



Curtin University

Establishing a Sustainable Road Trauma Support Service in Western Australia

Dr Lauren Breen

August 2012



Acknowledgments

- Funded by the Department of Health (Western Australia)
- Co-authors
 - Dr Moira O'Connor and Associate Professor Anh T. Le
- Stakeholder reference group
 - Amber Arazi, Jenny Bergman, Allyson Browne, Marianne Carey, Gary Cooper, Deborah Costello, Paul Davis, Sharon Easton, Diana Elliott, Peter Farnham, Catherine Ferguson, Stephanie Fewster, Colleen Fisher, Steele George, Richard Higgins, Odwyn Jones, Rob Kingma, Tara Ludlow, Carole Macey, Alan Maloney, Glenda Maloney, Barry May, Angela McDowall, Robert McKrill, Corinne Moulé, Chris Parry, Terri-Anne Pettet, Barbara Rawlins, Antonella Segre, Sam Sita, Don Sonsee, Benny Sullivan, Merle Taylor, Christina Wright
- Road trauma services (esp. Vic, Tas, SA)

Background and significance

- Traffic crash fatalities are a significant global health issue
- Leading cause of death in Australia
- Psychosocial consequences

Physical injuries and temporary or permanent disability (AIHW, 2011), intense grief (Murphy et al., 2003), post-trauma reactions and psychiatric disorders (Norris, 1992), social isolation and stigma (Breen & O'Connor, 2010, 2011), decreases in quality of life (Lucke et al., 2004), carer burden (Cummins et al., 2007), and considerable financial cost (Australian Transport Council, 2011)

Background and significance

- May affect drivers, passengers, family, friends, colleagues, witnesses, emergency service workers, and entire communities
- Some road users are particularly vulnerable
 - younger age groups, Indigenous Australians (ABS, 2011), and people in low and middle-income countries (WHO, 2004)
- Road crashes and their consequences are
 - “neglected” (WHO, 2004, p. 3), “notoriously hidden” (Clark, p. 11), and “part of the almost unnoticed background” (Job, 1999, p. 38)
 - When compared to other causes of death, crashes are thoroughly underfunded when compared to the effort in reducing the number of deaths from other causes (WHO, 2004)



The problem

- There is no dedicated road trauma support service in WA
These services exist in most other Australian states
- The psychosocial consequences of road traffic crashes remain largely unsupported in WA



The brief

- “To investigate mechanisms and associated costs and to make recommendations in regard to establishing a road trauma support service in Western Australia. The recommended service arrangement must be capable of providing sustainable peer support and professional counselling, for road trauma victims, family members and for witnesses and others who are adversely affected by road trauma events.”
- This project emerged from an identified need in the community and previous community action (see Breen & O’Connor, 2010)



Method

- Curtin University Human Research Committee
- A stakeholder reference group comprising representatives from government and non-government agencies as well as community members affected by road trauma guided the:
 - Investigation of current services in WA
 - Description of the efficacy of trauma and bereavement service delivery
 - Examination of existing road trauma support services available in other Australian states
 - Proposal of recommendations for a road trauma support service for WA



Representatives from....

- People with Disabilities WA
- Victim Support Service
- Office of State Coroner
- Fire and Emergency Services Authority WA
- WA Police
- St John Ambulance
- Royal Automobile Club [RAC] WA
- Injury Control Council of WA
- Roadwise
- Royal Perth Hospital
- Swan Districts Hospital
- Sir Charles Gairdner Hospital
- Princess Margaret Hospital
- People with Disabilities WA
- Paraplegic Benefit Fund Australia
- Carers WA
- Department of Indigenous Affairs
- ConnectGroups



Results: Current services in WA

- Considerable gaps and limitations in the current system of services available to people affected by road trauma in WA
 - Appropriate supports are difficult to identify and costly to access
 - Limited due to time delays or staffing resources
 - Available only in certain regions rather than state-wide
- Two examples
 - Victim Support Service
 - Coronial Counselling Service
- Thus, the psychosocial consequences of crashes remain largely unsupported in WA



Results: The efficacy of trauma and bereavement service delivery

- Considerable evidence that:

Early intervention (e.g., psychological debriefing) is ineffective and may actually increase symptomatology (Australian Centre for Posttraumatic Mental Health, 2007; Forbes et al., 2007; Mayou et al., 2000; Jordan & Neimeyer, 2003; Piper et al., 2007; Schut et al., 2001)

Early multiple session counselling is ineffective and may actually increase symptomatology, but is effective over time (Blanchard & Hickling, 2004)

Multiple session specialist psychotherapeutic interventions (e.g., cognitive-behaviour therapy) is effective (Butler et al., 2006; Currier et al., 2008; Roberts et al., 2009; Boelen et al., 2007; Shear et al., 2005)

- Interventions according to need are effective

Public health model (Aoun et al., 2012)

<i>Type of Support</i>	<i>Target Population</i>	<i>Source of Support</i>
1 Information and compassion	All bereaved (100%)	Family and friends (information supplied by health and social care professionals)
2 Non-specialist support (e.g., peers, mutual-help groups, counsellors)	Those at-risk of developing complex needs (33%)	Trained volunteers, mutual-help groups, other community supports
3 Professional psychotherapeutic interventions (e.g., psychologists)	Those with complex needs (10%)	Mental health services, bereavement and trauma services, specialist psychotherapy



Community counselling model (Lewis et al., 2003)

<i>Support</i>	<i>Community Services</i>	<i>Client Services</i>
Direct	Preventative education e.g., seminars and workshops about grief and trauma (e.g., links with Office of Road Safety, Drug and Alcohol Office, Office of Youth Affairs); encouraging the development of coping skills; psycho-education	One-on-one interventions and outreach to vulnerable clients e.g., individualised therapeutic interventions for people in need and at-risk of need; bereavement and trauma services; specialist psychotherapy; therapeutic groups
Indirect	Influencing public policy e.g., lobbying for legislative change, promotion of road safety messages to reduce future road trauma, partnerships with media, applied research	Client advocacy and consultation e.g., provision of grief and trauma education to enable the wider community to better support people directly affected by road trauma; supporting the development of mutual-help groups and provision of self-help materials and resources



Results: Existing road trauma support services available in other Australian states

- Examination of existing road trauma support programs
- Attention paid to:
 - the history and development of each service; promotion of services to service users and referring professionals; referral pathways to and from each service; fees; scope and duration of service delivery (e.g., total client numbers and breakdown for bereaved, injured, witnesses, and others; what for, and for how long) and whether and how other services such as advocacy, research, and road safety education are delivered; recruitment, training, and appointment of professional counsellors and peer supporters; resources including accommodation, administration, computing, communications and promotional materials; metropolitan and regional service delivery; establishment and ongoing annual costs of each service and where funding is accessed; service evaluation procedures; and effectiveness of services

Existing road trauma support services

<i>Service</i>	<i>Strengths</i>	<i>Limitations</i>
Road Trauma Support Services (Victoria)	Freecall telephone; free counselling; community-based premises with public transport access; ongoing government funding; supervised peer support; community education; fundraising through offender workshops; state-wide; links with other services; training for staff; non-profit	Not a trauma service; no services to children and adolescents; struggles to attract and retain staff due to low wages
Road Trauma Services Queensland	Freecall telephone; free counselling; community education; non-profit	Limited resources; no government funding; no premises; not state-wide
Road Trauma Support Team of South Australia	Freecall telephone; state-wide; links with other services; community-based premises with public transport access; services for children and adolescents; monthly support groups; referral/coordination service; 4-6 free sessions; non-profit	Small budget; premises are small and difficult to find from the road
Road Trauma Support Tasmania	Trauma focus; services for children and adolescents; links with relevant services; state-wide; non-profit	No peer support/volunteers; hospital setting; struggles to attract staff; no succession planning
Enough is Enough	Counselling; community education; advocacy	Fees are charged irrespective of client income
True Light Foundation	Advocacy	No client services; seems defunct
Motor Vehicle Fatality Support Program	Free referral service	Support services are not free; part of a private (for profit) company
Trans-Help Foundation	National telephone information and support; non-profit	Specific to transport personnel and their families

Results: Recommendations

1. A road trauma support service be established for WA
2. Funded by the Government of WA
3. Comprehensive 'one-stop shop' and provide services on a state-wide basis
4. Peer support services be advertised and promoted on a state-wide basis
5. Delivered according to service need
6. No charge to clients



Recommendations

7. Provide preventative education services
8. Links with appropriately-trained trauma and bereavement therapists to provide professional psychotherapeutic interventions
9. Facilitate appropriately-trained volunteers to provide non-specialist supports
10. A suite of complementary direct and indirect services
11. Established as a non-profit organisation
12. Governed by a Board of Management



Recommendations

13. Utilise a high-profile and appropriately-sensitive Patron
14. A core salaried staff
15. Situated in community-based premises accessible by public transport
16. Complemented by information packages, a brochure, and a website
17. An initial annual budget and ongoing funding
18. An evaluation and reporting framework



Recommendations

19. Established in incremental steps commencing as soon as possible to be in operation by the end of 2012
20. Linked and work in partnership with other services and supports
21. Meet the access needs of underserved groups including culturally and linguistically diverse people, Indigenous Australians, and people with disabilities
22. Complemented by best-practice death notification and the re-establishment of a Family Liaison Officer in WA Police's Major Crash section



Finally...

- The stakeholder reference group is primary strength of the study
- Avoiding tokenism and enabling participation – all experts (Duckett et al., 2010; Kagan & Duggan, 2011; Radermacher & Sonn, 2007)
- The community-based research partnership resulted in:
 - A collective work (a report tabled to parliament)
 - A space for different experiences, opinions, and backgrounds to come together
 - Social change – in May 2012, the WA government announced it had budgeted \$750,000 towards the establishment of the service
 - An award – Injury Control Council of WA's Research Award 2012



Conclusion

- A road trauma support service in WA is required
 - A comprehensive, 'one-stop shop'
 - Provide sustainable, coordinated, timely, and appropriate peer support and professional therapeutic interventions for road trauma victims, family members, witnesses, drivers, and for others who are adversely affected by road trauma (and related transport trauma)
- The report (Breen et al., 2011) provides the basis for the development and evaluation of the future road trauma support service in WA

