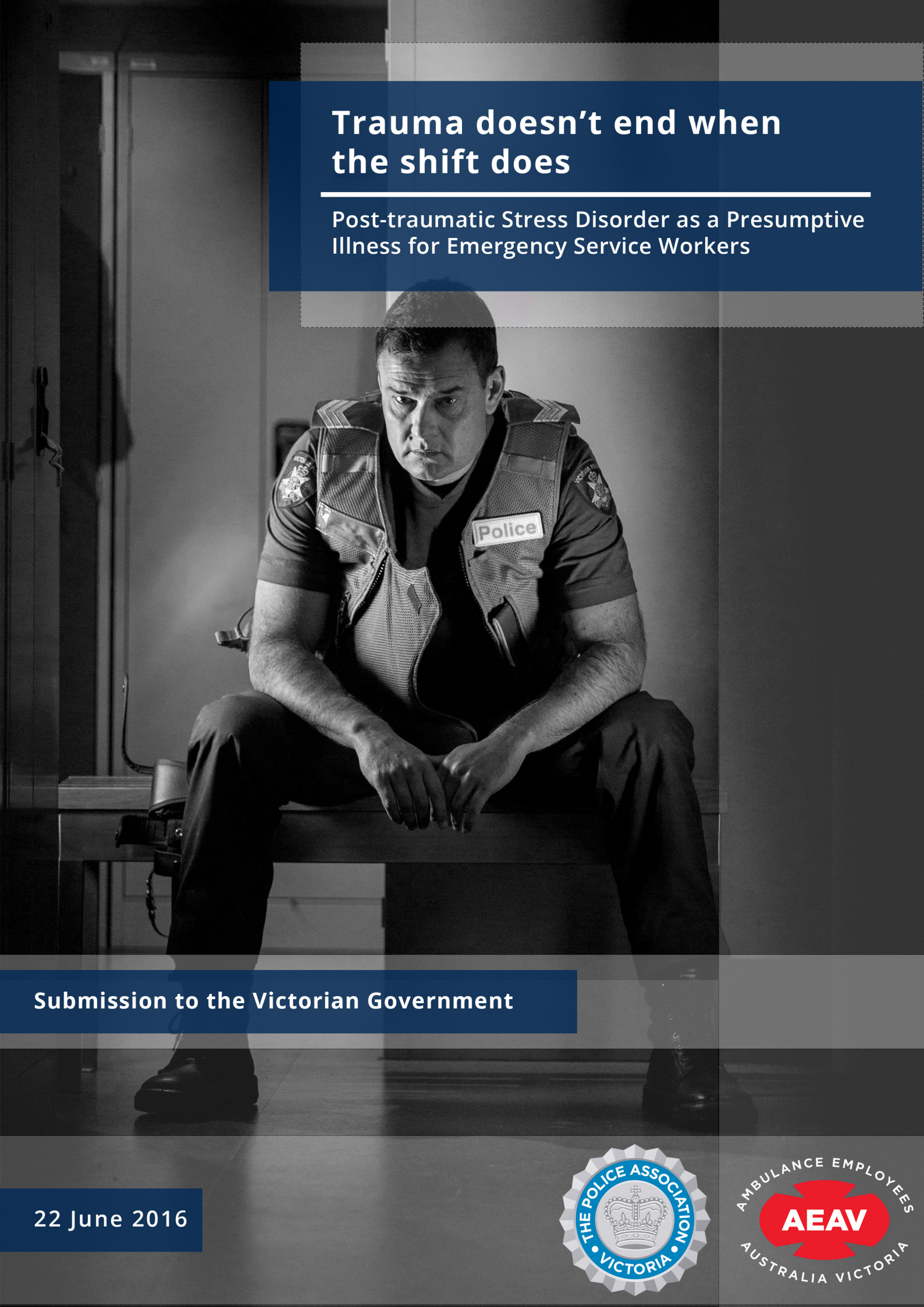

Trauma doesn't end when the shift does

Post-traumatic Stress Disorder as a Presumptive Illness for Emergency Service Workers

Submission to the Victorian Government

22 June 2016

THE POLICE ASSOCIATION VICTORIA

AMBULANCE EMPLOYEES AUSTRALIA VICTORIA
AEAV

[This submission contains narratives of the experiences of Emergency Service Workers who have suffered Post-Traumatic Stress Disorder. Some of the content contained herein may be distressing. As such reader discretion is advised.]

This submission was prepared by:

The Police Association of Victoria is an organisation that exists to advance and represent the industrial, legal, professional and welfare interests of its members.

The Police Association's membership of approximately 14,500 is drawn exclusively from sworn Police Officers at any rank, Protective Services Officers, Police Reservists and Police Recruits who serve in the Victoria Police. Membership of the Association is voluntary.

By virtue of its constitution, the Association is not affiliated with any political party.

The Ambulance Employees Association [AEA] is an industrial organisation to protect and improve the working conditions and general welfare of all employees engaged in or about or in connection with ambulance work.

In the early 1990's the AEA amalgamated with the Liquor Hospitality & Miscellaneous Union now named United Voice.

The AEA-V [Ambulance Employees Australia – Victoria, United Voice Ambulance Section] has become a successful democratic organisation with approximately 3,500 members which seeks to encourage the active participation of its members in decision making and the running of the Union.

In this submission we collectively aim to represent the best interests of our members and alleviate the burden faced by those brave enough to seek assistance in recovering from PTSD.

Submission to Parliament:

That Post-Traumatic Stress Disorder (PTSD) is defined as a proclaimed illness for all Emergency Service Workers under s.51 of the *Workplace Injury Rehabilitative and Compensation Act 2013*.

That the cumulative nature of Post-Traumatic Stress Disorder with respect to Emergency Service Workers be recognised.

The State of Victoria includes a clause with retrospective effect so that an Emergency Services Worker's claim denied prior to the enactment of presumptive legislation can be resubmitted with updated medical evidence for re-assessment.

Executive Summary

Emergency Service Workers in the state of Victoria perform some of the most challenging work in our community. While protecting, caring for, and saving the lives of their fellow Victorians is a rewarding experience, the workers who undertake these necessary functions are continually exposed to an inordinate amount of trauma, suffering and death.

An Emergency Services Worker can be exposed to more trauma in a single shift than most Victorians would deal with in a lifetime.

It is therefore not surprising that rates of psychological injury for Emergency Services Workers remain high, even though under-reported, and are often poorly managed at an organisational level. Post-Traumatic Stress Disorder (PTSD), in particular, remains an ever-present risk.

Recent research suggests that PTSD acquired by our Emergency Services Workers can build up over time, with constant occupational stress made worse by uniquely traumatising events.

This inevitably takes a devastating toll on their psychological well-being. As such, it is time to recognise the occupational factors within the emergency services professions that place these workers at risk, and to take protective measures to assist them.

Despite an elevated risk of PTSD, Emergency Services Workers are confronted with far too many barriers in the way of them receiving timely and effecting help to overcome their illness. Some of these barriers are institutional and cultural in nature and were recently acknowledged by Victoria Police as problematic in its recently released Mental Health Review.

A culture of 'toughness' pervades emergency service work and creates a perception of weakness or 'failure' should workers acquire a psychological injury.

Those who do manage to seek help are often faced with further barriers and unnecessary tests by the employer and their insurer.

This results in a low claim acceptance rate for some of Victoria's most vulnerable employees. Emergency Services Workers then face a protracted and unnecessary claims process in which they must 'prove' that the origin of their PTSD lies within their work.

Establishing this fact draws out the process of receiving appropriate and specialised assistance in a timely fashion. By the time PTSD is identified, the overall health and wellbeing of affected Emergency Services Workers invariably worsens considerably and is often exacerbated by financial stress and social isolation.

For many, the delays reduce the prospect of returning to work, or indeed to normal daily life. Research suggests that employer support and early intervention and assistance are central to employees ultimately returning to work. Existing systems decrease the number of Emergency Services Workers that will ultimately return to productive employment.

The recommendations contained in this submission seek to remove barriers for Emergency Services Workers seeking help for their psychological injuries by reducing the unnecessary delays which can further exacerbate and prolong their condition.

The essence of this submission is that we must remove the requirement for Emergency Services Workers to prove that their PTSD has arisen from their employment, and that the cumulative nature of this injury in the emergency service profession be acknowledged.

The recognition of PTSD as an occupational illness for Emergency Service Workers would:

- Recognise the value and risks associated with the work performed by our Emergency Services Workers

- Acknowledge the psychological toll that repeated exposure to trauma has on our Emergency Services Workers

- Remove barriers to obtaining treatment by providing our Emergency Services Workers suffering PTSD with fair access to workers compensation benefits by reversing the onus of proof so that the employer must show that PTSD was not caused by work.

- Remove the adversarial approach to PTSD claims that will reduce the stress and anxiety already felt by Emergency Services Workers and enable earlier treatment so they make a speedier recovery and return to work sooner

More broadly, assisting our Emergency Services Workers by removing the arduous and unhelpful process that currently stands in their way of obtaining effective treatment, will also serve to help remove the stigma that comes with suffering from a psychological illness.

The changes proposed will also serve to better show the support of the respective employers, which is a key factor in recovery.

Ultimately, enactment of presumptive legislation presents an opportunity for the Victorian Government to further demonstrate a strong commitment to adequately addressing mental health issues within the Victorian community and support those constantly exposed to psychological risk in their duty of serving others.

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Secretary
The Police Association Victoria (Victoria)
June 23 2016

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June 23 2016

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Acknowledgement

The Police Association of Victoria and Ambulance Employees Australia (Victoria) would like to thank the members who contributed their experiences to this submission in the hope of improving future experiences for their colleagues. We also thank those who gave their experienced and expert opinion on the current legislative and policy structure.

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Overview

Emergency Service Workers (ESWs)[1] are exposed to potentially traumatic events as part of their daily work activities. As such, developing Post-Traumatic Stress Disorder (PTSD) remains an ever-present risk for all ESWs. The occupational factors that enhance this risk cannot be ignored. Organisational mental health reviews and welfare status checks within emergency service professions highlight both increased risks to psychological injury and a culture that works against appropriate help-seeking.

In addition to the personal cost of performing this work, there is increasing recognition that the regular exposure to trauma inherent in emergency service work may be creating a large burden of mental health problems.[2] Opportunities exist for the Victorian Government to enhance and expedite the recovery of those suffering, and to demonstrate support for those Victorian workers who serve all members of the community in times of great need.

This submission outlines the prevalence of PTSD for ESWs and discusses organisational barriers to disclosure. Drawing on case studies of current and former police and ambulance workers, experiences of the current WorkCover process are described in detail.

Here, unnecessary barriers and subjectivities in the claim decision are identified. We highlight the short and long term impact that these deficiencies have on affected workers. Again drawing on the words and input of our members and relevant experts consulted for the purpose of this submission, we discuss the positive impact that presumption with respect to PTSD for ESWs would have. We identify areas of precedence, and provide a proposed structure for the required legislative change.

To this end, we draw on recent primary research conducted with our members, a recent membership wide survey and consultations with relevant legal, medical and academic experts, in addition to extensive research literature.

This submission is based on the experiences of Emergency Service Workers who have suffered through both PTSD and the current WorkCover claims process. Narratives provided by these workers appear throughout, and as such, reader discretion is advised.

1. Post-Traumatic Stress Disorder in Emergency Service Worker Cohorts

Post-Traumatic Stress Disorder describes a severe and persistent mental health condition that follows exposure to trauma. It is a prerequisite of diagnosis that an individual is exposed to threatened or actual death or serious injury to the self or others, including repeated or extreme exposure to the adverse details of traumatic events. Individuals typically experience a cluster of four symptoms: re-experiencing symptoms; avoidance symptoms; negative cognitions and mood associated with the traumatic event; and arousal symptoms, including insomnia and irritability.[3]

The Diagnostic and Statistical Manual of Mental Disorders requires that at least one symptom in each of these clusters be present for more than a month and be associated with significant distress or impairment in social, occupational or other key areas of functioning.[4] Co-morbid conditions including depression and substance abuse are common.

While difficult to empirically capture, the prevalence rate for Post-Traumatic Stress Disorder (PTSD) in the general population is estimated to be 2-3%.[5] An extensive body of research suggests that Emergency Service Workers (ESWs) suffer PTSD at rates significantly higher to that of general population. While estimations vary, the most up to date literature estimates that approximately 10% of ESWs suffer from PTSD.[6] In a recent survey by The Police Association of Victoria, 7.68% of respondents reported receiving a diagnosis of post-traumatic stress disorder in the past three years, with a further 5.64% stating they were 'Unsure' of whether they has received the diagnosis.[7] Ambulance workers in general suffer a high prevalence of PTSD,[8] with some studies suggesting a rate as high as 22%.[9] Rates of PTSD amongst firefighters have been found to be as high as 18%.[10]

It should be noted that prevalence data generally refers to those individuals still working within the emergency service profession. Rates inclusive of those who have left service due to PTSD and related psychological stress are not widely available,[11] however anecdotal evidence suggests that this may be a significant factor in personnel loss across all emergency services.

Occupational Factors

It is evident that the nature and pattern of trauma exposure for ESWs is vastly different from that of general population. ESWs can expect to experience multiple episodes of traumatic experience while undertaking their usual work. Mental health issues for this cohort, including PTSD, can arise from exposure to extreme events, events that are personalised and the cumulative impact of operational experiences over time.[12] In general, neuroimaging and behavioural research consistently demonstrate that traumatic exposure is associated with a range of brain and cognitive dysfunction.[13]

Exposure to potentially traumatic experiences on a regular basis sets the stage for the onset of PTSD.[14] Research suggests that the constant exposure to violent, volatile and hazardous situations afforded by the emergency service work causes high rates of stress and trauma.[15] Stressors from frontline operational duties, including attendance at critical accidents, investigation of criminal activity and responding to traumatic injuries and premature death, represent a core function of emergency service professions.[16] This is further compounded by an organisational culture that discourages help seeking,[17] and the isolated nature of some emergency service roles.[18]

The psychosocial challenges of emergency service work include emotionally demanding

work environments due to exposure to potentially traumatic events or critical incidents, repeated incidents within a short timeframe, care for a dependent population, and emotional reactions to persons who may be very ill or near death.[19] Through the course of their working lives, ESWs are significantly more likely than the general population to be exposed to traumatic accidents, sudden death and physical assault.[20] There is clear evidence that critical incident exposure plays an important part in the development of PTSD for this cohort.[21]

Critical incidents that have component of threat to life have been shown to have the greatest impact on levels of distress.[22] By virtue of their duties, ESWs are subject to inordinate instances of workplace violence. Police, paramedics and firefighters have come to expect violence and abuse as an inherent part of their working lives. Research suggests that police are very significantly more likely to acquire PTSD as a result of direct assault or from being threatened with death, particularly with weapons.[23] The perceived threat of violence can be a trigger to PTSD on a comparable level to that of experiencing violence directly.

Frequent exposure to workplace violence, combined with a constant perceived threat of same, impacts on the emotional states of workers, increasing levels of stress, anxiety and the likelihood of PTSD symptoms.[24]

As such, ESWs face elevated risk of critical incident stress[25] in the course of their work. Throughout their careers, ESWs may experience or witness various critical incidents that can accumulate and manifest as burnout, depression, anxiety and stress. Typical recovery from critical incidents can take weeks or months, with PTSD symptomology (including avoidance and intrusion) and co-morbid conditions of anxiety and depression a common feature in the wake of such an exposure.[26]

Further, repeated exposure and the chronic re-experiencing of traumatic events have been shown to reduce autonomic arousal, with a higher frequency of exposure increasing the chance of PTSD symptomology.[27] Recent research by Victoria Police confirms that cumulative impact from operational experiences over time that increases the risk for the onset of a range of mental health problems.[28] Similarly, fire fighters suffer from high rates of mental disorders, with rates of PTSD, depression and heavy drinking continuing to rise in a linear manner with each additional trauma exposure.[29]

While exposure to acute, critical incidents is understood at the most common precursor to the onset of PTSD symptoms, ESWs do not need exposure to major events or disasters to experience PTSD symptomology.[30] Repetitive or frequent exposure to any level of trauma is potentially cumulative and threatening to overall health and well-being.[31] Indeed, ESWs experience high rates of subsyndromal PTSD symptoms, in which symptomology consistent with PTSD occur, however the intensity or combination of symptoms are not sufficient for an immediate diagnosis.[32]

Recent research suggests that emergency service workers may experience a gradual build up of distress symptoms over a long period of time, rather than sudden onset after an isolated event.[33]

As such, the ongoing emotional cost of the work performed by ESWs cannot be underestimated. Coping with stress and exhaustion is a daily reality for the majority of ESWs. This is exacerbated by the organisational nature and demands of the work performed.

Organisational challenges of emergency service work include workload, shift work, the pressure to achieve fast response times and/or clearance rates, economic efficiency and the variable/ unpredictable nature of the work itself.[34] Evidenced by increasingly high attrition from emergency service professions, this emotional cost can pervade both work and home, diminish functioning in every area of life. In the work context, occupational burnout - a state of physical, emotional, or mental exhaustion combined with doubts about the competence and value of one's work – is common.

Contributory factors include unclear expectations, lack of control over decisions that impact one's work, lack of resources to complete one's work, feelings of isolation, chaotic activities in the workplace and consistent work-life imbalance.[35] Compassion fatigue, secondary traumatic stress and vicarious trauma are typical features of occupational burnout. The most frequently reported symptoms of this condition include irritability, avoidance behaviour, difficulty sleeping, intrusive thoughts, diminished activity level and emotional numbing.[36] The interaction between unsupportive occupational culture and repeated exposure to occupational incidents is often cyclical and exacerbatory in nature.[37]

Risk factors associated with the working environment, notably lack of support from colleagues and supervisors, as well as poor communication, increase the likelihood of post-traumatic symptoms for ambulance personnel.[38] Further, chronic organisational stress inhibits expression of emotional problems, and subsequent attempts to minimise post-trauma symptoms may give way to initial presentation of indirect symptoms including substance abuse, violent outbursts and interpersonal conflict.[39]

Broadly, organisational stress results in a more general physiological arousal and contributes to levels of more general anxiety and depression.[40] All three of these factors may increase risk for the development of PTSD. Although the connection between occupational burnout and PTSD is not yet widely explored, studies have indicated that occupational burnout is a precursor to PTSD.

It has been established that routine work environment stress mediates the relationship between current negative life events and PTSD symptoms. For instance, in a study of police officers that accounted for traumatic exposure prior to entering the academy, current negative life events and critical incident exposure in the preceding year, routine work environment stress was found to mediate the relationship between critical incident exposure and PTSD symptoms.[41]

An additional occupational risk to ESWs is a pervasive culture of toughness that inhibits help-seeking and can therefore delay early intervention. Research concerning help-seeking behaviours by ambulance workers suggests that concerns about confidentiality and career prospects act as a deterrent to disclosure.[42] In a recent survey conducted by The Police Association of Victoria, many members spoke of barriers to reporting experiences of PTSD, particularly with respect to 'admitting' and 'reporting' their suffering to superiors.[43]

Indeed help-seeking behaviour, including contacting welfare, taking leave and putting in claims, were often identified as the 'toughest task' undertaken in their careers. The Victoria Police Mental Health Review suggested that:

> *- Delayed help-seeking occurs due to a relatively low level of mental health literacy as well as fear of detrimental consequences for reputation and career prospects.*
>
> *- Mental health stigma is entrenched and widespread across Victoria Police.*[44]

This Review found that key contributory factors to an elevated risk of the onset of mental health issues were organisational factors (particularly leadership behaviours, co-worker interactions, tolerance level for bad (counter-productive) behaviours and workload pressures, and further, that the existence of this climate significantly increased the risk of a more adverse response to operational incident exposure.[45]

Additionally, from the perspective of workers, the WorkCover process can be daunting, and many find the process challenging and often stressful.[46] As a result of these challenges, many ESWs with mental health-related difficulties choose not to access available services or submit a compensation claim, and may access alternative and external avenues for help, or frequently seek no help at all.[47]

Ultimately, large numbers of ESWs become unfit to continue to perform their duties. The development of such a disabling mental illness following workplace trauma is a tragic outcome for the individual, all emergency service groups and the broader community.[48]

2. Experience of the current WorkCover Process in Victoria

In this section we draw on the experiences of Emergency Service Workers (ESWs) who have suffered PTSD and proceeded through the claim process in order to highlight both the current challenges and workers understandings of how presumptive legislation would be of benefit to those suffering PTSD. These narratives highlight a diversity of issues that would be addressed by presumptive legislation and a reverse onus. The individuals represented below come from a range of emergency service backgrounds and are at differing stages of the claims process. The narratives appear as they were provided in order to capture an accurate representation of these experiences. Only potentially identifying information has been redacted.

It is within the above identified context of increased risk and organisational barriers that ESWs in Victoria must subsequently navigate a complex, convoluted and intimidating claims process. Many of those consulted for the purposes of this submission spoke to the stigma and cultural barriers to help seeking faced in emergency service occupations:

REDACTED

REDACTED

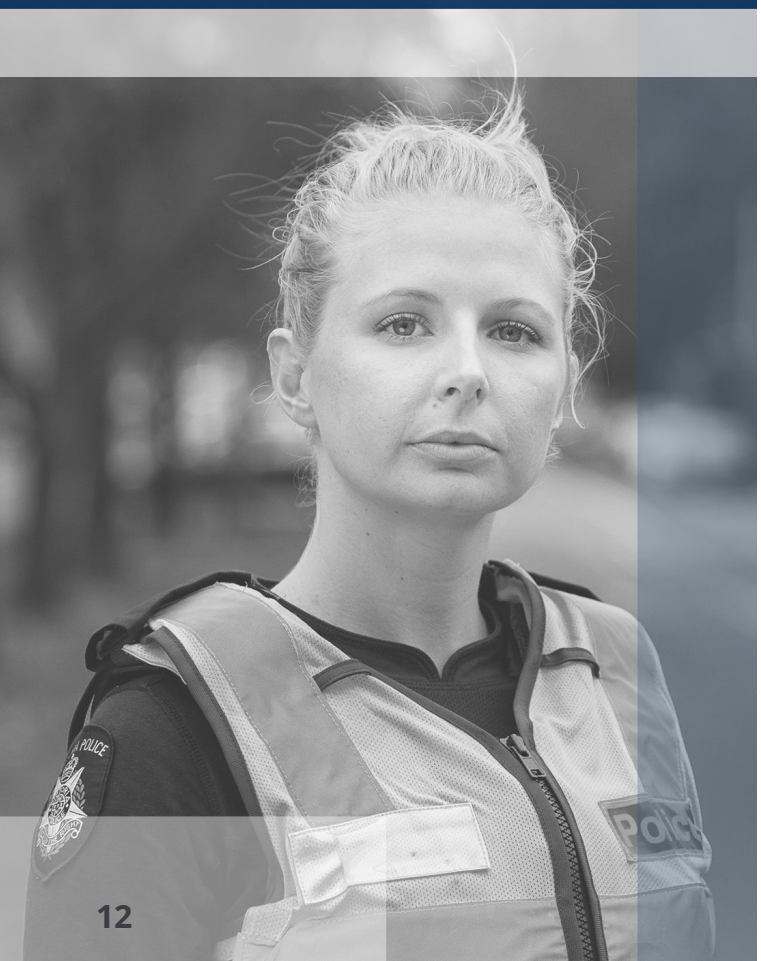
In addition to facing a culture of 'toughness' that includes stigmatisation of mental health issues, many of those consulted for the purpose of this submission spoke of the adversarial reputation of insurance agents and inherent cultural belief that PTSD-related claims are summarily rejected. Psychological injury claims represent the minority of work-related compensation claims in Australia.[49]

This general trend is reflected in Victorian emergency service professions.[50] Despite representing the minority of claims, there is evidence that psychological injury claims are increasing in frequency,[51] and that these claims are subjected to significantly higher rejection rates compared to physical injury.

By way of example, figures from Gallagher Bassett, the insurer for Victoria Police, suggest that for the period of October 2015, 55 percent of psychological injury claims were accepted and 44.5% were rejected. For the same period, 95.2 percent of physical injury claims were accepted, and 4.7% rejected. Reasons for rejection include difficulties in ascribing singular causal 'events' as the basis for a diagnosis, the inability to prove that non-occupational factors are not a primary or significant contributory cause of the

illness, and counter-claims by the insurer that the application is being made only in light of 'reasonable management action.' The perception of WorkCover as an adversarial process, and the impact of this understanding are evident in the following narrative:

REDACTED



While many of those consulted for the purposes of this submission identified anxiety associated with the potential rejection of their claim, many more expressed fear of failing the strict requirements inherent to the process. A specific barrier, and potentially damaging challenge identified by ESWs in Victoria is the requirement to ascribe the onset of the illness to a single incident:

REDACTED

Having undertaken the extremely challenging task of locating acute event(s) to ascribe a causal basis of the illness to, ESWs face a series of further challenges in achieving acceptance. While superficial reading of relevant WorkCover policy may suggest an acceptance of claims related to psychiatric and psychological disability on a broad basis, in practice policy directives appear to limit claims that result from emotional reactions to workplace trauma as identified above. The attribution of the illness to a single acute event is open to challenge by the insurer.

The current adjudication policy for psychological injury claims contains a wide subjective scope, resting on interpretation, is not conducive to the medical symptomology of PTSD. The requirement that adjudicators are satisfied that the PTSD arose out of and in the course of employment, and that a causal connection can be established between the injury and specified event, fails to recognise the cumulative nature of the onset. As stated above, in addition to onset caused by exposure to singular or multiple traumatic events, research suggests that emergency service workers may experience a gradual build-up of distress symptoms over a long period of time.[52]

In placing the onus on the individual, not only to identify the event but also to provide a strong rationale for why this single event was causative, the current process subjects sufferers to unpredictable and potentially protracted processes. Interpretations and inconsistencies by adjudicators and appeal board members occur with respect to both of these requirements.

The perception by Victorian ESWs of an increasing onus to provide evidence of PTSD, including in-depth medical support that extends beyond a PTSD diagnosis, is further complicated by the demand that the illness be ascribe to a single (and challengeable) acute event.

A presumption based on triggering events poses the risk that the triggers identified within legislation and policy will not conform to the subjective nature of PTSD. It is inherently counterintuitive to base presumption on specific events as the DSM-V criteria identifies that PTSD is cumulative and can stem from multiple events.

Although previous research has suggested that critical incidents are the primary trigger for the development of PTSD, more recent research has highlighted that routine work environment stressors and repeated exposure play an important role in the development and maintenance of psychological distress. [53] Both organisational stress and frequency of exposure are clear predictors to the severity of symptoms for Emergency Service Workers.[54]

This suggests that cumulative, occupational factors are often central to the development of symptoms.

The *Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Services Workers* recommends that:

> Clinicians assessing emergency workers with possible PTSD should be aware of the different ways in which PTSD may present in this group, given the cumulative exposure to trauma in the course of employment, and should focus on the lifetime exposure to trauma, as well as the immediate antecedent event that may have prompted presentation for treatment.[55]

As the development of PTSD is heavily influenced by an individual's processing of an event, there is a present challenge to the identification of all possible triggering events. Additionally, symptoms can vary in intensity overtime whether the individual is re-triggered or not. The only advantage to continuing to include the identification of triggering events as a requirement in the current process would be if common triggers could be scientifically determined. However, the subjective nature of both experience and processing would be lost.

Timeliness and consistency in the adjudication process is essential to recovery and well-being. In failing to recognise the cumulative nature of PTSD onset and the typical delay in personal recognition of symptoms, these requirements act as barriers to accessing WorkCover facilitated supports. It is clear that enactment of presumptive legislation would ensure that claims are assessed with greater consistency.

The impacts of procedural complexity and delay

It is clear that the worker's compensation system creates further complexities for those suffering, with many ESWs describing the process as extremely stressful, and the requirement of multiple clinical assessments as anxiety provoking.[56] Workers routinely reported to us that the claims process is often unnecessarily cumbersome and protracted. The following is typical of the narrative provided:

REDACTED

REDACTED

REDACTED

The symptoms of PTSD are disabling. The protracted nature of the current claim process delays treatment and also creates anxiety compounding the original symptoms. Unsurprisingly then, a majority of workers consulted for the purposes of this submission identified the current WorkCover process as equally or more stressful than the effects of the illness:

REDACTED

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Research suggests that timely and appropriate intervention is critical to those suffering PTSD. The *Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers* recommends that '[o]nce a diagnosis of PTSD has been established, evidence-based treatment should be commenced without delay.'[57]

Accessing appropriate support and treatment at the onset of the illness enhances the prospects of restoring mental health and returning to work. By the time PTSD is identified, there is often substantial psychosocial co-morbidity with respect to financial and social consequences of emerging symptoms.[58]

Ultimately, delays in treatment elevate the risk of developing co-morbid conditions, increase the resistance to treatment, and reduce the return to work prospects for those suffering PTSD.

3. Precedence and benefit of legislative presumption for Emergency Service Workers

The state of Victoria has already recognised the necessity and benefit of presumptive coverage with respect to a range of proclaimed diseases. This demonstrates an appreciation of occupational illness. Presumptive legislation for PTSD based on the unique circumstances and risk of emergency service occupations is not without precedence.

In Alberta, presumptive legislation for PTSD[59] has created a simplified adjudication process, whereby claimants are only required to provide a formal diagnosis from a psychologist or psychiatrist, and highlight that the cause of PTSD is either an event or series of events that occurred in their workplace. In this jurisdiction, a denial of such a claim requires the Workers Compensation Board to prove that the development of PTSD was caused by something external to their work environment. Similar legislation exists in Manitoba where the post-traumatic stress disorder must be presumed to be an occupational disease the dominant cause of which is the employment, unless the contrary is proven. [60]

In light of the research and realities contained herein, and consistent feedback from Emergency Service Workers (ESWs), there are a number of clear benefits for the enactment of presumptive legislation in Victoria that accounts for the cumulative nature of emergency service work.

First and foremost, a key advantage of presumption based on occupations is the recognition of the established susceptibility of this worker cohort with respect to PTSD.

This is particularly critical for ESWs given the constancy of their exposure to trauma. Internationally, criticisms of presumptive legislation suggested that the narrow, occupation-based focus is exclusionary in nature and denies the fact that triggering events can occur in any workplace. However, if presumptive legislation did not recognise those workers a higher risk of PTSD, employees would face assessment against generic criteria reliant on variations of interpretation.[61] As a result, the adjudication process would be prolonged for those at a higher risk.

This would further prolong access to supports. It is imperative that presumptive legislation acknowledge specific occupations in which PTSD is prevalent and workers are at higher risk. Occupations outside of the presumption would retain coverage, as PTSD is already a compensable condition.

Further, presumptive coverage that recognises the cumulative and occupation-based nature of PTSD for ESWs would improve the timeliness and consistency of adjudication of PTSD claims by removing the barrier for claimants with respect to proving a causal connection between an event and their PTSD. Requiring claimants to prove not only their diagnosis, but to ascribe onset to singular events that must be repeatedly relived and revisited throughout the claim process creates additional burdens on the claimant, and potentially delays access to appropriate treatment.

Given the incidence rates and occupational factors outlined above, a reverse onus on establishing causation is appropriate with respect to ESWs.

An additional advantage of the presumptive model is that it decreases the administrative burden on both the claimant and the adjudicator by removing the need to prove a causal link between an event and the onset of the illness.

Presumptive legislation would recognise the cumulative effect of ongoing critical incident stress, secondary traumatic stress, occupational burnout and workplace violence

as key occupational factors that contribute to PTSD development.[62] This recognition has the potential to create a more efficient claims process by reducing subjectivity and enhancing the consistency of adjudication.

Ultimately, enactment of presumptive legislation would formally recognise PTSD as an occupational illness for ESWs and increase timely access to necessary supports. The availability of coping strategies following the onset of PTSD is an important determinant of outcome.[63] In many instances, early intervention serves to reduce the occupational and social consequences of PTSD.[64]

Most individuals suffering from mental illness aspire to return to meaningful work.[65] Returning to work after a period of acute mental illness is associated with enhanced mental health and decreased risk of suicide.[66] The *Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers* recommends that '[o] ccupational recovery should be considered from the very beginning of treatment. Remaining at or returning to work should be an aim of treatment and considered an important part of recovery of emergency workers with PTSD.'[67]

Further, mental stress claims are the most expensive form of workers compensation claims due to the often lengthy periods of absence from work typical of these claims.[68] From a cost perspective, reducing delays in treatment and facilitating return to work, represents a significant cost saving for the employer.

It is recognised that changes to the WorkCover system represent progress at the tertiary level of addressing mental health issues among Emergency Service Workers. However, the flow on effect of these changes in facilitating access to assistance and demonstrating support is immeasurable.

As established above, Emergency Service Workers face a pervasive culture of 'toughness' with respect to their duties. In addition, inherent distrust and low expectations of success toward the WorkCover process exist. The enactment of presumptive legislation would be an imporant step towards changing these perceptions.

Recommendations

Emergency Service Workers perform a vital role in the Victorian community. These Victorian workers provide assistance in emergencies, ensure the safety of all community members and protect the rule of law. Research consistently identifies Emergency Service Workers as one of the most trusted and valued occupational groups in society.[69] However, it is evident that the necessary and vital work can come at an individual, and ultimately societal, cost. In order to take a step towards addressing this cost and to demonstrate support of those who navigate difficult occupational cultures it is recommended that:

1. That post-traumatic stress disorder is defined as a proclaimed disease for all Emergency Service Workers under s.51 of the *Workplace Injury Rehabilitative and Compensation Act 2013*.

2. That the cumulative nature of Post-Traumatic Stress Disorder with respect to Emergency Service Workers be recognised within this definition.

In light of the current volume of denied and in-progress claims by Emergency Service Workers, it is further recommended that

3. The state of Victoria include a retroactivity clause in which a claim denied prior to the enactment of presumptive legislation can be resubmitted with updated medical evidence for re-adjudication.

1 For the purpose of this submission the term 'Emergency Service Workers' encapsulates Victoria Police Members, Victorian Ambulance Officers and Victorian Firefighters. This is not to discount the work of other professions on the frontline of emergency service work, including nurses, doctors and State Emergency Service workers. Rather it recognises the unique occupational contexts of prevalence and barriers to receiving assistance faced by work of police, paramedics and firefighters with respect to Post-Traumatic Stress Disorder.
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