

National Mental Health and Wellbeing Study of Police and Emergency Services

James Maskey National Engagement Manager Beyond Blue Police and Emergency Services Program



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Police and Emergency Services Program (PES)

Aim:

• To promote the mental health and wellbeing of PES personnel and reduce the risk of suicide

Beneficiaries:

- PES personnel (current and former)
- Family members
- PES agencies

Key activities:

- Engaging with the PES sector (ongoing)
- Awareness raising (ongoing)
- Promoting uptake of *Good Practice Framework* (ongoing)
- National Mental Health and Wellbeing Study (2016 2018)

What Is Mental Health?

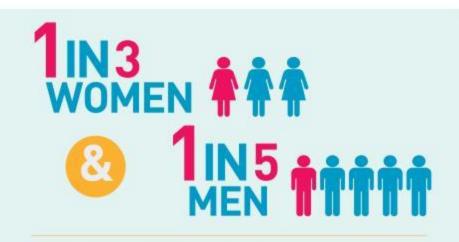
According to the World Health Organization (WHO), mental health is:

"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".









ARE LIKELY TO EXPERIENCE ANXIET) IN THEIR LIFETIME

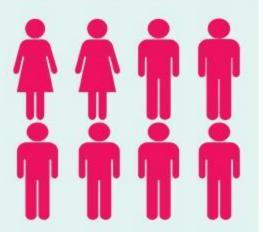


ARE LIKELY TO EXPERIENCE









It's Not A Static State



functioning

Severe impact on everyday functioning

What Is A Mentally Healthy Workplace?

- Foster a positive workplace culture
- Manage stress and other risks to mental health
- Support people with mental health conditions regardless of the cause
- Take a zero-tolerance approach to discrimination

Workplace Risk Factors To Mental Health

GENERAL

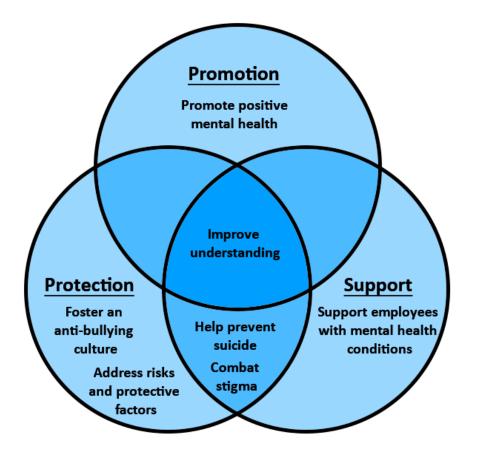
- X Long working hours
- X Low job control
- X Work overload or pressure
- X Lack of control
- X Lack of participation in decision making
- X Unclear work role
- X Poor communication
- X Inadequate resources
- X Bullying, discrimination and harassment

FIRST RESPONDER SPECIFIC

- 🗡 Shift work
- X Repeated exposure to death, trauma & violence
- X Difficult interactions with the public
- X High levels of responsibility
- X High expectations pertaining to their profession
- X Strong cultural pressures
- X Greater access to means (suicide risk)

Workplace Mental Health: An Integrated Approach

- An integrated approach to managing workplace mental health leads to the greatest mental health benefits for organisations and workers.
- Research suggests that these three approaches are complementary, and together they are an effective, comprehensive approach to mental health and wellbeing.





Answering The Call: National Survey

Phase 1

What?

Personal stories of police and emergency services personnel and their family members

Why?

To provide an opportunity for individuals to tell their story and to inform Phases 2 & 3

Phase 2

What? National survey of all police and emergency services personnel in Australia

Why?

To build comprehensive picture of mental health conditions, stigma & help-seeking behaviours, risk & protective factors

Phase 3

What?

Agency-by-agency engagement, consultation with other key stakeholders

Why?

To translate the findings from Phases 1 & 2 into practical strategies to achieve change

Recruitment: Response Rate

Sector	Employees	Volunteers	Former Employees
Ambulance	3,473	559	346
Fire and Rescue	2,975	2,626	162
Police	8,088		141
SES	332	2,300	12
Total	14,868	5,485	661



Answering The Call: National Survey

High Level Findings

High Level Findings: Prevalence of mental health and wellbeing

 10% of employees had probable PTSD. In comparison, the prevalence of PTSD has been estimated at 4% in adults in Australia and 8% in the Australian Defence Force

 21% of employees had high rates of psychological distress and 9% had very high rates of psychological distress. This is much higher than the 8% and 4% respectively among all adults in Australia, and the 9% and 4% respectively of personnel in the Australian Defence Force.

 39% of employees and 33% of volunteers reported having been diagnosed with a mental health condition in their life by a mental health professional, compared to 20% of all adults in Australia

High Level Findings: Suicidal thoughts and behaviours

 Over 5% of employees and volunteers had seriously contemplated ending their own life in the 12 months prior to the survey, about twice the rate in the Australian population

 2% of employees and 1.5% of volunteers had made a plan to take their own life, which is about three times higher than the rate in the Australian population

• The rate of suicide attempts was comparable to the Australian population

High Level Findings: Individual risk and protective factors

 Approximately half of all employees (51%) indicated that they had experienced traumatic events that deeply affected them during the course of their work

 Rates of PTSD increased with length of service. Employees who had worked more than 10 years were twice as likely to experience psychological distress and six times more likely to experience symptoms of PTSD

 Psychological distress was almost twice as high among those who had spent 10 or more years in the service when compared to those who had spent less than two years employed in the service

High Level Findings: Substance use

 Employees had high rates of alcohol consumption with almost 50% exceeding NHMRC guidelines for both short-term and long-term harm

• Higher rates of alcohol consumption were observed in employees with probable PTSD

 Rates of illicit drug use were comparatively low. About 5% of employees and 13% of employees with probable PTSD reported having used illicit drugs within the past year

High Level Findings: Risk and protective factors associated with the working environment

• Poor workplace practices and culture are equally debilitating as exposure to trauma

• Over half of employees report they work at a high pace throughout most or every day

 One in four employees felt their work took up so much time and energy it adversely affected their personal life

• Rosters and shifts mean many employees have little control over their working hours

High Level Findings: Risk and protective factors associated with the working environment

 40% of operational staff say work demands mean they do not have adequate time or opportunity to recover after a traumatic incident

 More than 70% of employees perceived that others often gossip within the workplace, which was associated with lower wellbeing and resilience

 About half of employees had been involved in an incident that was the subject of a formal investigation or inquiry, and about one in five had been involved in an incident that received adverse attention in the media. These events were often associated with higher levels of psychological distress

High Level Findings: Stigma

 Most employees and volunteers reported they would be supportive of any colleague who experienced a mental health condition

 Only 18% of employees said that they would not want to work on the same team as someone who had anxiety or depression. However, 46% said they thought most people in their organisation would not want to work on the same team as someone with anxiety or depression (perceived stigma)

 Employees held notable levels of stigma surrounding their own mental health (self stigma)

High Level Findings: Support seeking

 Almost half of personnel with high psychological distress or probable PTSD do not seek or receive help

 Only one in five with high psychological distress or probable PTSD feel they receive adequate levels of support

Stigma remains a major barrier to seeking appropriate support

 There is a significant group of former employees who continue to need support years after leaving the service

High Level Findings: Support seeking

The need for mental health literacy

 Many employees with high or very high psychological distress and with probable PTSD did not self-report that they had a mental health issue

• A further group did not seek support because they did not know what to do

 These findings suggest poor mental health literacy in relation to signs and symptoms of mental health conditions among some personnel

High Level Findings: Workers' compensation

- About 14% of employees had made a workers' compensation claim as a result of trauma, stress or a mental health condition sustained in the workplace. This is 10 times higher than the Australian workforce
- The police and emergency services sector has the highest rate of claims related to mental health of any occupation
- **Three in four** employees making workers' compensation claims found the process to be unsupportive and stressful, and negatively impacting their recovery

High Level Findings: Former employees

Almost one in four had probable PTSD

• One in five had very high psychological distress and one in four had high distress

• 5% had made a suicide plan in the past 12 months

• These rates are all higher than for current police and emergency services employees

Phase 3: Knowledge translation



Aim of Phase 3

"Support police and emergency service agencies to translate the evidence identified by the National Mental Health and Wellbeing Study of Police and Emergency Services to promote wellbeing and mental health, support those affected by poor mental health and prevent suicide in their workforce"

Phase 3: Knowledge Translation

- Provide Support to PES agencies and other key stakeholders to review the new evidence generated by the study and identify the best ways to respond
- To consult with agencies regarding the interpretation of these findings and apply them to meet the specific priorities and situations
- Phase 3 has commenced

Phase 3: Knowledge Translation Implementation

- Broad approach includes:
 - Recruiting a small group of specialist consultants with expertise in workplace mental health
 - The consultants received Beyond Blue training and tools to ensure consistency in service delivery
 - Using the Knowledge Translation Guide, the consultant will then work with the agency to facilitate an action plan, tailoring their approach to the needs of the agency.
- Each PES services agency will be offered who participated in the study will be offered:
 - Initial face-to-face meeting with Beyond Blue Consultants
 - Ongoing expert advice from Beyond Blue Consultants

Knowledge Translation Guide: Six practical activities

1. Understand key findings and map stakeholders

2. Communicate needs to inform and influence

3. Identify gaps and opportunities

4. Identify priorities and design new/enhanced interventions

5. Develop an action plan

6. Establish a system to monitor, review and improve

Phase 3: Advocacy

In addition to the knowledge translation activities, Beyond Blue will strategically advocate to improve the mental health and wellbeing of the PES sector at:

- Government level Federal/State Government
- Peak representative body level ANZPAA, CAA, AFAC
- Agency level

Contact

James Maskey Engagement Manager, Police and Emergency Services Program

james.maskey@beyondblue.org.au 03 9818 9241 0447 415 096 Thank You

Questions

