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Incorporating lived experience and trauma-informed care in organizational structures

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Emergency services regularly face severe and traumatic experiences, which can have a long-lasting impact on a person's mental and physical well-being, and social and economic participation. Post-Traumatic Stress Disorder (PTSD) can develop in people who have experienced or witnessed a traumatic event. It is estimated that approximately 6 percent of Australians aged 16 to 85 live with PTSD in any one year. Defense forces, emergency services, prison officers and veterans experience higher rates of PTSD and Complex Trauma which is as an alternative to the narrower definition of PTSD which encompasses 'changes in victims' attitudes about self, the perpetrator, relationships and belief'. There is an emerging recognition of Complex Trauma and PTSD across Emergency Services, and their responsibilities to ensure staff safety and mental wellbeing. Organisations and corporations have a responsibility both legally and ethically to ensure the safety and mental well-being of their employees. In emergency service, there is an emerging recognition of complex trauma and post-traumatic stress disorder. However, the system is failing our heroes. Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. For the best recovery outcomes, the causes of a person's 'symptoms' or responses must be understood. How can these symptom's and responses be understood? A Peer Support model of emergency service personnel that incorporates the teaching of Trauma-Informed Care is the mechanism designed to understand a person's 'symptoms' or responses. There is a clear need to provide ongoing education to members – especially all levels of management – to encourage a culture of openness about mental health issues, encompassing lived experience and the Principles of Recovery.