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Title

Establishing a Sustainable Road Trauma Support Service in Western Australia

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Abstract

Despite the clear psychosocial ramifications of road traffic crashes, there is no dedicated road trauma support service in Western Australia (WA). A road trauma support service in WA is urgently required to provide sustainable, coordinated, timely, and appropriate peer support and professional therapeutic interventions for road trauma victims, family members, witnesses, and for others who are adversely affected by road trauma. The objective of this paper is to describe an investigation of the mechanisms and costs associated with establishing a sustainable road trauma support service in WA. The study was guided by a stakeholder reference group comprising representatives from government and non-government agencies as well as community members affected by road trauma. Existing road trauma supports and services available in other Australian jurisdictions were examined to inform the establishment of a road trauma support service in WA. Three of these services were then visited by the first author to see firsthand the premises and resources and to talk to staff about each service. The investigation resulted in 22 recommendations outlining a 'one-stop-shop' that meets the varied needs of people in WA who are affected by road trauma.

Keywords

Road Trauma Support Services, Professional Therapeutic Interventions, Post-crash Care, Western Australia

Body of paper

Introduction

Despite progress in road safety, crashes are a leading cause of death and injury in Australia, particularly for vulnerable road users such as people in younger age groups and Indigenous Australians (Australian Bureau of Statistics, 2011; Australian Transport Council, 2011; Office of Road Safety, 2009). The road crash fatality rate per 100,000 in Western Australia (WA) is higher than the national average (Australian Transport Council, 2011; Marchant, Hill, Caccianiga, & Gant, 2008). Approximately 13 people are considerably affected by every fatal crash (Hayward, 1998) and these include family, friends, colleagues, witnesses, emergency service workers, and even entire communities (World Health Organization, 2004). A single road traffic crash affects drivers, other vehicle occupants, emergency service workers and witnesses, as well as their family members, work colleagues, and friends.

The potential for psychological distress following a major crash is noteworthy. Road traffic crashes are unexpected, sudden, and violent, and the likelihood of injury and death is substantial. Furthermore, as crashes are a relatively common cause of death and injury, there is the opportunity of retraumatisation (Keir, 2000). These issues have the potential to

complicate further the experiences of people who have been injured or lost a loved one in a crash, or witnessed such a crash. The psychosocial ramifications of road traffic crashes are different for the five affected groups:

1. People bereaved by road traffic crash fatalities;
2. People injured in road traffic crashes;
3. Families, friends, and unpaid carers of people injured in road traffic crashes;
4. Witness of, and first responders to, road traffic crashes; and
5. Offenders/people who allegedly cause the crash.

Despite crashes being a major cause of death and injury worldwide, there are few studies explicating the psychosocial experience of grief following crashes and even fewer on the experiences of others affected by road traffic crashes. Road crashes and their consequences are variously described as "neglected" (World Health Organization, 2004, p. 3), "notoriously hidden" (Clark, 2004, p. 11), and "part of the almost unnoticed background" (Job, 1999, p. 38). The "steady drip" (Browning, 2002, p. 1165) of crashes and their consequences means that other causes of death warrant substantially more media attention and are considered to be legitimately traumatic.

Psychosocial consequences may include serious physical injuries and temporary or permanent disability (Australian Institute of Health and Welfare, 2011), intense grief (Murphy, Johnson, Wu, Fan, & Lohan, 2003), post-trauma reactions and psychiatric disorders (Blanchard, & Hickling, 2004; Kobayaski, Sledjeski, Spoonster, Fallon, & Delahanty, 2008; Murphy, Johnson, Chung, & Beaton, 2003; Norris, 1992), social isolation and stigma (Bateman, 2010; Breen & O'Connor, 2010, 2011), decreases in quality of life (Lucke, Coccia, Goode, & Lucke, 2004; Tehrani, 2004), and carer burden (Access Economics, 2010; Chan, 2007; Cummins, Hughes, Tomyn, Gibson, Woerner, & Lai, 2007). Additionally, estimates show that road traffic crashes and their consequences cost Australia at least $27 billion per year (Australian Transport Council, 2011).

Despite these psychosocial ramifications of road traffic crashes, there is no dedicated road trauma support service in WA. Road trauma supports and services are in operation in most other Australian jurisdictions. The research project was funded by the WA Department of Health. The aim of the project was to investigate mechanisms and associated costs and to make recommendations in regard to establishing a road trauma support service in WA to provide 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.

Methods

The study was approved by the 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 was instrumental in guiding this assessment of the establishment of a sustainable road trauma support service in and for WA. We utilised desk-top research of academic and 'grey' literature and websites (with a focus on the former), as well as telephone and face-to-face interviews, to:

1. Investigate current services in WA;
2. Describe the efficacy of trauma and bereavement service delivery;
3. Examine existing road trauma support services available in other Australian states; and

4. Propose recommendations for a road trauma support service for WA.

Results

Current services in WA

There are considerable gaps and limitations in the current system of services available to people affected by road trauma in WA. Existing supports and services are inadequate in meeting the varied needs of people affected by road traffic crashes because appropriate supports are difficult to identify and costly to access, limited due to time delays or staffing resources, and available only in certain regions rather than state-wide. For instance, the WA government's Victim Support Service, provides considerable support to victims of crime. However, these supports are often not available to people affected by road trauma as, in many instances, no criminal charges are laid. As another example, the government's Coronial Counselling Service's existing resources are stretched and are recognised as inadequate to cater for the community's road trauma needs. These gaps and limitations are recognised by the Department of Health. Thus, the psychosocial consequences of crashes remain largely unsupported in WA.

The efficacy of trauma and bereavement service delivery

Two post-traumatic health disorders are recognised – Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD; American Psychiatric Association, 2000). Critical incident debriefing, which involves a review of the traumatic incident, information about common reactions to trauma, and the encouragement of emotional expression, has been found to not be effective and may cause harm. For instance, a three-year follow-up of a randomised, controlled trial of debriefing for survivors of road traffic crashes found that the intervention was associated with greater pain, emotional distress, and reduced quality of life (Mayou, Ehlers, & Hobbs, 2000). Formal interventions in the initial weeks after trauma are not recommended (Australian Centre for Posttraumatic Mental Health, 2007; Forbes et al., 2007).

A short-term intervention showing more promise than debriefing is psychological first aid, which seeks to reduce distress following a traumatic event. It usually involves a trained professional engaging with an affected person in a non-intrusive, compassionate and helpful manner, providing immediate safety and comfort, gathering information to determine immediate needs and concerns, providing practical assistance and information, and connecting affected persons with their social support networks (Bateman, 2010). However, approximately 15% to 20% of survivors of traumatic events develop serious post-traumatic stress disorders, even after psychological first aid. Recent meta-analyses demonstrated that cognitive-behaviour therapy is the most effective treatment for post-traumatic disorders (Butler, Chapman, Forman, & Beck, 2006; Roberts, Kitchiner, Kenardy, & Bisson, 2009). What is clear is that, for optimal efficacy, trauma requires appropriate screening so that only people in need receive interventions, rather than a 'one-size fits-all' approach.

A review of controlled treatment trials for survivors of motor vehicle crashes revealed:

1. single-session, early interventions provided in the first two weeks following the road trauma event (e.g., psychological debriefing) were ineffective and may actually increase symptomatology;
2. multiple session early educative and supportive counselling is ineffective and may actually increase symptomatology, but is likely to be effective in the long-term;

3. multiple session cognitive-behaviour therapy administered early to high-risk survivors of road traffic crashes is effective in preventing the later development of PTSD; and
4. multiple session cognitive-behaviour therapy administered to survivors of road traffic crashes with PTSD is effective in treating PTSD (Blanchard & Hickling, 2004).

Not all bereaved people suffer a major and long-term grief reaction following the death of a loved one (Bonanno, Boerner, & Wortman, 2008); however, it is clear that some exhibit elevated levels of distress. While most people will experience short-lived distress following bereavement, a sizeable minority (about 10% to 20%) may experience persistent psychiatric difficulties (Prigerson, Vanderwerker, & Maciejewski, 2008). Despite concerns that bereavement is increasingly being medicalised and pathologised (Breen & O'Connor, 2007), the interest in 'disordered' bereavement is growing rapidly. Bereavement Related Disorder is proposed for inclusion in the draft Diagnostic and Statistical Manual of Mental Disorders (DSM), due for publication in 2013, and Prolonged Grief Disorder (formally known as traumatic grief and Complicated Grief Disorder) is under review for inclusion.

Empirical studies have demonstrated that grief interventions are not always effective. Research has demonstrated that grief interventions for adults with 'normal' grief tend to be minimally to not at all effective and may even result in greater distress (Jordan & Neimeyer, 2003; Piper, Ogrodniczuk, Joyce, Weideman, & Rosie, 2007; Schut, Stroebe, van den Bout, & Terheggen, 2001). However, these intervention studies, along with a recent comprehensive meta-analysis of 61 controlled studies of psychotherapeutic interventions for bereavement (Currier, Neimeyer, & Berman, 2008) demonstrate greater efficacy for interventions that are targeted at grievers with higher levels of distress (e.g., clinical symptomatology). Importantly, recent empirical studies indicate support for targeted interventions for people who meet the criteria for Prolonged Grief Disorder (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Shear, Frank, Houck, & Reynolds, 2005). In sum, despite the interest in and the proliferation of grief interventions, empirical research has shown that the interventions are likely to be of benefit, but only for grief that is deemed 'at-risk' or 'complicated'.

It is clear than that the offer of universal professional support to people affected by road traffic crashes, irrespective of need, is not likely to be effective or economical. A public health approach to service provision (Aoun, Breen, O'Connor, Rumbold, & Nordstrom, 2012) provides an evidence-base for the allocation of appropriate resources in meeting the needs (low, moderate, and high) of people affected by road traffic crashes in WA (see Table 1). This approach suggests that all bereaved people would benefit from information from service providers and compassion from their own social networks, including family and friends. A smaller proportion would benefit from non-specialist social and therapeutic support from source such as volunteer bereavement workers, bereavement mutual-help groups, and faith-based and other community groups. An even smaller proportion would gain from specialist psychotherapeutic interventions such as counselling, mental health services, bereavement services, or psychotherapy. Referral pathways must be available between components as needs emerge.

Social support is important for adaptation to, and recovery from, bereavement and trauma. Most of this comes from natural sources of social support – family and friends (Benkel, Wijk, & Molander, 2005). However, not everyone has adequate support networks, and in some

cases, particularly in stigmatising bereavement, there may be a breakdown of these networks (Breen & O'Connor, 2011) and therefore peer and professional support is more likely to be required. The application of a public health model to bereavement care suggests that services should offer information to all families, but reserve access to more specialised supports according to identified need. A dedicated road trauma support service provides an ideal mechanism for the provision of non-specialist supports and professional specialist supports.

Table 1: Three-Component Model of Bereavement Care

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

These levels of intervention are supported empirically by research reviewed above demonstrating that grief interventions for those with 'normal' grief tend to be minimally, if at all, effective and may even result in harm, unless directed only to people with higher levels of distress. The provision of high-quality bereavement support for those with complex needs and those at-risk of complex needs may prevent further distress (Prigerson, Silverman, Jacobs, Maciejewski, Kasl, & Rosenheck, 2001) and significantly reduce use of health services, particularly visits to general practitioners (Vanderwerker, Laff, Kadan-Lottick, McColl, & Prigerson, 2005). Furthermore, they are supported by the differentiation between grief support (informal compassion and information from people who do not have professional bereavement training), grief counselling (provided by a trained professionals), and grief therapy (provided by trained professionals to people with mental health concerns; Neimeyer, 2009).

Additionally, the community counselling model (Lewis, Lewis, Daniels, & D'Andrea, 2003) provides the basis for the delivery of multiple direct and indirect support services to individual clients and the community. The application of this model to the proposed road trauma support service is outlined in Table 2. The model offers a unified approach to assist services to develop a multi-faceted and complementary combination of programmes and interventions that empower individuals to more readily access these services. Additionally, the model allows a 'voice' to people affected by road traffic crashes in that their needs and perspectives may be advocated.

Table 2: Applying the Community Counselling Model to Road Trauma

Support	Community Services	Client Services
Direct	Preventative education e.g., seminars and workshops about grief and trauma	One-on-one interventions, outreach to vulnerable clients; bereavement and

	(e.g., links with Office of Road Safety, Drug and Alcohol Office, Office of Youth Affairs); psycho-education	trauma services; specialist psychotherapy; therapeutic groups (Murphy, 2006)
Indirect	Influencing public policy (Boss, Pikora, & Daube, 2010), lobbying for legislative change, promotion of road safety messages to reduce future road trauma, partnerships with media, applied research	Client advocacy and consultation, grief and trauma education to enable the wider community to better support people affected by road trauma (Breen & O'Connor, 2011); aiding mutual-help groups, provision of self-help materials

Existing road trauma support services available in other Australian states

Existing road trauma supports and services available in other Australian jurisdictions were examined to inform the establishment of a road trauma support service in WA. These services were – Road Trauma Support Service (Victoria), Road Trauma Services Queensland, Road Trauma Support Team of South Australia, Road Trauma Support Tasmania, Enough is Enough, TrueLight Foundation, Motor Vehicle Fatality Support Program, and the Trans-Help Foundation. Three of these services were then visited by the first author to see firsthand the premises and resources and to talk to staff about each service. These services, chosen in consultation with the stakeholder reference group, were the Road Trauma Support Service (Victoria), Road Trauma Support Team of South Australia, and Road Trauma Support Tasmania.

A summary of each service's strengths and limitations is provided in Table 3. The most comprehensive road trauma support service operates in Victoria. The strengths of its Road Trauma Support Services include its freecall telephone number, community-based premises with public transport access, ongoing funding (allowing for future planning), the provision of supervised peer support, engagement in community education, fundraising though educational workshops for offenders, regional service delivery, strong partnerships with relevant organisations, and provision of professional development opportunities to staff. However, it is not a trauma service per se; rather, it provides supportive counselling and associated services to people affected by road trauma. This is because the Transport Accident Commission pays families up to $5,580 to cover the costs of medical, psychological, and rehabilitative services following involvement in a road traffic crash. Furthermore, it does not provide any services for children and adolescents and it struggles with attraction and retention of staff due to low wages. It cannot advertise its services as it would be unable to cope with an increase in service demand.

The Road Trauma Support Tasmania offers state-wide services, has a dedicated committee, well-established links with hospitals and emergency service personnel, and does focus on trauma intervention, including for children and adolescents. However, it struggles with the issue of succession planning and attraction of staff and does not provide peer support due to resource limitations.

The Road Trauma Support Team of South Australia combines referral of clients to professional psychologists and social workers, and paying the fees on behalf of clients, with the provision of monthly support groups. Strengths include this combination of services, the freecall telephone number, links with relevant organisations, regional services, the community-based premises, services for children, and a committee dedicated to road trauma issues. Despite a greater population, it has smaller budget than Road Trauma Support

Tasmania and its ability to expand is restricted by financial limitations. Additionally, its premises are small and difficult to find from the road.

The remaining services do not offer comprehensive road trauma support. The Road Trauma Services Queensland manages to provide some support on very limited resources but, due to a lack of funding, is neither state-wide nor able to provide comprehensive services. In New South Wales, road trauma support services are housed within Enough is Enough's comprehensive anti-violence movement and these services are combined with road trauma community education and advocacy. However, fees are charged for client services, irrespective of income. The True Light Foundation does not provide client services. In the Australian Capital Territory, the Motor Vehicle Fatality Support Program provides a referral service for people affected by road crashes, primarily those involved at road crash scenes. The referral service is free but the support services to which clients are referred are not. Finally, the TransHelp Foundation, based in New South Wales, aims to provide Australia-wide services specific to transport personnel and their families.

Table 3: A Summary of Each Service's Strengths and Limitations

Service	Strengths	Limitations
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; limited 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

Recommendations for a road trauma support service for WA

The investigation of current services in WA, the description of the efficacy of trauma and bereavement service delivery, and the examination of existing road trauma support services available in other Australian states, informed the proposal of recommendations, which were directed by the stakeholder reference group. Twenty-two recommendations were proposed for the establishment of a road trauma support service in and for WA:

1. A road trauma support service be established for WA;
2. The road trauma support service be funded by the Government of WA;
3. The road trauma support service be comprehensive and provide services on a state-wide basis;
4. The service's peer support services be advertised and promoted on a state-wide basis;
5. The road trauma support service be delivered according to service need;
6. The road trauma support service should be provided with no charge to clients;
7. The road trauma support service provides preventative education services;
8. The road trauma support service links with appropriately-trained trauma and bereavement therapists to provide professional psychotherapeutic interventions;
9. The road trauma support service facilitates appropriately-trained volunteers to provide non-specialist supports;
10. The road trauma support service includes a suite of complementary direct and indirect services;
11. The road trauma support service be established as a non-profit organisation;
12. The road trauma support service be governed a Board of Management;
13. The road trauma support service utilise a high-profile and appropriately-sensitive Patron;
14. The road trauma support service has a core salaried staff;
15. The road trauma support service be situated in community-based premises accessible by public transport;
16. The road trauma support service be complemented by information packages, a brochure, and a website;
17. The road trauma support service has an initial annual budget and ongoing funding;
18. The road trauma support service has an evaluation and reporting framework;
19. The road trauma support service be established in incremental steps commencing as soon as possible to be in operation by the end of 2012;
20. The road trauma support service be linked and work in partnership with other services and supports;
21. The road trauma support service meet the access needs of underserved groups including culturally and linguistically diverse people, Indigenous Australians, and people with disabilities; and
22. The road trauma support service be complemented by best-practice death notification and the re-establishment of a Family Liaison Officer in WA Police's Major Crash section.

Discussion

This study outlined the psychosocial and economic consequences of road traffic crashes, with particular emphases on people bereaved by road traffic crash fatalities; people injured in road traffic crashes; families, friends, and unpaid carers of those who are injured; witnesses of and first responders to road traffic crashes; and offenders/others involved in road traffic crashes without charge and their families. However, despite the psychosocial and economic consequences of road traffic crashes, there are considerable service delivery gaps in existing arrangements in WA.

No dedicated road trauma support service currently operates in WA. Existing government services are severely stretched. Time delays in accessing services, the limited availability of suitable services, service costs, and a lack of long term support can lead to victims and their families feeling unsupported and isolated. Failure to address these issues can hinder an individual's ability to optimise their family, vocational and social functioning following a serious crash. Road trauma support services exist in all other Australian states and they vary in terms of funding levels and sources, governance, types of services they offer, the extent to which their services are state-wide, and costs to users.

A road trauma support service in WA is required to provide sustainable peer support and professional therapeutic interventions for road trauma victims, family members, offenders, witnesses, and for others who are adversely affected by road trauma. The service would be the peak body for road trauma issues in WA and would help to prevent and minimise future functional impairments that may be caused by bereavement and exposure to trauma. A comprehensive support service would legitimise the needs of people affected by road traffic crashes. Additionally, it would be of political and symbolic importance, both in terms of recognising the needs of people affected by road traffic crashes and also in aligning with state and national commitments to promote the road safety message (Australian Transport Council, 2011; Office of Road Safety, 2009).

We proposed 22 recommendations for the development and operation of a comprehensive road trauma support service in WA. In this study we worked closely with various stakeholders to arrive at a recommended service arrangement for sustainable peer support and professional therapeutic interventions for road trauma victims, family members, and for witnesses and others who are adversely affected by road traffic crash events in WA. The recommendations we proposed are flexible, allowing further details to be developed by the Implementation Steering Group when the road trauma support service is established (as per Recommendation 19) and launched as part of World Day of Remembrance for Road Traffic Victims (November 2012).

This research project provided an original, contextual, and data-driven account of (a) the consequences of road crashes, (b) current services in WA, (c) trauma and bereavement service delivery, and (d) existing road trauma support services available in other Australian states. Attempts were made to ensure the process was as rigorous as possible, including the using multiple sources of data and conducting the research in a team.

A key strength of the study is the involvement of the stakeholder reference group – its members including representatives from relevant services as well as people affected personally by road trauma; this diversity and depth enhances the study's ability to contribute

to practice (Daly et al., 2007). Further, the report provides the basis for the development and evaluation of the future road trauma support service in WA. In conducting this research, we encountered five challenges concerning optimising participation throughout the research process – moving from consultation to participation, resolving unequal power between members of the group, determining authorship, managing different agendas, and recognising ownership of the project. These are discussed elsewhere (Breen, O'Connor, & Le, 2012).

Conclusion

A road trauma support service in WA is urgently required to provide sustainable, coordinated, timely, and appropriate peer support and professional therapeutic interventions for road trauma victims, family members, witnesses, and for others who are adversely affected by road trauma. The road trauma support service should be a comprehensive, 'one-stop shop' for all people affected by road traffic crashes (and related transport trauma). The recommended service arrangement outlined in the final report (Breen, O'Connor, Le, & Clarke, 2011) provides sustainable peer support and professional therapeutic interventions for road trauma victims, family members, and for witnesses and others who are adversely affected by road traffic crash events in WA. The final report was tabled to WA parliament early 2012 and in May 2012, the WA government announced it had budgeted $750,000 towards the establishment of the service (Johnson, 2012).

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