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FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY
Mr Peter Cain MLA (Chair), Dr Marisa Paterson (Deputy Chair), Mr Andrew Braddock MLA

Submission Cover Sheet

Inquiry into Immediate Trauma Support Services in the ACT

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SupportLink submission to the Standing Committee on Justice and Community Safety

Inquiry into Immediate Trauma Support Services in the ACT

8 December 2023

SupportLink acknowledge the traditional custodians of the land, the Ngunnawal people. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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SupportLink

SupportLink provides a referral and diversion gateway for police and other emergency services to participate in early intervention.

The role of SupportLink is to:

- Establish and support formal referral partnerships with government and non-government agencies for police to refer vulnerable and at-risk members of the community to.
- Provide a single referral and diversion gateway for operational police.
- Monitor and coordinate the referral process for clients, agencies and police officers.

SupportLink's vision is to see a reduction in crime, suicide, violence, substance abuse, family breakdown, juvenile offending and to enhance support for victims of crime.

A significant amount of police work involves dealing with unmet social issues. Police are increasingly looking to external agencies to meet these social needs. However, the path to accessing the support sector has traditionally been complex to navigate for both police and clients.

The SupportLink framework enables police to make referrals via a single referral gateway imbedded within their systems and gives local, state and nationally based support agencies the ability to proactively respond to vulnerable clients, in a seamless and proactive manner.

SupportLink provides the ACT community with a fully managed referral framework that has been built to meet the needs of police and social support services over a 26 year period.

8 December 2023

Committee Secretary
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Inquiry into Immediate Trauma Support Services in the ACT

SupportLink welcomes the opportunity to provide this submission to the Standing Committee on Justice and Community Safety Inquiry into Immediate Trauma Support Services in the ACT.

From 2006 to 2016, SupportLink was the sole provider of the ACT Trauma Service – a service which delivered immediate on-site support when there was a sudden and unexpected death in the ACT.

Today, SupportLink continues to deliver a fully-managed referral service allowing Government and non-government funded agencies including policing and emergency responders to work together in the delivery of early intervention services. SupportLink has successfully evolved and delivered this service across four states/territories including managing the referral activity for the Australian Federal Police (AFP) since 1997.

In addressing the need of immediate trauma services, it is imperative to look at the model of service and support provided by SupportLink to the ACT community over a 10-year period. Additionally, it is vital to incorporate the voice of those with lived experience of having been impacted by traumatic events. Only by considering the experience of affected individuals can the multifaceted and far-reaching outcomes of this type of trauma be understood.

Trauma Support Services in the ACT - Background

From 2006 to August 2016, the ACT Trauma Service (a service delivered by SupportLink) provided an immediate support response when a sudden and unexpected death occurred in the ACT.

How the SupportLink Trauma Support Service was established.

SupportLink began delivering the Referral Management Service for ACT Policing in 1997 and over a number of years had developed a strong working relationship and became a trusted partner. In 2006, following several public incidents in the ACT, resulting in fatality, SupportLink were contacted by the ACTP Welfare Team. Critical incidents often impacted large numbers of community members and resulted in Police resources being stretched outside of their key roles and responsibilities (e.g., providing emotional and practical support to bereaved family, friends, and distressed witnesses). ACT Policing requested SupportLink staff attend critical incidents, to support community members. This approach was deemed of great benefit to impacted individuals and attending officers.

The positive benefits of a 24/7 Trauma Support Service (TSS) was established and self-funded by SupportLink to attend all sudden and unexpected deaths in the ACT. The service was delivered by qualified staff who provided a person-centred response drawing on principles of trauma informed care, risk assessment and psychological first aid.

The TSS support team tailored their approach according to the needs of those present and demonstrated a flexible and unique support response. Immediate support offered included:

- **Practical support:** e.g., waiting with people, phoning others to notify, liaising with police, coordinating needs such as children being collected from school, transportation, organising food, medication or other requirements, support through the formal identification of the deceased, police interviews, risk assessment and safety plans.
- **Information:** e.g., outlining the Coronial process, clarifying different roles within Police, (forensics, investigators etc), explaining where the loved one's body will be taken and by whom, finding the words to explain to children and others what has happened, repeating key information and by answering questions as they arise.
- **Emotional support**: e.g., providing care and comfort, normalising of trauma responses, listening, encouraging self-care strategies, exploration of formal and informal support networks, a safe space to share thoughts and feelings when required and debriefing; trying to make sense of what's happened.

The TSS were a central point of contact at a critical incident to support those present and to attend to immediate support needs. The TSS also provided a liaison between:

- Family members and friends of the deceased or injured.
- Family members (or friends) and Police Investigators.
- Family members (or friends) and other agencies such as funeral services, workplaces, school staff, accommodation services etc.

Continuation of the Trauma Support Service

SupportLink sought funding from the ACT Government to continue delivering the Trauma Support Service and meet the needs of those affected by sudden/unexpected death and trauma in the ACT. The service was partially funded for two years by the ACT Government.

Cessation of the Trauma Support Service

In 2015 funding was provided by the ACT Government for a Coronial Counselling Service (CCS). This additional funding for a counselling service presented a ground-breaking opportunity to establish a best practice model in the ACT that was intended to include a first response trauma support service alongside a counselling service.

With the announcement of funding for the Coronial Counselling Service, the ACT Government advised no further funding would be allocated to a Trauma Support Service and all referrals for people requiring support following sudden and unexpected death would be responded to by current service providers, primarily the Coronial Counselling Service.

This shift created a service-gap whereby individuals would no longer receive immediate, practical, wrap around support in the immediate aftermath following a traumatic event.

1. What immediate supports are offered to people in the ACT following a traumatic incident?

The ACT SupportLink Referral Management Service coordinates over 5000 referrals and notifications each year and has a unique lens into the issues and needs of community members who come in contact with Police. Over 26 years, we have observed many service gaps in the ACT.

Since the SupportLink Trauma Support Service ceased operating in 2016 there has been a notable absence in immediate support for people impacted by a traumatic incident, aside from very specific circumstances relating to immediate or imminent risk (eg. Family Violence, Child Protection matters and Mental Health orders).

While the ACT benefits from a wide range of social support services, the SupportLink Referral Coordinators for ACT Policing referrals, continue to face significant challenges identifying support services able to respond to the immediate and short-term needs of people in distress following a traumatic incident. There are multiple factors that contribute to this including:

- The specialised nature of existing services available in the ACT eliminates people who fall outside of their funding criteria.
- Generalised services are often not funded or equipped to deliver support where the primary concern is trauma or grief.
- Capacity and eligibility of existing services do not encompass all those impacted eg. witnesses, first responders, extended family members, friends and colleagues
- The initial needs of the person/people impacted fall outside of the scope of therapeutic intervention.

It is also important to note the immediate needs following a traumatic incident are usually time sensitive and include practical, emotional, and informative factors. Trauma often impacts people's ability to function at their usual capacity, think critically and regulate emotions. This can create additional complexities navigating the events in the hours and days following a traumatic experience. Services that only operate during business hours and facilitate waitlists are unlikely to provide the nature of support required at the time it's most needed.

2. What type of immediate supports are needed by people who have experienced a sudden or traumatic incident?

The needs of those impacted by trauma are vast and encompass biological, psychological, and practical needs. Notably, ***not all traumatic incidents involve a traumatic death; other traumatic events may include (but are not limited to) major health occurrences not resulting in death, search for missing persons, performing lifesaving interventions including CPR, aggravated burglaries, and non-fatal road or workplace accidents***. Those impacted by sudden or unexpected death will have additional needs related to specific processes following such a loss.

Drawing on years of experience providing on-site support following traumatic incidents, these are the key needs identified of those impacted:

- Clear, empathic communication of an incident, including a death message.
- Establishment of physical safety and immediate needs.
- Ongoing information and support regarding the investigative process.
- Support with body identification.
- Support liaising with police, paramedics, hospital, forensic medical doctor, etc.
- In cases where there are multiple discordant parties associated with the deceased, support managing sharing of information (e.g., divided families).
- Immediate information regarding availability of support services.

Whilst each traumatic incident is unique, invariably those impacted benefit from support in some, if not all the points listed above. Even community members who are well resourced and connected to support often feel unprepared and overwhelmed when faced with a traumatic event. This can include witnesses, individuals who have been injured, or those involved in search parties. The attendance of a support service can provide critical supportive scaffolding and smooth the path forward for families, friends, associates, and witnesses following a traumatic incident.

There can be many factors that may influence mental health outcomes for families and individuals that pre-exist the traumatic event. For example, there may have been severe mental health difficulties or multiple suicide attempts experienced by a family prior to losing a loved one to suicide. Perhaps the family had recently been through a divorce, ongoing financial pressures, or difficulties with health. These factors can all influence levels of personal resilience experienced at the time of the traumatic event.

As detailed in **Attachments 2 & 3**, the immediate needs experienced by those following a traumatic incident are extensive and complex. These needs are likely to be beyond what can be provided by police or paramedics in attendance and the opportunity for them to identify and prioritise the needs of those present is limited. Despite their care and empathy for the needs of the distressed, first responders have a multitude of responsibilities and do not have the time, resources, and often expertise, to meet all the needs of those impacted.

A dedicated trauma support service is also well positioned to provide a thread of support for those impacted by a traumatic incident. They can ensure ongoing follow up support, make referrals as appropriate, and continue to assess risk, needs, and psychological health of survivors.

Furthermore, beyond a simple list of needs, it is of vital importance to acknowledge the nature in which these needs are met. Support workers in attendance must be trained to proactively anticipate and attend to the needs of those impacted and be available, attentive, and at times directive, without being controlling.

Support workers can facilitate processes in a trauma-informed fashion, ensuring that those impacted are provided with enough choice so as to re-instate self-efficacy without overwhelming them with the burden of too many choices.

They support decision making processes, in cases where urgent decisions are required, without forcing or influencing outcomes.

They provide reassurance and lend their emotional regulation to the scene without dismissing or invalidating the extreme distress experienced by those present.

They are culturally sensitive, well-versed in the common customs of our diverse community, and well positioned to listen rather than making assumptions.

They are skilful in ascertaining who welcomes their support and respect the wishes of those who would prefer solitude.

They respect the scene and skilfully balance the needs of the clients with the procedures and requirements of first responders attending.

They model and advocate for respectful behaviours from all service providers in attendance without interfering with processes or requirements.

3. At what point do Victim and Coronial Support services engage in the process following a traumatic incident?

Victim Support ACT is funded to deliver services to people impacted by a crime in the ACT.

The ACT Coronial Counselling Service is funded to deliver counselling to bereaved families following a sudden death under investigation in the ACT Coroner's Court.

Many traumatic incidents do not involve a crime or sudden death. In these instances, those impacted by trauma will at no stage be eligible for support through these providers.

When a sudden, unexpected death does occur, it is often unclear at the time of incident whether a crime has occurred and/or a coronial enquiry will be undertaken.

It is therefore impractical for these services to provide an immediate response. An example of this is a serious accident where the cause is unclear, and the person injured is alive at the scene.

In the instance a person is deemed eligible for these services, the response time will be dependent on which service the person is accessing.

The SupportLink Referral Management Service is the central intake for requests for support from ACT Policing. In our experience referring to these agencies, the response time can vary greatly due to multiple factors including needs of the person and the capacity of the service. It is also worth noting, at the time a traumatic incident occurs, therapeutic counselling is not usually an appropriate response.

These support options do not encompass all those impacted by an incident. Often witnesses, friends and extended family who were not directly involved in the event will not meet the criteria for support through these services.

4. What challenges/role do ACT Police and Emergency Service members face at the scene of an accident or a traumatic event to support affected community members or family members or witnesses?

Over a 10-year period the following observations were made by the SupportLink Trauma Support Service team and identified as the benefit to ACT Policing members by having an independent, qualified team attend traumatic events.

- Allows Police to concentrate on investigating the incident without distractions.
- Assists Police to be back out on the road in a timely manner, saving police resources and assisting in meeting KPI's.
- When questions and enquires from those involved are managed externally, Police are freed up to concentrate on the investigation and to finish their coronial/criminal brief (if required) in a timely manner.
- Establishing a single point of contact for family and members of the public resulted in overall savings of Police time and resources.
- Reallocating responses to matters outside of the investigation reduces the emotional impact on investigating Police and assists members better managing their own metal health and wellbeing.
- When those affected by trauma are well supported, there can be a reduction in the frequency of repeat calls for Police engagement.

- Supportlink offer a range of services that provide professional support that are trusted by the attending police.
- A simple, single service response to the community that reflects well on the AFP and their investigation role.

The following is a sample of feedback provided by ACT Policing to SupportLink during the time the Trauma Support Service operated in the ACT.

- "*This (process) enables Police to do their job and secure the scene without distractions"*. The ACT Policing Officer in Charge (OIC) commented on observations that Officers were returning to the station less distressed and emotionally drained. The OIC said they felt this is because SupportLink work with the family, individual, person/s involved to talk them through the process, answer any questions that may arise and assist where necessary. This in itself frees up the Police to '*do their job*'.
- The OIC also stated that *"the Police were not trained in the area in which TSS staff are trained to handle the emotions and wellbeing of others."*
- *There is significant benefit for the next of kin to have a support person that is not police, that they can reach out to for any help after the initial notification.*
- *Follow up support for the next of kin is easier for them to contact someone who was present when they were advised of the death. Without SupportLink present the next of kin contact crash team for follow up support.*
- *Being able to put a face to a name when they are asking for help is a benefit.*
- *It is harder (without SupportLink present) to get the bereaved to a point where they are able to speak with us in a timely manner.*
- *(SupportLink) assistance/attendance has been very beneficial in most of my sudden death cases.*
- *Having SupportLink involved greatly reduces the potential for emotional fatigue for investigating Police and has the benefits of assisting the Police in their own welfare by not getting caught up in the family dynamics in these types of matters.*
- *Professional Supportlink staff can carry out immediate risk assessments for suicidality/self-harm or other risks to those in attendance and arrange appropriate interventions freeing police to carry out investigations and preventing police burn out.*

6. What is the best practice, evidence based, 'trauma informed' immediate trauma support service response to community members, witnesses, family members etc who may be involved in a traumatic incident.

When considering the most appropriate and effective response directly after a traumatic incident, it is important to note:

- A 'one size fits all' approach is not appropriate – a stepped care approach is applicable whereby level of care is matched to the needs of the individual.
- Immediate support does not include psychological intervention or 'counselling'.

- Attendance at the scene by trained support staff can facilitate the assessment of needs and the onward referral into higher levels of care if required.

It is broadly recognised that Psychological First Aid is the best practice immediate trauma support for those impacted by critical incident.

A recent systematic review of the literature has identified that the use of Psychological First Aid following a critical incident generally results in reductions in symptoms of depression, anxiety, PTSD and improvements in social connections and self-efficacy in young people and adults (Hermosilla et al., 2023).

As described briefly in question 2, Psychological First Aid is a model of support designed to meet the immediate needs of those impacted by a potentially traumatic event (Snider et al., 2013). The five essential elements of Psychological First Aid are to ***promote a sense of safety, a sense of calm, connectedness to others, self-efficacy, and a sense of hope*** (Kim & Han, 2021). This is achieved by meeting the physical, emotional, and practical requirements (described previously) in a trauma-informed manner. Psychological First Aid is a manualised and well-documented approach, and the training is readily available.

Furthermore, research has found a compelling link between the manner of death-message delivery and subsequent psychological outcomes of survivors (De Leo et al., 2022), and quality of police response and the development of Post-Traumatic Stress Disorder in women following intimate partner violence (Srinivas & DePrince, 2015).

Additionally, studies have identified the benefits reducing the stressfulness of the initial traumatic event to mitigate the risk of developing PTSD (Hobfoll et al., 2007; Qi et al., 2016).

These findings reinforce that the immediate response provided following a traumatic incident has a significant impact on the ongoing psychological outcomes for those impacted.

Recommendation

SupportLink recommends implementing a Trauma Support Service in the ACT.

Following a traumatic incident, a person's response may range from immediate mild stress reactions, through to a moderate or severe state of distress. Even those with pre-existing resources, normal coping mechanisms can be temporarily impaired. Stress reactions to traumatic events can occur immediately or they may be delayed for hours, weeks or even years.

Trauma can make a person more vulnerable to developing ***mental health problems***. It can directly cause ***post-traumatic stress disorder*** and complex and often ***chronic grief responses***. Some people ***misuse alcohol*****, drugs, self -harm**, ***increased risk of suicide*** or ***use violence*** to cope with difficult memories and emotions.

Depending on circumstances, trauma can cause significant challenges to daily life. It can be harder for some people to look after themselves, make and maintain friendships and relationships, manage their financial and living situations, maintain employment and find any joy or purpose in activities they used to participate in.

All impacted individuals should be called for a general check in and informal needs assessment (i.e., psychosocial, physical, practical). This initial contact would then inform unique ongoing support pathways for those who indicate a need.

Follow up support must be proactive and can include:

- Practical support and information.
- Answering questions and listening.
- Opportunities to share thoughts and feelings and debrief as needed.
- Normalising of trauma responses and information around what to expect.
- Liaison with Police/Coroner's Court around queries, timeframes.
- Linking with GP/Centrelink/Crisis services
- Support for children by working with their carers to maintain routine, supporting safety and stability.
- Warm Referral on to appropriate supports
- Information can be provided verbally and in written form.

For the wellbeing of each individual, to mitigate risk and to reduce further impact on Canberra Health Services, Mental Health systems, our workforce, and our sustainability, it is imperative we do whatever we can to support people following traumatic experiences.

The implementation of an Immediate Trauma Support Response directly supports the ACT Government Wellbeing Framework 2020 which was developed to guide investment in programs and policy to improve quality of life.

When talking about individual wellbeing, we often speak to a person's physical and mental health, the strength of connections they share with people around them, or their financial position. More expansive indicators of wellbeing can be a person's relationship to their surroundings, such as their safety, their capacity to enjoy and live in harmony with the natural and built environment, or their ability to be mobile in their community. These aspects of wellbeing are not independent of each other. They operate together and influence one another, creating complex relationships that are in turn shaped by an individual's lived experience.

ACT Wellbeing Framework 2020

ATTACHMENTS

1. References
2. Common reactions following a stressful or traumatic event.
3. Case Study – Actual incident of a road fatality and the level of / types of support required.

REFERENCES

De Leo, D., Guarino, A., Congregalli, B., Zammarrelli, J., Valle, A., Paoloni, S., & Cipolletta, S. (2022). Receiving Notification of Unexpected and Violent Death: A Qualitative Study of Italian Survivors. *International journal of environmental research and public health, 19*(17), 10709. https://doi.org/10.3390/ijerph191710709

Hermosilla, S., Forthal, S., Sadowska, K., Magill, E. B., Watson, P., & Pike, K. M. (2023). We need to build the evidence: A systematic review of psychological first aid on mental health and well-being. *Journal of traumatic stress, 36*(1), 5-16. https://doi.org/10.1002/jts.22888

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B. P. R., de Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. *Psychiatry (Washington, D.C.), 70*(4), 283-315. https://doi.org/10.1521/psyc.2007.70.4.283

Kim, E.-Y., & Han, S.-W. (2021). Development of Psychological First Aid Guidelines for People Who Have Experienced Disasters. *International journal of environmental research and public health, 18*(20), 10752. https://doi.org/10.3390/ijerph182010752

Qi, W., Gevonden, M., & Shalev, A. (2016). Prevention of Post-Traumatic Stress Disorder After Trauma: Current Evidence and Future Directions. *Current psychiatry reports, 18*(2), 20-20. https://doi.org/10.1007/s11920-015-0655-0

Snider, L., Schafer, A., Van Ommeren, M., & Saeed, K. (2013). *Psychological first aid : facilitator's manual for orienting field workers*. World Health Organization.

Srinivas, T., & DePrince, A. P. (2015). Links Between the Police Response and Women's Psychological Outcomes Following Intimate Partner Violence. *Violence and victims, 30*(1), 32-48. https://doi.org/10.1891/0886-6708.VV-D-13-00109

Stroebe, M., Schut, H., Stroebe, W. (2007) Health outcomes of bereavement. *The Lance*t, 370, 1960-1973.

ATTACHMENT 1

The following are common reactions following a stressful or traumatic event:

It can be helpful for people who have experienced a crisis to know some of the common reactions to look out for. It is also useful for others to be aware of these reactions so that they can support the person experiencing them.

PHYSICAL:

- ☐ Increased heart rate and respirations
- ☐ Increased blood pressure
- ☐ Shortness of breath
- ☐ Upset stomach, nausea, diarrhoea
- ☐ Changes in appetite
- ☐ Sweating or chills
- ☐ Tremors or muscle twitching
- ☐ Muffled hearing
- ☐ Tunnel vision
- ☐ Headaches
- ☐ Sore or aching muscles
- ☐ Easily startled
- ☐ Fatigue that does not improve with sleep
- ☐ Flare up of allergies, asthma, or medical conditions

BEHAVIOURAL:

- ☐ Change in activity levels
- ☐ Decreased efficiency and effectiveness
- ☐ Difficulty communicating
- ☐ Changes in sense of humour
- ☐ Irritability, outbursts of anger, argumentative behaviour
- ☐ Restlessness
- ☐ Change in eating habits
- ☐ Change in sleep patterns
- ☐ Change in performance
- ☐ Increased use of tobacco, alcohol, drugs, sugar or caffeine
- ☐ Hyper-vigilance about safety
- ☐ Avoidance of activities or places that trigger memories

EMOTIONAL:

- ☐ Anxiety or fear
- ☐ Disbelief or shock
- ☐ Worry about safety of self or others
- ☐ Irritability or anger
- ☐ Feelings of shame
- ☐ Restlessness
- ☐ Sadness, moodiness, grief or depression
- ☐ Vivid or distressing dreams
- ☐ Feelings of guilt
- ☐ Feeling overwhelmed, helpless or hopeless
- ☐ Feeling isolated, lost, lonely or abandoned
- ☐ Apathy
- ☐ Feeling misunderstood or unappreciated
- ☐ Memory problems/forgetfulness
- ☐ Reliving the event
- ☐ Intrusive thoughts
- ☐ Disorientation and confusion
- ☐ Slowness in thinking, analyzing, or comprehending
- ☐ Difficulty setting priorities or making decisions
- ☐ Impaired concentration
- ☐ Poor attention span

SOCIAL:

- ☐ Withdrawing or isolating from people
- ☐ Difficulty listening
- ☐ Difficulty sharing thoughts or ideas
- ☐ Difficulty with problem solving
- ☐ Blaming
- ☐ Being critical
- ☐ Decreased tolerance for those around you
- ☐ Difficulty in giving or accepting support or help
- ☐ Impatient with or disrespectful to others

CASE STUDY

ATTACHMENT 2

A Community Story of Bereavement and Support Following a Sudden Death

The following case study is taken from an actual call-out for trauma support.

The following case study demonstrates that the provision of early intervention in crisis situations, provided by the ACT Trauma Support Service (TSS), enables early assessment, referral and significant amelioration of distress for those present and others affected by the event.

The TSS provided an effective and efficient support system in a compassionate and discrete way for those affected by sudden death in the ACT, which then also enabled emergency service workers to do their job more effectively and efficiently.

Whilst this case-study describes a traumatic death, similar support would be relevant in the event of a serious injury or other trauma incident. It demonstrates the immediate and ongoing needs of various members of the community affected by the incident.

After an altercation at a party Chris (28) angrily grabbed his keys and stormed out, stating '*you'll be sorry when I'm gone*.' He was highly intoxicated and involved in a single vehicle collision on his way home.

Police and Ambulance were called by a resident who was awoken by a loud crashing sound and was first on scene.

When emergency services arrived, three of Chris's siblings and his ex-partner were present and incredibly distraught. They had been concerned when he left the party and had followed him. Chris was pronounced deceased at the scene.

Police placed a call to the SupportLink Trauma Support Service (TSS) requesting attendance. The accident had occurred just around the corner from Chris's home where he resided with his parents and his 7-year-old daughter.

A SupportLink TSS worker arrived at the residence and was met by Police at the front of the family home. The attending police gave a brief update of events and took the TSS worker straight to Chris's parents who were visibly distraught. The TSS worker first checked for immediate safety/physical needs: Are they taking any medication? Have they had a drink of water?

Chris's father, a diabetic was feeling unwell, he was supported to carry out appropriate measures to stabilise his physical health. [1]

Once the parents were seated and reassured of support, the worker introduced themselves to the other occupants of the house. Present were 6 friends from the party, four siblings and their partners and Chris's ex-partner and others who had turned up once they heard that Chris had died.

There were 7 children present (aged between 15 months and 16 years), who were awake and witnessing uncensored adult reactions to what had happened. The support worker tactfully suggested avoiding exposing children to adult conversations and then spent some time with the children, helping them identify trusted adults who they can talk to and allowing them to ask any questions about what's going on around them.

[1] *By arriving on scene the worker is able to make connections with family that facilitates engagement with ongoing support. The benefit of attending and not being a 9-5 service is that immediate health and safety needs can be assessed and also the emergency services can be free to carry out investigations and not manage emotional/physical needs of people in attendance.*

Over the next few hours, the TSS worker spoke to each individual providing information about the procedures around them (crime scene tape, photographs, recorded statements, road markers), the unfolding coronial process and what to expect over the next few days. The worker distributed bottles of water, light snacks and tissues as required and checked in regarding medications and other health requirements. Information was provided to those present about how best to support children following a traumatic incident.

The party guests were assuming self-blame for Chris's death, and the TSS worker provided reassurance and support.

At one stage there was rising tension between Chris's ex-partner and his siblings at which point the TSS worker offered to drive the ex-partner home to prevent further friction. On the drive home, the ex-partner expressed significant suicidality and as the TSS worker assessed the ex-partner to be of high risk, she called the ACT Crisis Assessment and Treatment Team (CATT) (n.b., currently called the Home Assessment and Acute Response Team (HAART) and waited with the ex-partner until a trusted support person arrived to be with her during the CATT assessment. Once the CATT team arrived the TSS support worker returned to Chris's residence. [2]

When the police statements and processes were complete, family and friends started to return to their homes. Phone numbers were collected by the TSS worker, and information was distributed to them. Each person accepted a follow up phone call scheduled for the next day.

The TSS worker encouraged the family to try and get some rest, provided strategies to assist with reoccurring traumatic images and assured them of a phone call within a few hours. They were invited to call the 24-hour number if they had any questions or concerns. The worker answered questions about the post-mortem and retrieval of Chris's possessions from the vehicle.[3]

The TSS Worker door knocked at the house of the neighbour who was first on scene. The neighbour said that she had been feeling very shocked and was also overwhelmed by memories of her brother who had died in a motor vehicle accident 15 years ago.

An immediate risk/health assessment was carried out by the TSS worker and the neighbour agreed to make an appointment to see her GP as soon as possible. She agreed to a follow up phone call within the next few hours to see if she had managed to get an appointment. The neighbour was also informed of the Coronial Counselling Service.[4]

" … findings suggest that many of those with intense grief might ***fail to consult with doctors*** *when they need to."*

The family requested that the TSS worker make a call to the primary school Chris's daughter attends to advise them that she would not be attending school and that her father was deceased.

The TSS worker provided information for the teachers in preparing strategies to support her when she returned to school.

The investigating Police called asking the TSS worker to provide support to the family of the deceased at the Forensic Medicine Centre (FMC) for the formal body identification. It had not been possible to follow through this

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2 The scene of a sudden death is often chaotic. A worker dedicated solely to the wellbeing of attendees is best placed to carry out risk assessments and coordinate appropriate responses.

3 Chris's family had preexisting tension/general distrust of police. The trauma support service served as a liaison between police and the family to facilitate the return of items and other communications.

4 Without attending critical incidents many people who require support can be overlooked. Witnesses and bystanders can be affected or triggered by an event. Proactive and immediate support and information provided at the scene can ensure that appropriate ongoing support is put in place.

process the previous evening due to the nature of injuries sustained by Chris. The support worker agreed to meet the family at the FMC.

The TSS worker made follow up phone calls to friends who were at the residence the previous evening. Some of them were feeling unsupported/vulnerable and without additional support. Referrals were made and others were reconnected with pre-existing resources.

The family were met at the Forensic Medical Centre by the TSS worker. They were assisted in deciding who was best placed to carry out the ID as all of them were feeling very apprehensive about the process.

It was decided that Chris's brother-in-law would carry out the ID. The TSS worker went in first to view Chris's body so that she could prepare the brother-in-law for what he was about to see to reduce the potential for further traumatisation.

The TSS worker then accompanied the brother-in-law into the viewing room and stayed with him for support while he confirmed Chris's identity in Police presence. The TSS worker then sat with the whole family and answered more questions about the process including information about the funeral, Centrelink and other financial concerns.

The family expressed concern that they would not be able to say good-bye to Chris if they didn't view him at the FMC. They were reminded that they would be opportunities to spend time with him when he was transferred to the funeral home. This put the family at ease and protected them from exposure to images that may have created additional trauma.

During the conversation with the family, they mentioned that Chris had been a construction worker who was quite close to many of his colleagues. The TSS worker found out which company he worked for and obtained permission from the family to reach out to the workplace to offer support/information.

The same TSS worker checked in with Chris's ex-partner. The CATT team had deemed her to be high risk and had admitted her to hospital. She said that she was feeling calmer and that her family were flying in to support her.

Her ongoing support networks were confirmed, and she was invited to make contact in the future if she felt she didn't have adequate support or should she required someone to talk with about the incident. (A follow up phone call was placed within a week).

Following a sudden death, otherwise resourceful people can be incapacitated by shock and grief, consistent and ongoing support ensures that vulnerable individuals are not neglected. It cannot be assumed that an individual will automatically turn to a service that they have been connected to in the past. Encouragement and support from a service that is aware of their changed circumstances can be vital to the reconnection with pre-existing resources and warm referral into new, more specific services.

The 1st of 4 ***risk factors*** *for bereavement is listed as;*

"Situation and circumstances of death – Cause of death (including sudden, unprepared, untimely, traumatic) – Circumstances surrounding death or place of death."

Contact was made with the construction company and they were very grateful for the call as the team had heard about Chris's death via Facebook. A support session was arranged for the next day and the 24 hour number provided for all team members

The following day, all those involved in the incident, including neighbours and friends were contacted. A home visit was arranged with Chris's family. One of Chris's siblings lived several hours away and was provided with a list of services offering support when she returned home.

The TSS worker received a phone call from Chris's sister, the last one to have spoken to him. She was on the brink of a panic attack and grounding techniques were used over the phone to help calm her. She stated she was racked with guilt for having fought with Chris just before he died. She expressed she was overwhelmed with regret and said she was scared that she would return to using methamphetamine as a way of coping.

She expressed fear about what that would mean for her children but stated that she can't go on feeling this way. She was alone and the support worker assisted her to contact someone who was able to stay with her through the night.

The support worker normalised the feelings of guilt and regret and provided reassurance about what she experienced. During the conversation her friend arrived, and she stated feeling safe. She was invited to call again during the night if necessary and her friend was provided with additional phone numbers for the Crisis Assessment Team, Lifeline and the Suicide Call Back Service. She also accepted the offer of a follow up phone call the next day.

The TSS worker attended the office of the construction business to talk to Chris's colleagues the next working day. The boss made sure the whole team (7 in total) were present. They were provided with information regarding trauma, shock, and normalising reactions. There was also an opportunity to talk and ask questions.

At the conclusion of the support session, the TSS worker made time to talk to each person individually and one of the men disclosed that he made a suicide attempt in the past and this event has made him feel vulnerable. He also expressed guilt that he didn't do more to help Chris even though he knew he was having a tough time. He agreed to talk with Oz Help (Mates in Construction) to discuss support. He was also provided with the 24/7 phone number for the Suicide Call Back Service and Lifeline.

It was confirmed that he wouldn't be alone at home as he was living with his partner and was encouraged to talk to her and let her know what was going on for him.

"As Parkes, the leading expert on bereavement, stated, there is "no evidence that all bereaved people will benefit from counselling and research has shown no benefits to arise from the routine referral to counselling for no other reason than that they have suffered a bereavement".

***Primary prevention** can, however, be helpful when the initiative is left with the bereaved individual."*

Stroebe et al (2007), p1969

Points to consider:

- In the first 36 hours following the critical incident 33 people were provided with support, information, literature, follow up phone calls, referrals, and risk assessments as a result of the TSS worker attending the critical incident. The Coroner's Court typically refer only the next of kin into the Coronial Counselling Service, which potentially would have left at least 31 people without direct, proactive support.[5]
- One person at high immediate risk was identified and was placed in the care of the CATT team. It is likely that this risk would not have been identified by others at the scene due to chaos and distress that was experienced by those present including police who were managing the scene.
- One member of the construction team had an opportunity to express how he felt triggered by Chris's death as he had had a prior suicide attempt. As a previous suicide attempt can be a robust predictor of future

5 It is difficult to assess the risk of the absence of this service. In this case there were suicidal individuals who were channeled into support as well as many others who required support for AOD (alcohol and other drugs) issues, trauma etc. It is important to note that the effects of trauma can disrupt logical thinking and often even those affected who have pre-existing support require assistance to reconnect with their service providers.

attempts, this was a particularly important conversation and prompt connection with ongoing support was initiated.

- Support was made available to teachers, parents and students by the primary school or Headspace School Support (for High schools) being alerted to the incident support.

In the weeks/months that followed:

Over the following weeks regular check-ins and phone calls were placed with members of Chris's family, friends and colleagues. Over time many of them found adaptive ways to cope and felt adequately supported by the onward referral pathways that were set up for them.

Chris's mum continued to call the TSS for ongoing support. Although she connected with other support, she said that she felt comfort in the knowledge that she could call whenever she needed to talk and that there was someone on the end of the phone who already knew her story. She said that there have been many times since Chris's death that she has felt overwhelmed and wouldn't have known who to reach out to or how to connect with support had it not been for the initial contact with the support worker at her home. [6]

Over time (one to three months) the family required less support and phone calls come through periodically as needed. The trauma support team scheduled in follow up phone calls for the 6-month mark as well as the 12 month anniversary of Chris's death but otherwise left it up to the family to reach out as they have demonstrated that they connect when they need to.

Complexity in the family dynamic leading up to and following Chris's death required the involvement of Child Protection Services, Social workers, specialist workers within Centrelink and support from the school to provide appropriate levels of care and intervention for Chris's daughter. The TSS worker coordinated all referrals and assisted the family to make timely contact with services. As mentioned previously, the continuity of care provided by the TSS was fundamental in the coordination of vital, ongoing services.

Chris's work colleague connected with a counsellor through Oz Help who had been very helpful in understanding the impact of Chris's death on his own feelings towards suicide. His counsellor had encouraged him to see his GP and obtain a mental health care plan. He went on to see a Psychologist who diagnosed him with Chronic Depression and using a combination of medication and therapy he said that he was feeling stable and that his feeling of suicidality had subsided. He continues to receive treatment.

6 Complicated grief cannot be diagnosed until a significant period following the loss. The predictors of complicated grief are complex and can't be immediately identified within a call-out setting. On that basis it is hard to identify who will or will not require support for complicated grief/PTSD from the outset. Connecting all involved with support will ensure that those who develop ongoing needs will be already connected (and the risk of potential complication could be reduced).