

AUSTRALIAN MEDICAL ASSOCIATION

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A-28-2

5 October 2011



Mr A.P.O' Gorman
MLA, Chair
Community Development and Justice Standing Committee
Parliament House
PERTH WA 6000

ATTENTION: Mr David Worth

Dear Mr Gorman,

RE: INQUIRY INTO THE RECOGNITION AND ADEQUACY OF THE RESPONSES BY STATE GOVERNMENT AGENCIES TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS ARISING FROM DISASTERS

Thank you for your letter dated 12th September 2011.

The Association is not on a position to comment specifically on whether existing agencies responses adequately address the trauma experienced by staff and volunteers during and after declared natural disasters as those agencies should have knowledge and data on what transpired. What is important in the event of significant disasters is for such issues to be professionally examined to determine the effect of the trauma, adequacy or otherwise including the cost effectiveness of the response and lessons for the future. I am sure the Inquiry will for example examine the Report into the Eastern States bushfires which caused so many deaths and devastated communities and the subsequent Report of the Royal Commission and response by Governments. These should provide useful insights into the needs associated with a catastrophic large scale traumatic event. Smaller scale disasters should also be examined.

Trauma is in fact Latin for a wound and raises the analogy that most wounds heal completely and even those that cause scarring diminish with time with minimal intervention. Where the wound requires treatment the intervention can either improve or impede the healing process e.g. excessive numbers of dressings or inappropriate ones may be worse than no dressing at all. It is important that the right treatment is provided.

There is no doubt that having someone to talk to after a bad experience can be comforting but formal processes (as distinct from individuals using their own mechanisms and networks) may not assist in addressing health issues. There is strong evidence to suggest that essentially imposing and advocating trauma counselling for all may in fact compound problems for those for whom counselling per se would be of marginal benefit or potentially harmful. Many exposed to trauma manage their response effectively without trauma counselling. For them counselling may reinforce the trauma and can potentially exacerbate

the problem with some studies showing worse outcomes for those having formal counselling.

From a medical point of view, the majority of patients deal very well with "trauma" largely because of their personality, genetic pre-disposition and good coping mechanisms and social networks, without the need for Counselling. For them research suggests that counselling has very limited effects, is not cost effective and can reinforce the trauma in some. The Association is unaware of authoritative research showing the growth in the provision of generic untargeted Counselling is cost effective or makes a meaningful difference. Others for similar pre-disposing reasons and with less coping mechanisms may benefit from formal interventions including counselling or cognitive therapy. The most likely beneficiaries are those suffering significant depression or substantial anxiety, pre-disposing to post traumatic stress disorder after substantial stresses and for whom formal intervention may be indicated. (1, 2)

As a consequence, providing counselling/ other interventions for traumatic events may be helpful if targeted at the right people. However it should not be mandatory for staff, and should be targeted by secondary screening by GPs or other health professionals who preferably know the patient well. It should be regarded as just one of a number of services that should be available as appropriate to the situation and to be effective should be properly targeted.

The Association would therefore advocate a very cautious approach to relying on counselling (particularly unselected single sessions) to address the consequences of trauma. (1, 2) Counselling is generally best accessed on a voluntary basis, preferably through referral by a trained clinician who knows the patient well and determines they would potentially benefit from Counselling.

The Association trusts these comments are of assistance.

Yours sincerely,



**A/PROF DAVID MOUNTAIN
PRESIDENT AMA (WA)**

References:

1. Science Direct - The Lancet: Single session debriefing after psychological trauma: a meta-analysis [Internet]. [cited 2011 Sep 29]; Available from: <http://www.sciencedirect.com/science/article/pii/S0140673602098975>
2. Kornor H, Winje D, Ekeberg O, Weisaeth L, Kirkehei I, Johansen K, et al. Early trauma-focused cognitive-behavioural therapy to prevent chronic post-traumatic stress disorder and related symptoms: A systematic review and meta-analysis. BMC Psychiatry. 2008; 8(1):81.