



The **BLUE** DOOR

When the disaster is industrial.

A look at the role of Employee Assistance Providers in rural community response through the experience of the Beaconsfield mine collapse.

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Abstract

The Beaconsfield mining disaster was both an industrial and community event. The Blue Door Employee Assistance Program managed much of the mental health response for site personnel, immediate families before, during and after the rock-fall.

Using the Employee Assistance counselling and support provided during the rescue of the trapped miners at the Beaconsfield mine collapse in April 2006, our intention is to discuss the theory and practice of clinical services in industry centred disasters where sensitive awareness of the community trauma is required, and to outline the psychological support framework that has been developed in conjunction with the mine management to reduce the psychological impacts of risk in the industrial environment of mining. An initiative which became a finalist in the Tasmanian Industry Safety Awards for 2008 and which could easily be adapted for other heavy industry.

Issues to be covered will include information about preparation before an event, what worked during the event and what theories were used to aid the Employee Assistance response.

We plan to provide information about working with multi-disciplinary rescue personnel, communication issues, including specific communication issues relating to industrial events in rural towns and Mental Health Worker self care. We also plan to discuss the interface between Employee Assistance Providers and community recovery responses. The last section will include details about the program developed after the event which is the basis for ongoing pre and post-event psychological care of current employees and contractors.

Introduction

The Beaconsfield mining disaster was both an industrial and community event. The Blue Door Employee Assistance Program managed much of the mental health response for miners and immediate families before, during and after the rock-fall.

At the time of the accident, The Blue Door Counselling Service consisted of two Accredited Mental Health Social Workers and we had been providing Employee Assistance Services to Beaconsfield mine personnel for Approximately 5 years prior to the Rock fall on Anzac Day 2006. As a result, we knew many of the staff and their families. Both of us had participated in orientation programs including visits underground prior to the incident. We had discussed how we could respond to a major incident but there had been no discussions with mine management prior to this event.

Our work with the company had consisted of individual counselling for personnel and their families. There had been no serious accidents but we had provided individual counselling in response to minor accidents and had spent some time underground as part of induction processes which are mandatory for anyone contracted by the company who may work on site.

What worked during the event?

The initial call out was as we might have expected. There had been a major cave in and three personnel were missing. This was the information we worked with for three days until Mr Knights body was found and several days after, Todd and Brant were found alive but trapped.

Our tasks initially were to provide counselling for Todd and Brant's families in their homes, (Larry's family had engaged their own counselling) and provide assessment and counselling for any mine staff, contractors and family members on site or in their homes.

It is important that the culture within the work place is understood and respected if interventions are to have a chance of success. The industry works 12 hour shifts so we did too. We expected that we would work intensively in turns for three or four days and provide follow-up during normal business hours.

The mine management group were bunkered down, poring over technical data and weighing up likely strategies. In contrast, equipment and people were 'moving' everywhere.

We were informed by one of the senior managers that our liaison person would be the mine rescue coordinator/Occupational Health and Safety manager. We knew him well. We cannot begin to express our gratitude for the professional orientation to the mine site we had received six months earlier, as part of Occupational Health and Safety procedures. This prior experience helped us to visualize the rock fall, feel reasonably comfortable in a rather foreign setting and connect with site personnel during the days to come.

When Todd and Brant were found alive and it was apparent that it would take some time to get them out, we had already been working with their families and colleagues for three days based on the probability that they were deceased. It was apparent that Todd and Brant needed their own psychological and medical team and we needed more counsellors for the rescue effort.

Mine management responded by engaging the services of NSW rescue paramedics who had proven experience in working with trapped victims and a local industrial Psychologist for Todd and Brant. Although though there was appropriate collaboration between the two teams, The Blue Door staff was not responsible for the direct psychological support of Todd and Brant. We had the support of two workers from a local Employee Assistance Provider to help with the growing number of rescue personnel.

In the highly charged environment surrounding the rescue, we needed to anticipate likely hotspots of distress. We were essentially asking the following system based questions:

1. What activity was being designed or organized?
2. Who was doing it?
3. What is this person's authority?
4. What is the stated purpose of this activity? And, most importantly,
5. What might be the likely impact of these decisions on mental health for our client base?

These were important because of (what we perceived to be) competition between different groups and individuals to make a positive difference. In our field we had one group of independent psychologists, two lead Employee Assistance Program workers, two backup Employee Assistance Program workers, a consultant from an interstate Employee Assistance Program plus local and interstate ambulance emergency recovery groups – all of whom were attempting to contribute from their professional bases to the well-being of all personnel and families of miners.

Finding a strategic place to work from was difficult but necessary. Making it clear that the space was not to be shared by other personnel from other services without consent was repetitive. When the incident is industrial, counselling is not often regarded as *the* important business. Finding an appropriate space to operate can be hard. We now have an agreement with management about spaces on site to use.

Our work began with the interventions and interactions with personnel. We walked and checked and waited. Many personnel were regarding this counselling stuff as a bit 'namby pamby'. We were aware of the importance of not alienating the workforce with demands of mental health check-ins. From our central location we observed and deliberately mingled with workers. A BBQ was set up in the central court yard and it became our second office.

Within the confines of the administration block and sometimes beyond, the three things we checked and checked again – How are you eating? How are you sleeping? What have you done today (with someone you care about) that is not related in any way to the mine? We were of the opinion that immediate

attention to two of the most important physiological requirements for normal functioning, sleep and food were likely to be the two things that the miners could talk to us about and would be a clear indicator if psychological health was in crisis. The “doing something different” component was to remove miners from a sense of entrapment in a trauma zone and engage in constant cognitive reconstruction of their normal lives. We mingled with workers who were waiting to go down the shaft and those who were coming up. Our rationale was to ensure normalization of their lives with anchoring points of behaviour and relationship other than the mine and its personnel, ensuring clarity of thought and therefore judgment for shift work, and noticing changes that might reflect some sense of cognitive or affective struggle.

Keeping good notes was essential but difficult in the hectic, non confidential environment of a continuing rescue and knowing there will be future legal and insurance issues. In our case we kept a running log of activities, noted at the time of all interventions or close to the times. We kept separate notes for any one- to- one work we engaged in with our clients (personnel and family members). Counsellors were also operating in shifts and needed access to at least the running log but sometimes each others case notes. We found the logbook approach worked best.

We found that there were certain ways that personnel could be approached. This reflected some distrust of “outsiders”, and so it was important to keep the number of new people entering the site at later dates to a minimum. We found that workers refused to engage with new counsellors who did not have our previous connections with them.

Working with multi-disciplinary rescue personnel

First up, we found a room and seconded it! There were some politics of ownership so we managed to move to the first aid room, in easy view of personnel as they came and went, particularly on shift changes. And there we protected our space, making it difficult even for the ambulance personnel to set up there own base. The need for psychological “first aid” far outweighed the use of the room for physical first aid. This easy access to us, although exposed, proved very important and in some cases critical.

Our objective was to reduce negative mental health outcomes for personnel and families during and after the rescue. As ensuing events dictated that there was no clear end in sight to the events, a need to attempt some analysis of intricate relationships lenses became apparent. Our conceptual approach broadly emerging out of Social Work theory included systemic awareness. As more resources and people poured in from outside of this system, making a relatively closed system now an open system with the one major objective of rescue, the more complex became the issue of attending to positive mental health outcomes.

We also reviewed, as best we could amid the turmoil of the mine site, the value of group debriefings. We decided that there are ambivalent research findings. There is a growing body of research suggesting that debriefings have limited positive outcome and can sometimes do more harm.

Briefings were, however, a part usual work patterns for personnel, and the language of briefing was familiar to them so were therefore utilized sparingly – an on-site debriefing with the small group that brought the body of the deceased miner to the surface, and an off-site (local pub) large group meeting with the shifts most associated with all of the events. We called group sessions briefings because it fitted with the culture of the workplace but made no attempt to do more than provide brief psychological education. It is a practice we still use on some worksites. Although we canvassed with the Occupational Health and Safety manager the idea of brief meetings with workers as they changed shifts, this never eventuated.

There were times when our Social Work practical approach was required:

The media air craft hovered consistently over the office buildings where all the planning and telephones could not be heard. A no fly zone was needed but difficult to obtain. The Security guards had some contacts in Hobart but not in CASA (Civil Aviation Authority). The criteria for obtaining a no fly zone are very specific. There had never been one approved in Tasmania. It took the dedication of Social Work tenacity to track down all the links for the Security guards to proceed with the final call to ensure we ensured our no fly zone.

The ambulance officers reported to us that rescuers were not eating well or regularly and were not going home for the required breaks. A word with the office staff resulted in a fax from a dietician, regular deliveries of nutritious, fresh food. Office staff made rolls, soup, fruit stalls and cooked meals 24 hours a day between phone calls.

Getting adequate sleep became a problem for some who refused to go home. Campervans were arranged and arrived in the car park. Some offices became dormitories with sleeping bags provided.

In conjunction with Todd and Brant's medical and psychological team we worked on a recovery plan to provide psychological responses for the rescue team and families immediately after recovery. We also developed a planned response in the event that a more serious accident occurred during the rescue. This remained a constant working plan throughout as the situation at the mine and in the town was constantly changing.

Confidentiality was difficult in this environment and could not always be expected. A lot of the work took place in the car park, the courtyard, multi use offices, in the mine yard outside the shaft, in family homes where extended family and friends were gathered. Management sometimes required immediate feedback about rescue crew before they went back underground.

Media interests found intrusive ways of trying to obtain information including boom mikes in the bush above the car-park and following us to family homes. So protecting confidentiality took on new meanings and required new skills.

Every few hours one of us would go with a management representative to family homes to report on progress and collect the next family notes to go to Todd and Brant.

Sometimes we were asked by management to perform unrealistic tasks. One example was the night Larry's body was found when one of us was asked to perform detailed psychological assessments on 22 men in one hour. Explaining why this could not be done to a tired, stressed manager who is conscious of the dangers of having volatile workers underground and the insurance claims risk can be confronting but necessary.

Communication issues

Mine personnel work 12 hour shifts. We were expected to as well, including night shift and sometimes double shifts. They sometimes asked us to do impossible things and sometimes were unable to provide us with necessary information.

Parts of this rescue were using techniques that were untried in these work combinations. The situation underground changed hourly and the mine site was full of outside workers including us. Our liaison person was also involved in the rescue itself and sometimes not available to provide the latest information. Our service was also not regarded as crucial to the rescue and our intrusion to ask for information was not always welcome. It was difficult to have consistent, up to date, accurate information with which to work against fears, rumours and provide psychological services.

Landline telephone lines were for normal mine use and jammed a lot of the time under the increased pressure. Mobile coverage in Beaconsfield is limited and hampered by the tin lining of the office block. The media tapped into the lines at one point and made telephone communications unsafe. There was mobile coverage in the car-park and this was often the quietest place for counselling but it was not always free from media eaves dropping until the security guards began regularly clearing the boundary fences. Telecommunications experts were engaged to provide temporary secure phone lines.

Psychological first aid was the most important consideration for us. Workplace incidents inevitably move one into medico-legal situations where there is most likely a cut-off point where the initial counsellors are replaced by other professionals who carry the responsibility of assessment and recommendation for injury and worker's compensation concerns. The initial counsellors may not get invited to do the long term work; therefore providing strategies that could be used later was an important consideration.

Regularly driving to multiple households containing large groups of distressed people, where current rescue team members have already been, to provide a short pre-worded statement proved very difficult but a necessary approach in ensuring some emotional safeguards through accurate information for family members.

Then there were the comings and goings on site of the families of the trapped miners. In the early stages they were directed to us. We simply touched base with as many immediate family members as we could. At one level we were listening for those things that concerned mental health. On the second day we began to accompany a mine employee as they visited each family home at regular intervals night and day to provide pre-worded updates. Visiting family

members off-site, particularly in their homes, we became acutely aware of all of those family dynamics that had now come under tremendous strain. To make sense of these it seemed to us from the way we briefed with each other that we tended to discuss issues in systems terminology.

Visiting immediate family members to collect letters for Todd and Brant was a necessary part of assisting Todd and Brant's emotional equilibrium but proved very difficult for their families. Providing regular family messages for the trapped men, that weren't too emotive, demonstrated a semblance of normal living above ground and did not reveal the extent of fear held for their safety, added to the strain. Families also expected those notes to be immediately passed to the trapped men and did not always comprehend why the team working with Todd and Brant withheld or delayed some of those letters. The emotional/ psychological needs of the above ground family did not always coincide with the two men underground.

The interface between Employee Assistance Providers and community recovery responses in rural towns

The Community Recovery Centre was in the centre of town and not part of mine management priority. Sometimes we were the only communication line for them to provide accurate updates to worried community members and sometimes we couldn't tell them what we knew.

The families and extended families of the deceased miner and trapped miners came under intense pressure. The personal tensions associated with grieving and waiting were exacerbated by the active presence of media, politicians, visiting community and family members, thousands of well wishers sending cards, and other variables. Because of the need for confidentiality we are unable to speak publicly about much of the work with them.

Like many other family systems under distress we worked with presenting issues familiar to structural family therapists: power differentials and hierarchies within and across interrelated family systems, boundaries of acceptable behaviours, and some re-alignments of filial attachments, triangulations and rivalries of various family members. Family assessments of the meanings of events, lacking time for discussion and assimilation, began to be problematic. The relatively stable sets of equilibriums, whether positive or negative, were no longer sustainable for some families. Home visits enabled us to provide space for education in relation to trauma, especially in normalizing some of the more erratic family behaviour.

Working with stressed and frightened families in their homes and workers at the site, knowing that workers were inside a mine that had already collapsed once and the media exaggerated reporting of aftershocks and sensationalism of the Rescue required great consideration and importance to be placed on individual and company confidentiality. We were consistently aware that we often had current information that could not benefit the community response if shared at that time.

We did, however, have information that was at times crucial to the community recovery counselling team. There were times when the centre threatened to close when we knew that the rescue was in a particularly dangerous faze and

the centre would be needed if things went wrong. There was no established communication processes between their team and ours although we made an effort to drop in every 12 hours to report what we could to the new teams. Most of the workers at the centre were travelling at least 45 minutes to get to the centre and often did not have up-to-date information.

The news that Todd and Brant had been found alive broke at 7pm on the Sunday night. Days after the rock-fall and after the body of Larry Knight had been found. As the teams at the mine in the centre of the rural town, struggled to work on what to do next, the town celebrated. By 10 pm the crowd was rowdy. The team at the community recovery centre were not local and were afraid. They were threatening to close the centre. Although managing community response was not part of our contract, it was apparent that a response from us was required. The community were celebrating at the gate and threatening the rescue. As a team of us were discussing a possible security response it rained and everyone went home. Our plans were not needed.

The permanent media encampment at the gates included a jumping castle and became part of the event outside of the mine. The community, on the whole, were having fun with the media. There was a lot of resentment from the rescue teams on site, especially when Richard Carlton died and the entrance to the mine precinct was blocked for several hours, hampering the rescue effort. Media resentment on site during the rescue was palpable, the jumping castle was a particular sore point, and was an ongoing part of our discussions with rescuers.

The arrangements for the day of the final recovery of Todd and Brant were completely controlled by the mine media and security departments in conjunction with the police. Whilst there were possibilities for greater collaboration between private and community recovery teams the need for high levels of secrecy, no clear safe, communication pathways and low trust levels between the two groups around media management made this impossible on the day. Crowd and media control was important for both physical and psychological safety of all mine employees and their families and was managed according to crowd management and organisational culture guidelines.

Both psychological support teams and paramedic teams had prepared a final retrieval plan to ensure a measure of psychological safety for Todd, Brant and family members, however, once in the control of mine staff, very little of this plan was implemented.

Mental Health Worker self care

When it became clear that our services were to be required for an extended period, and that our long shifts had potential to draw us into the trauma zone we discussed and attended to the following: having external supervision every 2-3 days, going home to family at regular intervals for a reality check, and sleeping in one's own bed every few days. It was also good modelling for rescue workers.

We acknowledge that there was to some degree a burnout component for us and some vicarious traumatising for our families. We both experienced a great weariness for up to six months following cessation of activity at the mine-site. Dreams were intense and waking up in the morning was sometimes accompanied with some disorientation whether we were at home or the mine! (This was very similar to the experience of the majority of site personnel.)

Once the morning disorientations evaporated, it was the weariness that remained. Following Todd's summary of potential dangers for the counsellor – heightened emotions, increased sensitivity to disasters, intrusive imagery of client's stories, somatic complaints, compulsive/addictive behaviours, impairment of daily functioning, detachment or distancing from clients – we were not strongly affected. Just the tiredness.

There is an assumption that most psychological first aid for both those involved and those who help, happens after the event not during and training usually focuses on this. However, this incident continued to unfold over many days. It became clear very quickly that the rescue effort had a changing emotional dynamic with each shift in the mood of Todd and Brant and with each new phase of the rescue attempt. If either of us spent too much time off site it was difficult to catch-up with the emotional tide. Change-over briefings could not quite catch the constantly shifting dynamics. It was also apparent that by spending so much time on site in the middle of the office block, there was a risk that we would become part of that emotional dynamic and lose the objectivity required to do our work. Shorter periods off site, regular supervision and more attention to this issue in shift briefings became invaluable.

Our own families became part of the recovery dynamic. They were at home trying to live normally without us, seeing the sensational media reports and worried about our psychological and physical safety: were we down the mine? They too began to deal with a confusing array of emotional responses which needed attention. Regular communication with our families was important for them and for us. Explicitly stating how they could help the rescue effort by supporting us and in one case, making soup for the recovery centre, helped calm growing family tension. We tried to bring in locums after the first few days but relationships were already established with mine staff and workers did not take well to new people at this time.

Such were the circumstances that took us through an emotional labyrinth that in large part dictated our involvement: the shock and disequilibrium of the initial rock fall, the dreadful, largely unspoken thoughts that the three men may all be dead, the peculiarity of what seemed a media circus crushing the road to the mine site, the intensity of world scrutiny, the sadness of the recovery of a body, the exquisite euphoria of the discovery of the other two being alive, the sheer mental grind of careful recovery work, the dogged tiredness of many of the miners, the spikes of semi-euphoric elation and let downs when it looked like the rescuers may nearly be there, the tension of anticipation in the last few hours as the final rescue effort was controlled for last minute variables of rock containment and stage managed for transition from mine to surface, the explosive elation and relief with the movement of the now rescued miners to the surface and then to hospital, re-entry into the

palpable sadness of the burial of a deceased comrade, the largely unwritten post-rescue quietness of an exhausted and dishevelled mine site (read bomb crater) and post-event dysphoria of an exhausted mine personnel, and not least the troubling safety investigations that commenced during the rescue and escalated almost immediately after the events.

Preparation before the event

Our critical incident training had been influenced by two models we had been trained to use in prior years: the Mitchell and Louvre model. (Appendix One) Deb had also recently attended training in community based recovery management with Emergency Management Australia.

The literature suggests that the majority (90% and more) of people (community and mine personnel) will fully recover within 6 – 16 months. (Disaster Mental Health Response Handbook p.23) It also suggests that the importance of psychological first aid – comforting, consoling, attending to immediate physical care, encouraging realistic goal orientation, facilitating reconnection with family, providing initial assessments and triage, linking people with systems of support and simply sharing the experience prevent lasting psychological harm more than counselling intervention. The concept of “psychological first-aid” as a first response has been determined in recent times as best practice by the ACPMH. (Recovery From Trauma, Rural Health Education Foundation, 2009).

Our previous experience with personnel had indicated a reluctance to interact with psychological interventions due to the workplace culture of accepting myths about emotion and psychological conversation exposing weakness.

What worked during the event?

A mental health plan needs to be flexible. No one expected an incident requiring a month's 24 hour attendance, two weeks in the critical zone and a further two weeks on-site (for diminishing portions of time) after recovery day. The mental health plan required constant updating. It was also the theoretical base for making decisions in times of crisis and a strong base for standing professional ground when asked by management, who do not understand our ethical base, to perform tasks which may not be appropriate.

During the mine disaster, as we point out, Psychological first aid seemed to be the most useful thing to do as we went along. We did not have the benefit of this latest research. It is interesting to note that this first line approach is entirely consistent with more generic components of social work practice.

Systemic approaches that join family and mental health have an honoured place in social work theory. Wood (2001.) traces the influence - indeed perhaps the earliest documented nascent theory - of family systems thinking in social work and its impact on social work training. Social work academic activity in social policy, political science, and structured analysis of conditions that contribute to family systems troubles leads the social worker to thinking about relationships between different systems in the family's environment.

In the most general sense, a system means *a configuration of parts connected and joined together by a web of relationships*. (Bethany, 1997) Although therapeutic aspects of systemic training came into prominence when working with individual families, we had to fathom many complex and highly emotional interactions between different groups on-site.

While we expected to engage in mental health work - "psychological first aid" - we came to realize that some of the competing interests meant that we were also to engage in some family therapy type interventions. *The ADAPT framework implies the need for a multi-level approach to psychosocial interventions that consider the individual, the family and the whole community*. (Silove and Steel. 2006. p 121.) Some of the trapped miner's families were not only members of the local community, itself in actual and vicarious shock, but were also past or current employees of the mine. A social work approach is ideally suited to working in this environment. Manageable strains in normal relationships were hampered by ever shifting, disequilibrium, creating further stress.

Searching for further mental health paradigms that would match this circumstance and help us reflect while on the go, we secured a useful resource, the Disaster Mental Health Response handbook. This was introduced by the NSW paramedic rescue team and enabled us to interact with other services with a more common language of intervention. It was also the theoretical underpinning of the team working with Todd and Brant.

(The Disaster Mental Health Response Handbook from the NSW Health's Centre for Mental Health is recommended to conference participants as valuable reading. It is a copyrighted document. (Copies may be accessed through inspsy@magna.com.au or through website www.nswiop.nsw.edu.au) This theoretical backdrop assisted us to make sense of individual mental health and also social phenomena exhibited within the disaster scene. We became much clearer about some of the fundamentals and differentiations in:

1. natural disasters and human-made disasters.
2. phases of community reactions and responses to disaster during and after events.
3. essential differences between acute stress symptoms, bereavement reactions, and depression, and some of the clusters of risk factors that may later leave them more vulnerable to Post Traumatic Stress Disorder. (We recognize that Australian definitions and interventions for acute stress disorders and Post Traumatic Stress Disorder have been posted in May 07 by the Australian Center for Post-traumatic Mental Health and the National Health and Medical Research Council. These can be accessed through www.acpmh.unimelb.edu.au)
4. the importance of psychological first aid – comforting, consoling, attending to immediate physical care, encouraging realistic goal orientation, facilitating reconnection with family, providing initial assessments and triage, linking people with systems of support and simply sharing the experience.

A working list of professional locums is essential. Starting off with more staff at the incident than we needed would have been better because it was difficult to bring in new people once the events were unfolding.

Most critical incident professional training is focused on community recovery. Whilst this proved helpful to us we found that being contracted by a private organisation places restrictions on the assumptions made in this training.

From this and other critical incidents we have been involved in, we are aware that the usual communication processes we rely on become overloaded or malfunctioning. The importance of accurate, up to the minute, confidential information is crucial. Most communication plans rely on telecommunication systems which have consistently failed. We are aware that these issues are being addressed by Government since the recent Victorian experience but industries do not yet seem to have responded despite the well publicised Beaconsfield experience.

Communication

Research has demonstrated that: *A key early social intervention concerns information: a reliable flow of credible information must be ensured about the emergency ... access to valid information is a basic right and is essential to reduce public anxiety and distress.*(van Ommeren et al. 2005. p 72-73.)

Communication should be accurate, factual and regular. There is good basis for this. It reduces emotional and psychological over reactions. It reduces community emotional contagion. For many reasons community recovery practice has consistently found this difficult to achieve. Research also indicates that: *Information should be uncomplicated, so as to be comprehensible at the cognitive level of local 12 year olds, and empathic, showing understanding of the situation of survivors.* (van Ommeren et al. 2005, p73.) Workers had always been very resistant to mental health language. Psychological language was changed as best we could to common language. Within two days there was a relative acceptance by many that this 'checking in stuff' was a good idea.

Most research and training in critical incident responses focuses on community responses. When contracted by a Corporation there is reliance on their communication processes, management structures, media management processes, legal requirements, working culture. They know that having a counselling component to a critical incident is necessary but have mixed and limited understanding of what we do, our working requirements and processes. In situations of corporate incidents, where legal, safety and operational issues are concerned, organizations are naturally very careful about information sharing and worried about leaks. Community recovery responses assume sharing of information between the various agencies, usually government departments. This cannot be assumed when there is business interests involved. It made liaising with the community recovery response difficult at times.

In our debriefings after the event we acknowledged the need for one team member to work solely as a communication person between management and our team. We also acknowledged the need to have a person within the mine management team who was responsible for liaising with ancillary support staff. The Occupational Health and Safety Officer is the usual person but they can be torn between their role within the incident and their role to

manage information sharing and support personnel. Insisting on a dedicated information officer could prove crucial to providing adequate support services. We also kept a running log-book from which case notes could be drawn later. Regular team meetings on site were also crucial as multiple counselling staff was required.

Worker self-care

Reviewing our decisions in light of some of the literature of self-care we believe that we made decisions that were consistent with good health, but that our role made it sometimes difficult to separate home from work. Todd (2007) for example, has reviewed the literature and sums up the key components as: *establishing balance/ separating home from work, finding human support for self-care, having supervision and attending to our personal "meaning" in life*. Establishing balance was difficult when the team was not really big enough for the task. We tried to enlarge the team but that decision needed to be made much earlier to be effective.

Ongoing pre and post-vention psychological care of current employees and contractors.

Based on systems and psychological first aid theories and taking into account recent research in acute stress reactions, a new worker psychological safety model is an evolving process at the mine. (See: TARPS. Appendix two.)

van Ommeren et al., (2005, p 72) list eight basic principles for mental health emergencies which we have tried to encapsulate in a pre-vention model :

1. Contingency planning
2. Assessment
3. Long-term perspective
4. Collaboration
5. Integration into primary health care
6. Access to service for all
7. Thorough training and supervision
8. Monitoring indicators

CISD purportedly is not intended for "direct" victims of trauma, but instead is designed to be administered to individuals who are "indirectly exposed" to the critical incident (e.g., natural disaster) by virtue of their roles and responsibilities as professional responders. However, this formal distinction between "direct" and "indirect" exposure appears to be rather arbitrary and difficult to delineate. (Gray et al. 2004. p 65)

With this in mind, our staff are notified of every significant earth tremor and above a nominated level, counselling staff attend shift change-over to provide psychological education, assess staff stress levels and arrange individual counselling sessions for those who were close to the epicentre.

Blue Door staff are underground for extensive periods once every six months. A Ripley (2008.p46) says: *trust is the basic building block of any affective warning system. Right now, it's scarce in both directions: officials don't trust the public, and the public doesn't trust officials either*. Being seen on site,

underground regularly is about trust building. It's breaking down the barriers between the workforce (public) and management (officials). It's about building familiarity with working conditions and staff. The development of this plan closely follows the following recommendation by Gray, et al. (2004. p 67) that:

CISM interventions are designed to prepare individuals psychologically prior to dangerous work, to meet the support needs of individuals during critical incidents, to provide CISD as well as delayed interventions, to consult with organizations and leaders, to work with the families of those directly affected by the trauma, and to facilitate referrals and follow-up interventions to address lingering stress disorders.

We have also provided training for shift supervisors covering issues such as improving psychological support, resilience and basic stress indication assessment in teams. We have assisted in conjunction with shift supervisors and management to develop processes for reporting and supporting stressed colleagues.

Ripley states: *.....people have discovered that the more they learn about the things that scare them, the less scared they feel.* (2008. p 219) One of the things that scares miners is being scared. Educating about feeling scared increases safety. Ripley also states: *The best warnings are like the best ads: consistent, easily understood, specific, frequently repeated, personal, accurate and targeted.* (2008. p49.) Common stress indicators with simple strategies for stress reduction are clearly displayed in work areas and employees and contractors are encouraged to look out for stress in self and others. Processes for confidentially accessing Employment Assistance counselling are also displayed.

Silov and Steel remind us that, *The key issue is to create conditions of safety and security in order to ensure that the maximum number of survivors recover spontaneouslyminimizing the need for formal psychological interventions.* (2006. p 122) This model of psychological care has the same basic approach; that the emphasis is on capacity building of the workers themselves. The Employee Assistance program also includes the standard employee assistance provisions of up to three free anonymous consultations a year for personnel and family members.

Recommendations

Employee Assistance Providers need to establish clearer response guidelines with employers prior to events.

Better outcomes for workers are achievable if workers have a relationship with psychological support teams prior to an incident and it is clear that those teams have understanding of the work practises and culture.

Establishing a culture of psychological support in the workplace is an important part of Occupational Health and Safety.

Psychological support responses need to be based on increasing the social capital of workers.

Psychological education for workers as part of the Occupational Health and Safety response can increase social-capital in the workplace and reduce the need for more formal psychological interventions.

Familiarity with on site culture and language is crucial to any response.

In rural areas Employee Assistance support cannot operate in isolation to the community.

Clearer protocols between community and industrial recovery teams need to be established in preparation for events.

Community response teams need to be aware that in an industrial event and employee assistance response may be in happening on site.

A worker self-care plan for critical incidents should include regular external supervision during the intervention and adequate debriefing after the event.

Psychological responses to industrial events need to include attention to media intrusion.

Community recovery training could begin to cover responses that are during the event not immediately after.

A secure, accurate communication pathway for rescue teams needs to be a high priority.

Despite the urgency and chaos of response, time must be taken to provide detailed hand-over information between shift changes.

Psychological responses to industrial events need to have adequate policy and protocols to ensure a quality response but with enough flexibility to ensure capacity to respond to the unexpected.

Services need to include both mental health and psycho-social responses.

Conclusion

There is capacity for Social Workers to have an intrinsic role in the development of psychological safety policy in industrial workplaces and Employee Assistance responses. A comprehensive psychological occupational safety response is still being developed by Beaconsfield Mine Joint Venture, Blue Door and other industry consultants. The initial policy was a finalist in the Tasmanian Industry Safety Awards for 2008. It could easily be adapted for other heavy industry and we are hopeful that it will be eventually accepted as industry standard practice for all industrial sites.

Appendix One

1. The Lovre Model of Critical Incident Management is a systems based approach to crisis management and relies heavily on intensive team training within organizations prior to an event. The parts of this model that were relevant to us at this point included the biochemistry, physiology, and psychology of trauma and suggested techniques for intervention including individual and small group work. Details of the model can be found by contacting the crisis management institute www.cmionline.org.

2. The Mitchell model of critical incident stress debriefing which is a widely used process to “reduce the impact of a critical event” and “accelerate the normal recovery of people who are suffering through normal but painful reactions to abnormal events” It relies heavily on two processes:

1. Debriefing
2. Defusing

in group meetings with strict guidelines for working with facts of the incident, thought processes, reactions, symptoms of stress, education about stress reactions and re entry into usual life patterns.

Lovre and Mitchell - limitations

There were immediate difficulties with implementing either of these theoretical models in the context of critical incident debriefings. Both were clear in stating that for best outcomes the model was to be used exactly as outlined. This was not possible. Facts and circumstances kept changing. Logistically, there were no rooms large enough on site to provide for group meetings. The media made off site meetings nearly impossible (except for one rare and valuable occasion.) The rescue always remained more important than debriefings so phones could not be turned off for purposes of debriefing. There was a growing body of research suggesting debriefings can be damaging. There were also cultural and other obstacles within the industry to psychological and emotional work which necessitated a more informal approach.

TRIGGER, ACTION, RESPONSE PLAN

TARP's – Personnel Support

Distress in the workplace

Trigger	Action	Responsible Person	Reporting Level
Single Site person or other personnel observe a level of Distress in self or another person. (potential trigger could be small localised seismic event)	<ul style="list-style-type: none"> • The person is to remove themselves from the area or be assisted from area by other personnel. Site personnel to assess signs and signals (listed at the end of TARPS). Depending upon the assessment, the person may return to work or alternatively notify the shift supervisor. • Shift Supervisor will attend if called and complete an assessment with the individual. • Depending on the initial assessment the person may decide to return to work, undertake alternate duties as mutually agreed with the shift supervisor, or alternatively come out from underground for further review. • OH&S department / counsellors to undertake further review if required. 	<ul style="list-style-type: none"> • Yourself / Other site personnel • Shift Supervisor • Shift Supervisor • OHS department 	Underground Manager, OH&S Manager
Group of personnel have a common worry or concern.	<ul style="list-style-type: none"> • Withdraw from area and barricade if worry or concern relates to activity within a certain area. • Notify Shift Supervisor who will attend and complete an initial assessment. • Depending on the initial assessment / discussion, Personnel may decide to: <ol style="list-style-type: none"> 1. Return to work if approved to do so 2. Undertake alternate duties as mutually agreed between the group and shift supervisor 3. Come out from underground for further review. • OH&S department / counsellors to undertake further review if required. • A member of the team is showing any of the signs over consecutive shifts. EAP contact recommended. 	<ul style="list-style-type: none"> • Yourself / Other site personnel • Shift Supervisor • Shift Supervisor • OHS department 	Underground Manager, General Manager OH&S Manager

Trigger	Action	Responsible Person	Reporting Level
Significant Seismic event (Magnitude 0.0 – 1.0M _L)	<ul style="list-style-type: none"> • Must withdraw from area and barricade. • Notify Shift Supervisor. • Shift supervisor to check Ticker to determine location and magnitude of event and follow appropriate seismic hazard management guidelines, enforce exclusion periods as per General Mining TARPS. • Shift Supervisor to complete initial assessment based on location of event to personnel. If close proximity EAP briefing recommended within 36 hrs. • Depending on location and feedback, option to call everyone to 700 crib room for a debriefing. • Site personnel to assess their personal “signs and signals”. If multiple signals are present for longer than 1hr, EAP briefing recommended within 36 hrs. • Depending on individual responses, can decide individually or collectively to : <ul style="list-style-type: none"> • Return to work (where possible) • Undertake alternate duties • Have OHS, Underground manager (UGM) or counsellor come underground for debriefing • Come to surface for debriefing. • Discuss events and actions with oncoming shift at shift change. Shift Supervisor to review any level of Distress and to initiate any individual or group discussion / follow up. If signs or signals present contact with EAP recommended. • If counsellors have not been requested or initiated, OHS to notify counsellors of the event. • Depending on incident, Counsellors to catch up with each person who was underground over the next week for follow up support or assessment. 	<ul style="list-style-type: none"> • Site Personnel • Shift Supervisor • Shift Supervisor • Shift Supervisor • Individuals • Shift Supervisor • OHS / UGM / EAP • Shift Supervisor • OHS 	Underground Manager, General Manager OH&S Manager

Trigger	Action	Responsible Person	Reporting Level
<p>Large Seismic event (Magnitude 1.0M_L or above irrespective of location)</p>	<ul style="list-style-type: none"> • Must withdraw from area/region and barricade. • Notify Shift Supervisor. • Shift supervisor to check Ticker to determine location and magnitude of event and follow appropriate seismic hazard management guidelines, enforce exclusion periods as per General mining TARPS. • Shift Supervisor to complete initial assessment based on location of event to personnel If close proximity EAP briefing recommended within 36 hrs. Contact Underground manager, General manager. • Depending on location and feedback, option to call everyone to 700 crib room for a debriefing. • Site personnel to assess their personal “signs and signals”. If multiple signals are present for longer than 1hr, EAP briefing recommended within 36 hrs. • Depending on individual responses, can decide individually or collectively to : <ul style="list-style-type: none"> • Return to work (where possible) • Undertake alternate duties • Have OHS, Underground manager (UGM) or counsellor come underground for debriefing • Come to surface for debriefing. • Discuss events and actions with oncoming shift at shift change. Shift Supervisor to review any level of Distress and to initiate any individual or group discussion / follow up. If signs or signals present contact with EAP recommended. • If counsellors have not been requested or initiated, OHS to notify counsellors of the event. • Depending on incident, Counsellors to catch up with each person who was underground over the next week for follow up support or assessment. 	<ul style="list-style-type: none"> • Site Personnel • Shift Supervisor • Shift Supervisor • Shift Supervisor • Individuals • Shift Supervisor • OHS / UGM / EAP • Shift Supervisor • OHS 	<p>Underground Manager, General Manager OH&S Manager</p>

Signs and Signals.

Signals will be those things which immediately give a sense of Distress and frustration.

Signs are those things that are more persistent over time and may tend to more obvious at home or elsewhere.

Signals to look for include:

Anger
Shock
Fear
Numb
Impaired decision making ability
Impaired concentration
Confusion
Distortion of sense of time
Hyper-arousal
Social withdrawal
Agitation
Loss of control
Headaches

Some of the signs, for instance, have characteristics like:

Fatigue
Insomnia
Sleep disturbance
Headaches and sickness complaints
Gut and stomach troubles
Large changes in appetite
Nervy or easily startled
Losing ability to concentrate
Impaired decision-making ability
Some memory impairment
Worry
Intrusive negative thoughts
Decreased self-esteem
Excessive anger
Persistently feeling “down”
Loss of pleasure in usual activities
Social withdrawal
Increased conflict within relationships.

These signs mentioned above are by no means a full clinical or medical checklist. Many things in life can cause some of these signs, but we want the work environment to be a good one.

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