclosure of risk to the workplace will only occur when the limits of confidentiality are relevant workplace support is necessary to ensure safety, and/or when consent is provided. Where possible and appropriate, the employee should be consulted in regard to their preferred workplace contact and support. The disclosure should be limited to required support and management of risk.

The Chief Psychologist must be consulted on the management and support of employees who are assessed as moderate to high risk and/or cases in which workplace feedback regarding risk is required.

### 9. Requests for service documentation

The Staff Psychology Service (SPS) does not provide psychological reports on staff fitness or capacity, or letters of support or recommendation.

The SPS will provide a Confirmation of Contact **on request from an employee**. This will include confirmation of the referral date, nature of presenting issues and overview of support activities provided. Documentation is provided to the employee directly.

Requests for Confirmation of Contact documentation (See **Appendix H: NSW Ambulance Staff Psychology Confirmation of Contact**) should be submitted to the Chief Psychologist for review and provision of documentation.

### 10. Staff Psychology Service Governance

The Chief Psychologist, in consultation with key stakeholders, will determine the operational priorities of the NSW Ambulance Staff Psychology Service.

The Chief Psychologist will be responsible for the clinical governance and coordination of the Staff Psychology Service including recruitment, induction and professional and clinical management of the service. This will include development of required service guidance and clinical protocols.

### 11. Data Collection and Management

#### 11.1 Record Keeping

The Staff Psychology Service Psychologists are ethically required to make and keep records of their activities with employees, including creating and maintaining case notes.

An employee's personal information is collected for the purpose of providing psychological services, including identifying presenting issues and developing a support plan and goals. The information gathered is retained to document what happens during contacts and allows the psychologist to provide informed and coordinated support. Personal information collected and used in the provision of services is protected by the Health Records and Information Privacy Act 2002 and the Privacy and Personal Information Protection Act 1998. The *NSW Health Privacy Manual for Health Information* provides further information on privacy and confidentiality.

Personal information collected will be stored in a secure location and is subject to the ethical principles and legislative requirements that govern the collection of that information, to whom the information can be released to and for what purpose.



## Staff Psychology Service

### 11.2 Release of Information

Information contained in the Staff Psychology Service files will only be released under conditions of lawful request or informed written consent. Employees may request access to their personal information under the Health Records and Information Privacy Act. The SPS will obtain appropriate written authority and proof of identity prior to the release or access to client information.

All requests for access will be reviewed by the Chief Psychologist and will be responded to in writing within 30 days from receipt. Follow up contact will be coordinated, if necessary, for clarification purposes.

All requests for access and additions or corrections to SPS records will be managed in accordance with the relevant legislation and the *NSW Health Privacy Manual for Health Information* and will be documented on the employee's file.

If employees have a concern regarding the management of their personal information, they may inform the Chief Psychologist or raise the issue with the Office of the Australian Information Commissioner by Phone 1300 363 992, online at <http://www.oaic.gov.au/privacy/making-a-privacy-compliant> or by post to: Officer of the Australian Information Commissioner, GPO Box 5218, Sydney, NSW 2001

All requests for release of information contained in SPS files must be reviewed by the Chief Psychologist. The release of information will only be permitted with the authorisation of the Chief Psychologist.

### 12. Service Reporting

The Staff Psychology Service is committed to service evaluation and continuous improvement. The Staff Psychology Service will periodically evaluate services to ensure activities are effective and meet the needs of NSW Ambulance employees. Service reporting will assist with ongoing review, evaluation and service planning. All SPS Psychologists are required to maintain activity statistics and service data.

SPS service reporting will preserve the confidentiality of employees and will only include de-identified data at a service level, including such things as:

- Service utilisation i.e. the number of staff utilising SPS services
- Basic demographic information of employees accessing the service
- Presenting issues trends Interventions or types of support provided
- Promotional activities including number of site visits, forums attended
- Wellbeing activities, for example number of workshops
- Summary statistics

The Chief Psychologist will review all requests for service data to assess appropriateness of request and ensure maintenance of service data integrity and confidentiality.

### 13. Service Complaint Management

Complaints regarding service provision and performance will be reviewed by the Chief Psychologist and/or Director, Staff Health.

The initial review will collate available information and clarify specifics of the complaint or concern to identify any risks and confirm required actions with consideration of:

- Any immediate or significant risks that need to be managed,
- Relevant policies, guidelines, standards or protocols that are relevant,
- Any internal or external notifications required,
- Plan for review, assessment and feedback regarding the complaint.

Service feedback complaints will be managed in accordance with NSW Ambulance and, where indicated, applicable NSW Health policies and procedures related to managing misconduct, managing performance, incident management, open disclosure and complaint management.



## Staff Psychology Service

### 14. Further Information

For further information please contact the Chief Psychologist on (02) 9320 7383.

Additional information regarding the service is available on the NSW Ambulance intranet and is detailed in the SPS fact sheets (see **Appendix I**) including:

- Staff Psychology Service frequently asked questions (FAQs)
- Staff Psychology Service: Making a third party referral- for managers, staff supporters and colleagues
- Psychological Support options: NSW Ambulance staff and volunteers
- Employee Well Check
- Manager Well Check

### 15. Related documents

- Australian Psychological Society (APS) Code of Ethics (2007) Available at: <https://www.psychology.org.au/About-Us/What-we-do/ethics-and-practice-standards/APS-Code-of-Ethics>
- Guidelines: Mandatory notifications about registered health practitioners (March 2020). Ahpra & National Boards
- PD2018-027 Staff Support Activation and Significant Events Support Register Policy Directive
- PRO2018-032 Staff Support Activation and Significant Events Support Register Operating Procedure
- PD2021-007 Code of Conduct
- PD2019-043 Managing Misconduct
- PRO2019-029 Managing Misconduct Operating Procedure
- PRO2020-011 Reporting Misconduct and Criminal Conduct
- PD2017-024 Managing For Improved Performance and/or Behaviour
- PRO2017-028 Managing For Improved Performance and/or Behaviour
- PD2017-007 Child Wellbeing and Child Protection
- PD2018-008 Complaints Management
- PRO2018-013 Complaints Management
- PD2017-018 Incident Management
- PD2017-028 Open Disclosure
- PD2019-013 Drug and Alcohol
- PRO2019-009 Drug and Alcohol
- PRO2019-002 Employees Compensation and Recovery at Work Operating Procedure.
- Privacy and Personal Information Protection Act 1998
- Health Records and Privacy Information Act 2002
- The NSW Health Privacy Manual for Health Information

#### Appendix A: NSW Ambulance Staff Psychology Service

Agreement to undertake staff psychology services and consent for the collection of health information.

As part of providing psychological services to NSW Ambulance employees, *the Staff Psychology Service* is required to collect and record personal information from you that is relevant to your situation, such as your name, contact information, personal and wellbeing history and other relevant information as part of providing psychological services to you.

This collection of personal information will be a necessary part of the psychological support provided.

Your privacy is important to us and we will only collect, use or disclose your personal and health information in accordance with the Privacy and Personal Information Protection Act 1998 and the Health Records and Privacy Information Act 2002. In agreeing to undertake Staff Psychology Services you understand that the information provided is retained by the Staff Psychology Service and will be only accessible by the Staff Psychology Psychologists.



# Staff Psychology Service

## 16. Purpose of collecting and holding information

The personal information gathered as part of your support is kept securely and only accessible by the psychologists working within the Staff Psychology Service. Your personal information is retained in order to document what happens during support contacts, and enables the Senior Staff Psychologist to provide a relevant and informed psychological service.

## 17. Consequence of not providing personal information

If you do not wish for your personal information to be collected, the Staff Psychology Service may not be in a position to provide psychological support to you.

## 18. Access to employee information

At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you different possible forms of access.

## 19. Disclosure of personal information

All personal information gathered by the psychologist during the provision of psychological services will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would in the reasonable belief of the Staff Psychology Service place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
  - a) consult with another professional or agency. e.g., a GP; or
  - b) discuss the material with another person, eg. employer or health provider; or
  - c) disclose the information in another way; or
4. disclosure is otherwise required or authorised by law or compliance with NSW Ambulance or NSW Health policy and procedure.

The *NSW Health Privacy Manual for Health Information* provides further information on privacy and confidentiality.

I, (print your name in Block Capitals)....., have read and understood this Agreement to undertake services and Consent Form. I agree to the above conditions for the psychological service provided by the NSW Ambulance Staff Psychology Service.

Signature .....

Date ...../...../.....

Please note: If, after reading this form you are at all unclear about any of the information provided, please contact a Senior Staff Psychologist or Chief Psychologist to obtain further information.



## Staff Psychology Service

### Appendix B: Example Contact Texts:

#### Initial Contact:

- Hi ... My name is ... and I am one of the Staff Psychologists with NSW Ambulance's Staff Psychology service. ... contacted us and passed on your name. He indicated that you would be happy for one of us to contact you to see if we can offer some support. Could you let me know if there is a good time/ day to call you over the next few days. Alternatively, you can call me directly on this number. I usually work Monday-Friday from ... but can be flexible. Thanks ...
- Hi ... My name is ... and I am one of the staff psychologists with NSW Ambulance. ... has given me your details and said you may be open to having a chat. Is there a good time to give you a call? Thanks ...
- Hi ... It's... NSW Ambulance's Staff Psychologist. ... has let me know about the incident yesterday and I wanted to give you a call to see how you are. Is there a good time to call you? Thanks ...
- Hi ..., I hope you are having a good day so far. This is ..., Staff Psychologist with NSW Ambulance for... sector. I'm contacting you because ... has asked me to follow up with you following the critical incident you assisted with, and to offer support. If you'd like to have a chat, I'd be happy to, please just let me know if there's a suitable day/time to speak. Kind regards, ...
- Hi ... it's ... the Staff Psychologist. I've heard that you were involved in an incident the other week. I understand that peer support was activated for you but also wanted to reach out and see if there is any other support you feel you need and to say I am here if you want to talk. ...
- Hi ... it's..., one of the staff psychologists with NSW Ambulance. ... has asked me to check in with you and your partner (work) after the incident .... I understand that you were feeling ok but may want to have a chat if things have come up for you. Is there a good time to give you a call this afternoon or tomorrow? Thanks ...
- Hi ... it's... (name staff psychologist). ... called me this morning and said you have been to a number of incidents in the last few days and you would be open to a chat with me. Is there a good time to call you? ...

#### Follow up texts when no response received:

- Hi ... it's .... I was calling to follow up from my contact last week and to see how you are going. When you get a chance give me a call or let me know a good time to try you. If I don't hear back from you I'll understand you're not wanting to talk right now. If at any time in the future you would like to speak, just give me a call or send me a text. Thanks...
- Hi.... It's... NSW Ambulance Staff Psychologist. Calling to check and see how you are travelling? I've called and texted a few times now so will wait to hear back from you. Please let me know if you want to chat. If now is not the right time for you that's ok. If you want to speak at any time in the future reach out and let me know. Take Care...
- Hi...Reaching out to say hi and check in again. Let me know if there is a good time to call you this week? I'll wait to hear back from you so if you are wanting to speak please let me know now or at any time in the future. Thanks



# Staff Psychology Service

## Appendix C:



www.police.nsw.gov.au  
ABN 43 408 613 180

### NSW POLICE FORCE - FIREARMS REGISTRY

#### Disclosure of Information by Health Professionals

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998*

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998* protect disclosures of information to the NSW Commissioner of Police by health professionals where they are of the opinion that a person they are treating may pose a risk to public safety or to the person's own safety if in possession of a firearm or prohibited weapon. Of particular interest are high risk mental health patients known to have access to firearms.

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998* provide protection from civil or criminal liability, that may otherwise arise including a breach of confidentiality, when disclosing information to the Commissioner of Police.

A health professional, is defined in Section 79 of the *Firearms Act 1996* and for the purposes of Section 38 of the *Weapons Prohibition Act 1998*, as any of the following persons: a medical practitioner, psychologist, nurse, social worker or professional counsellor.

#### PROCESS TO FOLLOW

1. Complete the form and Fax to 02 66708558 and mark 'Attention - Team Leader Licensing', AND
2. Fax this form to the police station nearest the residential address of the patient. If you are unsure of the nearest police station, ring the Police Assistance Line on 131444.

#### PATIENT INFORMATION

LAST NAME  FIRST NAME

DATE OF BIRTH  TELEPHONE

HOME ADDRESS

Where is the patient currently located? eg inpatient, Accident and Emergency, at residential address etc.

If in hospital, anticipated date of discharge. To ensure safety issues can be addressed, please give at least 6 hours notice to Police. DATE OF DISCHARGE

ADDRESS WHERE PATIENT WILL BE DISCHARGED (if different from residential address).

Describe the circumstances that lead you to believe that the person may pose a threat if in possession of a firearm/prohibited weapon. Include relevant conversation, observations, circumstances, effect of medical condition or treatment on person's capacity etc.

Does the person have access to their own firearms/prohibited weapons?  YES  NO  UNKNOWN

Does the person have access to other firearms/prohibited weapons?  YES  NO  UNKNOWN

If 'YES' indicate below the address where the firearms/prohibited weapons are located?

For example, with friends, neighbours, spouse or other relative.

#### HEALTH PROVIDER INFORMATION

Medical Practitioner  Psychologist  Reg/Enrolled Nurse  Social Worker  Counsellor

NAME  CONTACT NUMBER

SIGNATURE  DATE

Reporting Location (eg hospital, mental health hotline, private clinic, facility etc)

**ALL INFORMATION SUPPLIED IS TREATED IN THE STRICTEST CONFIDENCE**

Vars 3.2 October 2019



# Staff Psychology Service

**Appendix D:**

**STAFF PSYCHOLOGY SERVICE CONSENT FORM: EXCHANGE OF PERSONAL INFORMATION**

This consent form relates to personal information about:

(name) \_\_\_\_\_, (d.o.b) \_\_\_\_\_,

I, (name) \_\_\_\_\_,

DO /  DO NOT **GIVE CONSENT** [tick applicable] for

(name of Staff Psychologist), **NSW Ambulance to:**

SEEK /  DISCLOSE [tick applicable] the following information about

TO /  FROM [tick applicable] (eg name of person, organisation, general public, other):

\_\_\_\_\_

**FOR THE PURPOSE(S) OF** (specify – eg supporting and coordinating my recovery, peer support, mental health promotion, providing information about the organisation):

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Psychologist Signature:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Staff Psychology Service

## Appendix E: NSW Ambulance Staff Psychology Risk Assessment Protocol

To be included as a component of the Initial assessment and to be documented in the clinical notes. This forms part of the clinical assessment, including recent symptoms, current mental state and past history, identification of any relapsed, untreated or previously undiagnosed psychiatric disorder and a full psychosocial assessment. The goal of a suicide risk assessment is to determine the level of suicide risk at a given period of time care planning and wider support network, including an assessment of changeability and impulsivity in the person, quality of support networks, level of engagement in care planning and wider support network. The assessment should be completed with appropriate consultation with stakeholders and appropriate clinical supervision and consultation.

### Assessment of Risk

#### Past Suicidal Ideation

(details, circumstances, duration, treatment)

#### Past Suicidal Behaviour

(details, circumstances, plan, method, lethality, duration, intent, actions, rescue likely or anticipated)

#### Current Suicidal Ideation

(content, duration, frequency, strength, persistence, motivation, self-efficacy/perceived level of control, factors preventing action)

#### Current Suicidal Plan

(method, lethality, intent, access to means, planning, impulsivity)

### Assessment of Risk Factors, including:

<ul style="list-style-type: none"> <li>Aggressive tendencies</li> <li>Alcohol Use</li> <li>Drug Use</li> <li>Current Crisis</li> <li>Easy Access to lethal means</li> <li>Financial stressors</li> <li>Impulsivity</li> <li>Psychological injury</li> </ul>	<ul style="list-style-type: none"> <li>History of mental health issues</li> <li>Hopelessness</li> <li>Isolation</li> <li>Loss Physical Injury</li> <li>Recent relationship breakup</li> <li>Lives alone</li> <li>Recent stressful events</li> </ul>	<ul style="list-style-type: none"> <li>Relationship conflict</li> <li>Agitation</li> <li>Barrier to help seeking</li> <li>Family problems</li> <li>Health Issues</li> <li>History of suicide by family or friend</li> <li>Past trauma</li> <li>Inflexibility/rigid thinking</li> </ul>
---	---	--

### Assessment of Protective Factors, including:

<ul style="list-style-type: none"> <li>Anti-suicide attitudes</li> <li>Engagement with mental health professionals/services</li> <li>Compliance with treatment</li> <li>High work engagement/satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Help seeking</li> <li>Reasons for living</li> <li>Safety plan</li> <li>Good coping skills</li> <li>Problem solving skills</li> <li>Self-Efficacy</li> </ul>	<ul style="list-style-type: none"> <li>Skills for emotional regulation</li> <li>Strong social support</li> <li>Religious/spiritual/cultural beliefs</li> <li>Strong family support</li> </ul>
--	--	---

### Overall assessment of suicide risk (High, Medium, Low)

### Assessment of Homicidal Ideation (where indicated).



## Staff Psychology Service

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### **Clinical impression and risks.**

#### **Risk Management planning**

Development of support plan including:

- Safety Plan, including:
  - Confirmation of access and contact details for emergency/24 hour support services (EAPS, Mental Health Crisis Teams, Lifeline),
  - Confirmation of strategies for managing when feeling unsafe,
  - Confirmation of support networks and encouragement of connections with support at high risk times.
- Follow up arrangements (e.g. Staff Psychology, General Practitioner (GP), Acute Care Service, Employee Assistance and Psychological Services (EAPS) program, Specialist Service, Workers Compensation, other workplace business unit, other Staff Support Program).
- Assessment of mandatory reporting requirements.



# Staff Psychology Service

## Appendix F: NSW Ambulance Staff Psychology Confirmation of Contact

[Date]

### TO WHOM IT MAY CONCERN

Re: [Employee Name]

I provide this documentation to confirm that **[Employee Name]** has had contact with the NSW Ambulance Staff Psychology Service.

The Staff Psychology Service is a state-wide team of internal Senior Psychologists employed to support NSW Ambulance staff and volunteers. The service provides short term evidence-based mental health and wellbeing initiatives including psychological support/counselling, post incident support, mental health and wellbeing training, well checks (regular check ins with staff) and advice on staff support needs. The Staff Psychology Service is also available to explore and plan referral to other specialist, acute care or longer term mental health support options for employees.

I confirm that **[Employee Name]** has been supported by NSW Ambulance Staff Psychology Service since **[Assessment Date]**. Since referral to the service **[Employee Name]** has had ongoing contact with Senior Staff Psychologist, **[Worker Name]**, who has provided targeted short-term psychological intervention and continues to provide supportive counselling and assessment of ongoing support needs.

Yours Sincerely,

[Chief Psychologist Name]

Chief Psychologist

Staff Psychology Service

Staff Health

NSW Ambulance



# Staff Psychology Service

## Appendix G: NSW Ambulance Staff Psychology Employee Well Check Template

Prior to completing the Employee Well Check employees complete the following assessment tools

- PTSD Check List (**PCL**)
- Kessler Psychological Distress Scale (**K10**)
- Depression Anxiety Stress Scale (**DASS**)
- Alcohol Use Disorders Identification Test (**AUDIT**)

### Overview and Introduction:

- Introduction of service, role, well check program.
- The Employee Well Check program has been designed to check in with managers to provide an opportunity to debrief and talk through some of the issues and challenges that may have been experienced and to provide support.
- Confirmation that discussion is confidential, that the only information that is provided back to the organisation is de-identified global themes and program utilisation data.
- Confirm limits to confidentiality.
- Address any questions.

**Exploration of experience in role, e.g. how long have you been with NSW Ambulance, share details of your role.**

**What are the things you enjoy about your role?**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Helping people</li> <li>• The challenge</li> <li>• Variety of work</li> <li>• My colleagues</li> </ul> | <ul style="list-style-type: none"> <li>• The autonomy</li> <li>• Clinical work</li> <li>• Other</li> </ul> |
|---|--|

**Are there aspects of the role that you find challenging?**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Response to incidents</li> <li>• Impact of trauma</li> <li>• Impact of workload</li> <li>• Resources</li> <li>• Interpersonal issues</li> <li>• Fatigue</li> </ul> | <ul style="list-style-type: none"> <li>• Rostering</li> <li>• Shiftwork</li> <li>• Work-life balance</li> <li>• On-call</li> <li>• Other</li> </ul> |
|---|---|



# Staff Psychology Service

**Exploration of specific workplace issues or significant events that the employee would like to focus on or discuss. Any significant events that regularly come up.**

**How would you describe your wellbeing (thriving, surviving, stressed, unwell)?**

**Personal Wellbeing Flags:**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Decreased energy</li> <li>• Increased anxiety</li> <li>• Decreased connection with others</li> <li>• Increased worry &amp; rumination</li> <li>• Withdrawal</li> </ul> | <ul style="list-style-type: none"> <li>• Low mood</li> <li>• Increased conflict</li> <li>• Decreased motivation</li> <li>• Increased fatigue</li> <li>• Increased AOD use</li> </ul> | <ul style="list-style-type: none"> <li>• Increased irritability</li> <li>• Reduced attention/focus</li> <li>• Reduced interest/motivation</li> <li>• Sleep disturbance</li> <li>• Increased/decreased weight</li> </ul> |
|---|--|---|

**Occupational wellbeing flags:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Career Dissatisfaction</li> <li>• Decreased satisfaction/enjoyment</li> </ul> | <ul style="list-style-type: none"> <li>• Increased utilisation of staff support</li> <li>• Work withdrawal</li> <li>• Other</li> </ul> |
|--|--|

**Review of Psychometric Tools**

- Overview of tools
- Feedback regarding assessment results
- Exploration of any elevations or clinical significant results

**Risk Assessment** (as per Staff Psychology Risk Assessment Protocol- **Appendix E**)

**How do you generally manage pressure/your own self care?**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Time with family/friends</li> <li>• Hobbies and interests</li> <li>• Social support</li> </ul> | <ul style="list-style-type: none"> <li>• Mindfulness/relaxation/meditation</li> <li>• Support from peers</li> <li>• Optimism/positive thinking</li> <li>• Other</li> </ul> |
|---|--|

**Provision of coaching regarding motivation for change, wellbeing strategies, symptom management (where appropriate).**

**Development of wellbeing support plan.**



# Staff Psychology Service

## Exploration and promotion of follow up support including referrals as required.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Staff Psychology (employee, trauma or manager assist support)</li> <li>• EAPS</li> <li>• Mental Health Support Program</li> <li>• Workers Compensation</li> <li>• Other Staff Support program</li> </ul> | <ul style="list-style-type: none"> <li>• Health Coaching</li> <li>• Other organisational function (Management, PSU, HRBP, S&amp;R etc)</li> <li>• Other</li> </ul> |
|---|--|

## Follow up schedule

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• 1 week</li> <li>• 1 month</li> <li>• 3 months</li> </ul> | <ul style="list-style-type: none"> <li>• 6 months</li> <li>• Re-connect when required</li> <li>• Other</li> </ul> |
|---|---|

## Appendix H: NSW Ambulance Staff Psychology Manager Well Check Template

### Overview and Introduction:

- Introduction of service, role, well check program.
- The Manager Well Check program has been designed to check in with managers to provide an opportunity to debrief and talk through some of the issues and challenges that may have been experienced and to provide support.
- Confirmation that discussion is confidential, that the only information that is provided back to the organisation is de-identified global themes and program utilisation data.
- Confirm limits to confidentiality.
- Address any questions.

### Exploration of experience in role, e.g. how long have you been with NSW Ambulance, details/overview of role and team?

#### What are the strengths of your team?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Capable</li> <li>• Caring</li> <li>• Good teamwork</li> <li>• Reliable</li> </ul> | <ul style="list-style-type: none"> <li>• Cooperative</li> <li>• Committed</li> <li>• Hard working</li> <li>• Other</li> </ul> |
|--|---|

#### What have been some of the issues/challenges for you and your team?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Impact of workload</li> <li>• Resources</li> <li>• Rostering</li> <li>• Workplace mental health</li> </ul> | <ul style="list-style-type: none"> <li>• Impact of trauma</li> <li>• Interpersonal issues</li> <li>• Responses to incidents</li> <li>• Shiftwork</li> <li>• Other</li> </ul> |
|--|--|

#### What strategies have you found helpful in dealing with issues/challenges?

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Change in duties</li> <li>• Consultation with others</li> <li>• Regular team communications</li> <li>• Staff Support</li> <li>• Check ins with team</li> </ul> | <ul style="list-style-type: none"> <li>• Promotion of support</li> <li>• Regular Team meetings</li> <li>• Team activities</li> <li>• Other</li> </ul> |
|---|---|



# Staff Psychology Service

## What impact has recent workplace issues had on you professionally?

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Career Dissatisfaction</li> <li>• Demands on managing staff</li> <li>• Increased staff support activities</li> <li>• Work satisfaction/enjoyment</li> </ul> | <ul style="list-style-type: none"> <li>• Concentration/focus/memory</li> <li>• Work hours</li> <li>• Work engagement</li> <li>• Workload</li> <li>• Other</li> </ul> |
|--|--|

## What impact has recent work issues had on you personally?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Decreased connection with others</li> <li>• Decreased motivation</li> <li>• Increased conflict</li> <li>• Increased irritability</li> <li>• Low mood</li> </ul> | <ul style="list-style-type: none"> <li>• Decreased energy</li> <li>• Increased anxiety</li> <li>• Increased fatigue</li> <li>• Increased worry/rumination</li> <li>• Other</li> </ul> |
|--|---|

## How do you generally manage pressure/your self-care?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Mindfulness/relaxation/meditation</li> <li>• Support from peers</li> </ul> | <ul style="list-style-type: none"> <li>• Hobbies and interests</li> <li>• Social support</li> <li>• Time with family and friends</li> <li>• Other</li> </ul> |
|---|--|

## Provision of coaching regarding mental health

### Exploration and promotion of follow up support

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Other organisational Function (Management, PSU, HRBP, S&amp;R etc)</li> <li>• Staff Psychology (employee, trauma or manager assist support)</li> <li>• EAPS</li> </ul> | <ul style="list-style-type: none"> <li>• Mental Health Support Program</li> <li>• Workers Compensation</li> <li>• Employee Well Check</li> </ul> |
|---|--|

### Follow up schedule

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• 1 week</li> <li>• 1 month</li> <li>• 3 months</li> <li>• 6 months</li> </ul> | <ul style="list-style-type: none"> <li>• Periodic informal check ins</li> <li>• Re-connect when required</li> <li>• Other</li> </ul> |
|---|--|

## Appendix I: NSW Ambulance Staff Psychology Service Fact Sheets

- Staff Psychology Service frequently asked questions (FAQs)
- Staff Psychology Service: Making a third party referral-for managers, staff supporters and colleagues
- Psychological Support options: NSW Ambulance staff and volunteers
- Employee Well Check
- Manager Well Check



# NSW Ambulance

excellence in care



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