A Holistic Early Intervention for Emergency Service Workers at Risk of Developing a Mental Illness.

2019 Emergency Services Foundation Scholarship Report

Senior Sergeant Greg Dean – Victoria Police

Email: greg.dean@police.vic.gov.au
# TABLE OF CONTENTS

1. Executive Summary ................................................. 3
2. Acknowledgments .................................................. 5
3. Introduction ....................................................... 7
4. Methodology ....................................................... 9
5. Scholarship Research ............................................. 11
   - Goodsky Mental Health Retreat ......................... 11
   - Lived Experience – Grant Edwards .................... 15
   - Palladium Private Mental Health Retreat ............ 18
   - Lived Experience – Trevor Hodges .................... 22
   - The Banyans Health and Wellness ..................... 24
   - Quest for Life Foundation ................................. 27
   - Lived Experience – Bob Simpson ....................... 31
   - Private Mental Health Hospitals ....................... 32
     ➢ South Coast Private Hospital ....................... 33
     ➢ Berkley Vale Private Hospital ...................... 35
     ➢ The Melbourne Clinic ................................ 37
     ➢ The Police Treatment Centre ....................... 39
   - Program Evaluations ........................................ 40
     ➢ The Police Treatment Centre ....................... 41
     ➢ Quest for Life Foundation ............................ 42
5. Conclusion .......................................................... 45
6. Recommendations ................................................ 48
7. References .......................................................... 49
The research I have undertaken through this scholarship is focussed on proactive mental health treatments for emergency services workers through the utilisation of holistic therapies in a retreat environment. Many, if not all emergency service organisations in Victoria, provide their workers with varying levels of access to a suite of clinical therapies and practitioners or in some cases access to private mental health hospital programs. Clinical therapies and private hospital programs, which also rely heavily on clinical options, seem to be aimed at the treatment of the patient in the short term and do not provide them with tools and/or strategies to make the required adjustments to their lifestyle that will sustain improved health and wellbeing in the long term. Stigma preventing help-seeking in these types of environments still provide significant barriers to workers proactively seeking help. The stigma is present in some emergency service organisations due to their workers’ exposure, through their working role, to the mental health system while assisting members of the community suffering from mental health issues. The specific nature of the role of an emergency service worker also creates concerns around confidentiality, privacy and understanding and contributes to the stigma around help-seeking.

To investigate the opportunity of providing this type of proactive treatment for emergency service workers and its value, I visited a number of well-established mental
health retreats in Queensland and New South Wales, that utilise well known and respected holistic therapies. These retreats provide a service for all members of the community, but quite commonly they are also utilised by unwell emergency service workers, with great effect. I also had an opportunity to meet with a number of veteran emergency service workers who were able to provide me with their ‘lived experience’ of suffering with mental illness as well as attending some of these retreats I visited. I was also able to draw on my experience of visiting the Police Treatment Centre in Harrogate, United Kingdom in 2018 as part of my Sir Winston Churchill Fellowship.

My research during this scholarship greatly affirmed my previous findings from my Churchill Fellowship in relation to the benefits of mental health retreats utilising holistic therapies. It showed such a positive willingness of engagement from attendees compared to private hospital programs and how from a long term health perspective the retreats equipped attendees with the ability to make greater long-term changes to their lifestyles and subsequently to their mental and general health. The fact that WorkCover insurers in New South Wales wholly fund emergency service workers’ attendance at a particular retreat not only provided great validation to the worker but it also provided them with a great proactive platform for them to improve their health and increase the likelihood of a successful and sooner return to work. The retreats I visited also provide significant levels of post-retreat support, which is vital to their ongoing wellbeing improvement once they leave the retreat environment. This level of post-attendance support is not seen in mental health hospital programs or clinical services provided by emergency service agencies and is left to the workers themselves.

As a result of this research and combined with my Churchill Fellowship findings in this area I have recommended that a pilot program be conducted into an emergency services specific mental health retreat. This pilot ideally should be conducted at an established retreat with the support of Victoria WorkCover insurers across the emergency services sector and be independently evaluated to establish its worth. This evaluation will then provide the direction for the development of a sustainable retreat model for the Victorian emergency service sector.
ACKNOWLEDGMENTS

I wish to acknowledge the following individuals who provided support, encouragement, guidance and their knowledge during the application process for this scholarship.

- Siusan Mackenzie
  Emergency Services Foundation
- Jenny Davis
  Emergency Services Foundation
- Amanda Smillie
  Victoria Police Mental Health Program Office
- Patrick Cairns
  The Police Treatment Centre
- Mark Oxley
  The Police Treatment Centre

I also acknowledge the following organisations who through their generosity and understanding allowed me to embark and complete this vitally important piece of research.

- Emergency Services Foundation
- Goodsky Mental Health Retreat
- Palladium Private Mental Health Retreat
- The Banyans Health and Wellness
- Quest for Life Foundation
- The Police Treatment Centre – Harrogate, United Kingdom
- The Melbourne Clinic
- Berkley Vale Private Hospital
- South Coast Private Hospital

Acknowledgement also to the following individuals who were so generous with their time during my research.
▪ Greg Doney – Goodsky Mental Health Retreat (Director)
▪ Grant Edwards – Goodsky Mental Health Retreat (Attendee – AFP Officer)
▪ Paul Francis – Palladium Private Mental Health Retreat (Admissions)
▪ Andrew Jackson – Palladium Private Mental Health Retreat (Director)
▪ Bridget Gardner – Palladium Private Mental Health Retreat (Retreat Manager)
▪ Emanuele Latin – Palladium Private Mental Health Retreat (Psychologist)
▪ Dominic Rollings – Palladium Private Mental Health Retreat (Physical Trainer)
▪ Juliette Kalifa – Palladium Private Mental Health Retreat (Art Therapy)
▪ Trevor Hodges – Palladium Private Mental Health Retreat (Attendee - Firefighter)
▪ Dan Hodges – The Banyans Health and Wellness (Intake)
▪ Lorilea Huon – The Banyans Health and Wellness (Psychologist)
▪ Esther McKay – NSW Police Legacy
▪ Petrea King – Quest for Life Foundation (Founding Director & CEO)
▪ Mary-Jane Wardrop – Quest for Life Foundation (General Manager)
▪ Candice Piper – Quest for Life Foundation (Intake Manager)
▪ Bob Simpson – Quest for Life Foundation (Attendee – NSW Police Officer)
▪ Patrick Cairns – The Police Treatment Centre
▪ Mark Oxley – The Police Treatment Centre
▪ Simon Carter – Berkley Vale Private Hospital
▪ Christopher Mahoney – South Coast Private Hospital
▪ Lisa Stokes – The Melbourne Clinic
INTRODUCTION

Employees within the emergency services sector, both paid and volunteer, face growing concern and increase in the exposure to and the stigma surrounding help-seeking for many mental illnesses. By the very nature of their work, emergency service employees and volunteers are frequently exposed to many varying traumas that most people within the community will never be exposed to in their lifetime. Historically, organisational culture has fostered stigma that prevented employees and volunteers from help-seeking but through education and a general community wide acceptance of mental illnesses and their impacts has started seeing a turn-around of this behaviour. Most emergency services organisations have also adjusted their outlook and approach to this issue by providing a much larger suite of services for their employees to address mental health concerns as well as strategic plans and documents that guide managers, leaders and staff. Nowhere in Australia is there a comprehensive holistic sector specific intervention being used like I experienced in the UK.

A recent national survey of 21,014 emergency service personnel conducted by Beyond Blue, *Answering the Call*, outlined some significant results that illustrates the nationwide problem faced by the sector.

- **One in three** employees experience high or very high psychological distress, compared to **just over one in eight** in adults in Australia (Beyond Blue, 2018).
- **More than one in two and a half** employees and **one in three** volunteers have been diagnosed with a mental health condition in their life, compared to **one in five** adults in Australia (Beyond Blue, 2018).
- Employees and volunteers have **more than a two times** higher rate of
having suicidal thoughts and are **more than three times** more likely to have a suicide plan than compared to the general adult population in Australia (Beyond Blue, 2018).

- **More than half** of all employees indicated that they had experienced a traumatic event that had deeply affected them (Beyond Blue, 2018).
- Employees who worked more than ten years were **almost twice** as likely to experience psychological distress and **six times** more likely to experience symptoms of PTSD [Beyond Blue, 2018]

It is not surprising then that in 2012, an evidence review conducted by VicHealth outlined that at organisational level, workplace stress reduces productivity through staff turnover, absenteeism and presentism. Higher workplace accident and injury rates along with higher workers compensation premiums are also linked to workplace stress (VicHealth, 2012). Apart from these issues, workplace stressors also have significant impact on the health and wellbeing of family members and loved ones of workers and the subsequent impact on the overall community through diminished service delivery on the part of emergency services. The review addressed a workplace intervention model to reduce workplace stress. This three tiered (primary, secondary and tertiary) model aims to address workplace stressors in the following ways:

**Primary Intervention:**

*Primary preventive interventions are proactive, aiming to prevent the occurrence of stress by removing or reducing stressors*

**Secondary Intervention:**

*Secondary interventions are corrective, aiming to alter the ways that individuals perceive or respond to stressors, and are done in addition to removing or reducing stressors.*

**Tertiary Intervention:**

*Tertiary interventions are reactive, aiming to minimise the effects of stress-related
problems once they have occurred, through treatment or management of symptoms or disease.

I embarked on this scholarship research with a view to aligning the activities, education and outcomes from these retreats with this three tiered workplace intervention model. By identifying best practice from these establishments here in Australia, operating outside the sector, along with my research from the Police Treatment Centre, I hope to understand the advantages and benefits of how a similar model would suit the emergency services sector here in Victoria.

**METHODOLOGY**

The itinerary for the travel component of this research was arranged after significant online research was conducted around mental health retreats within Australia. There was a focus on identified retreats that had a history of providing services to emergency service personnel and those who offered trauma based support.

During the travel component of this research, 16 people were engaged with and eight face to face interviews conducted where detailed hand written notes were taken. This research was conducted over two weeks in late November and early December 2018. I visited each retreat in person and on one occasion (Palladium Private) was given an opportunity to personally participate fully in their program for two days.

During my research I was extremely grateful to be introduced to three emergency service workers (fire fighter, police officer and an Australian Federal Police officer) who had been clients of these retreats and participated in the various programs. Their willingness to meet with me and share their personal experiences in aid of my research was outstanding and I’m forever grateful.

Important background information was also gathered from others who worked at these organisations as well as participants in the various retreat programs. A number of these participants requested they be de-identified and their wishes have been
honoured.

Research and information previously undertaken and obtained that is relevant to this topic was also utilised in the compilation of this report. That research is:

- 2017 Sir Winston Churchill Fellowship – Senior Sergeant Greg Dean, Victoria Police. Visit and research into The Police Treatment Centre – Harrogate, United Kingdom

- The Police Treatment Centre – January 2020 evaluation of psychological wellbeing program conducted by Gordon University.

- Quest for Life Foundation – August 2019 impact study of ‘Moving Beyond Trauma’ residential program
Goodsky Mental Health Retreat is a private and tailored case managed treatment program for PTSD, anxiety, depression and trauma sufferers. It offers both an out-patient program, which runs for three to four months along with a 15 week residential program. As its title alludes to, this program was initially designed for the airline industry in 2015 and more specifically for pilots with mental health and addiction issues such as alcohol and drugs. It became evident within the first six months of the program being offered within the airline industry that stigma and the fear of pilots losing their flying licence was a huge barrier. Not one pilot registered for the program, so it was then opened to the general community after the first six months and the program hasn’t looked back. The Goodsky program offers both clinical and alternative therapies and provides a holistic approach to addressing each client’s individual needs.

The cost for each program is as follows, with neither program receiving any benefits from private health funds or WorkCover insurance;

- Out-patient: $15-20,000
- Residential: $45-50,000

The out-patient program is conducted from the privacy of your own home, except for when you are required to visit one of the many treatment clinicians or providers, which are sourced from your local capital city. Due to the nature of this research, I have concentrated more specifically on the residential program offered by Goodsky. This information was gleaned during my face to face meeting with program director and Goodsky founder, Mr Greg Doney.
Residential Program

The 15 week residential program is designed to be undertaken in three components:

1. Pre-residential – four weeks
2. Residential – three weeks
3. Post-residential – eight weeks

Each component has its own function and importance amongst the residential program and each is as important as one another. Throughout the 15 week residential program, Goodsky provides clients with access to the following treatments and therapies as part of the inclusive costing, however this is dependent on each client’s individual needs and all services are integrated.

- Doctors,
- Psychologists,
- Psychotherapists,
- EMDR therapy,
- Brain spotting,
- Pathology,
- Osteopaths,
- Exercise physiologist,
- Nutritionist,
- Wellness coach,
- Massage therapist,
- Equine therapy,
- Acupuncturist,
- Pilates,
- Art therapy,
- Personal trainers,
• Dieticians,
• Case managers,
• Mindfulness and
• Hyperbaric oxygen therapy

Although not yet available at Goodsky, Greg is hoping to offer access to flotation therapy as soon as possible. The only reason behind it not being offered during the Goodsky program currently is there is a large shortage of floatation providers in the area surrounding Marcoola.

1. **Pre-residential**

Goodsky see the pre-residential component as a vital part of the whole program as it allows them to stabilise the client before entering into the residential component as well as allowing them to individually design each client’s program, relevant to their specific needs. From the client’s perspective, it allows them to build rapport with a number of the treating team and build confidence in the program. The pre-admission phase also allows the treating team to identify the root cause of the client’s illness as well as what the major elements are that are crucial to their recovery. During the four week pre-residential component of the program, each client will undertake the following:

• meet with a psychiatrist prior to entering the program,
• pathology (blood) tests,
• sleeping assessment,
• nutritional assessment,
• treating team speak to the client’s doctor and obtain historical information such as gut health, previous illnesses and any health challenges.
• ten hours of psychotherapy,
• consultation with a naturopath,
• consultation with a dietician,
- complete a 250 question questionnaire covering ACE (adverse childhood events) and DASS21 (depression, anxiety and stress severity).

**Residential**

Once the client has completed the pre-residential component, a program is designed specifically for to the client. Accommodation is in Marcoola, Queensland at the Atlantis Resort. Goodsky rents an apartment there for clients when required, however they can also rent accommodation elsewhere if the client is unable to attend Marcoola, providing it is safe and enjoyable. Apartments in the Atlantis Resort are located within the main apartment block and are not segregated from other residents. Whilst within the three week residential program all meals, accommodation and transport is included, although any air travel, to and from Marcoola, is set.

During the residential component, some clinicians and therapists attend the client’s apartment for treatment sessions and on other occasions the client is transported to the clinician or therapist. This is due to the clinician continuing their own private practice offsite.

**Post-residential**

At the conclusion of the residential component of the program, clients return to their homes, where their new way of live is put to the test. This is where the client asks themselves, ‘How do I do all this now I’m at home?’ Hopefully what each client has learnt about themselves and their new lifestyles will now become their new normal. For the eight weeks immediately after the residential component of the program clients are provided with the following follow-up assistance to help them integrate into their new lifestyle;

- weekly psychologist appointment,
- fortnightly naturopath appointment,
- fortnightly dietician appointment,
- they are allocated a wellness coach,
- they are allocated an exercise physiologist a
they again undergo a DASS21 assessment.

**Must Do’s**

Greg then provided me the following advice about some of his personal non-negotiables when it comes to setting up a successful program of this type:

- there must be enough time provided to sufficiently address each client’s issues
- there must be enough resources (clinicians and therapists) provided to be successful,
- the client must be fully aware of the program’s direction and obtain their buy-in,
- the pre-admission component is vital – identifying each client’s individual needs and provided that they are stabilised prior to entering into the program,
- the program must provide and utilise trauma based clinicians,
- all clinicians and therapists must undergo clinical supervision outside the program
- demographics and biases must be taken into account when assessing a client/treater relationship. For example, don’t align a 60 year old client with a 25 year old clinician.

**Lived Experience – Goodsky Mental Health Retreat**

**Mr Grant Edwards – Veteran Australian Federal Police Officer**

I was extremely grateful and honoured to meet with veteran AFP officer Grant Edwards during my research tour. Grant’s willingness to speak openly to me about his experience with his mental illness and his subsequent attendance at Goodsky is greatly appreciated.

**Grant’s Policing Bio**

- AFP officer for 34 years (recently retired at the rank of commander in 2019)
- the last 3 years of his career he was performing the role of Commander to the Americas and living in Washington DC (2015-18)
- deployed to both Kabul and Afghanistan for 12 months
- aviation Commander at the G20 summit where he was in charge of 3 airports
- early in his career he worked in child exploitation, narcotics and under-cover surveillance.
- deployed to East Timor for two years.

Grant indicated that it wasn’t until he returned from a deployment to Afghanistan in 2013 that he first started to notice the signs of being unwell. He went to his doctor who unofficially told him he was exhibiting symptoms of PTSD. Grant refused to take any medication and due to his ailing mental health he attempted suicide in 2014. He decided not to report his illness due to the stigma within the AFP and the fact that he had just been offered the role of Commander to the Americas. On his return to Australia in 2018 he was officially diagnosed with PTSD. Honouring a commitment he made to his family, he commenced actively seeking help for his PTSD and it was then suggested to him by his treaters that he consider checking himself into a mental health facility in Sydney. Grant never considered that option as he said he had too many bad memories of hospital based admissions and treatment of members of community that he dealt with earlier in his career as a police officer. There was also some family history with his father and him being hospitalised for mental health issues that remain with Grant, which caused him negative thoughts.

As a result, he began researching mental health retreats as an alternative and decided on a retreat that provided a one-on-one program rather than a group setting. This was because he found it hard talking about himself in front of a group of people. He had previously some bad experiences with clinicians and lost faith in clinical treatment, so in searching for his ideal retreat he was keen on finding one that utilised holistic therapies. In the end Grant settled on Goodsky Mental Health Retreat because it offered the one-on-one treatment program and it was targeted directly at him, based on his history and circumstances. He was also impressed by the way the whole program was integrated, with all clinicians and therapists liaising with each other on how best to treat him. His attendance at Goodsky cost him $37,000.
As a police officer Grant indicated that he was initially very sceptical about holistic therapies as a treatment option, but he indicated this was mainly because of his inbuilt scepticism from years of a police officer. His attitude towards these therapies changed completely reversed after attending Goodsky because they almost immediately had an effect on him and they provided him with tangible results and impacted on his wellbeing. He was taught about his gut health and general health, nutrition, diet, breathing and relaxation. The holistic therapies Grant undertook during his program with Goodsky were:

- equine therapy,
- art therapy,
- yoga,
- dietician & nutrition,
- massage therapy,
- osteopath &
- mindfulness

Grant said he was most sceptical about equine therapy, until he had the opportunity to understand how working with the horses and the science behind it benefitted his mental health. In his opinion, the equine therapy was the most powerful of all the therapies he undertook. Grant also indicated how proactive he found the holistic component of the program. After being educated through these therapies, it has allowed him to understand how important a role they play in his general health as well as his mental health. He is now equipped with life-long skills and knowledge of how to ensure his ongoing recovery and overall health remains as best as possible.

This is where Grant also indicated that the post-residential component of the program was vitally important. After having just learnt new skills through the residential component, this phase helps consolidate your new way of life. Goodsky maintained regular contact over this eight week period to ensure things were still on track as well as follow-up visits by clinicians. Grant said the contact also prevented him from going
backwards, as he had done before. It consolidated all his hard work.

Grant provided the below advice in relation to setting up a retreat for the emergency services sector;

- one size doesn’t fit all. Don’t develop a program that is solely operable in one way
- flexibility in the program is key
- ensure you do everything to allay fears of scepticism
- financial considerations are big. If it costs too much then people won’t attend
- the pre-admission component is also massive

Palladium Private Mental Health Retreat
Maleny, Queensland

Palladium Private is located approximately 90 kilometres north of Brisbane overlooking the Sunshine Coast hinterland and is based on the site of an old avocado farm, which has been renovated and adapted for its purposes today. Palladium Private commenced in 2003 and is a full seven day a week immersion program that is designed for people suffering with illnesses such as depression, anxiety, PTSD and/or alcohol/drug dependency. Palladium Private’s program commences with a residential component of between two and five weeks and accommodates up to 15 people at any one time in private accommodation facilities that are located within the grounds.

Aftercare is provided once clients have completed their residential component to ensure that all attendees transition into their new way of life and lifestyle that they have been educated on whilst at Palladium Private. The cost of the program is between $5 – 7,000 per week and this cost depends on the individuals’ accommodation needs.
and flight requirements.

Palladium Private’s program aims to identify and treat the root cause of the client’s trauma and it uses a biopsychosocial approach. The three components of this approach are worked on simultaneously.

**Bio (biology – body):** Exercise, nutrition, relaxation.

**Psycho (mind):** Healing the trauma through evidence based psychotherapy, improving resilience and changing lifestyle issues.

**Social (relationships):** Personal and life skills development and communication skills improvement.

The Palladium Private program aims to provide clients with better coping strategies and improvement in their dis-functional behaviours and the retreat is seen as a training environment for attendees in how to cope with their traumas and reactions. Palladium Private utilise group work as they believe it is more effective than one-on-one work as it promotes a community atmosphere and a feeling of being supported by your peers in a safe place. Group therapies also promote relationship forming and the ability to unpack issues and dealing with them instead of pushing them aside. The program utilises numerous holistic therapies as they seem to bring out an attendees trauma, whereas clinical treatments and sessions often allow the suppression of issues due to the stigma of seeing a clinician. The program does not cater for clients requiring acute or crisis care.

The following treatment and therapies are offered and utilised during Palladium Private’s program:

- psychologist,
- remedial massage,
- art therapy,
- yoga,
- meditation,
- group mindfulness,
- garden therapy,
- group communication,
- exercise therapy (personal training)
- group physical exercise sessions and
- family constellation workshop,

Palladium Privates clinical director and resident psychologist, Emanuele Latino, indicated the importance of holistic therapies and the important role they play in a clients’ healing. Holistic therapies work on a person’s emotions and the health of their body, which in turn improves the health of their mind. There is a place for clinical treatment but as a rule that fixes the mind, not the body, your diet or your sleep. If your body is healthy then that in turn will take care of your mind.

Emanuele also provided some advice on what needs to be implemented and provided to ensure the success of a retreat program such as Palladium Private. His ‘must haves’ are;

- a philosophy that is non-judgemental, that human sufferance is inevitable, sufferance is alleviated by connection and that anxiety is normal.
- the location of a retreat is key to its success. Nature and water are vital to the mood and vibe.
- that each client needs to visit a therapist a few times before admission into the program so that their history can be assessed.
- follow-up therapy is a must on leaving the program. Palladium continually follows-up with each client at the three, six and twelve month period after their completion of the residential program.

‘These types of retreats are definitely an early intervention model because if we get people in here early enough then we are giving them the tools to re-schedule their lives and health.’

I was lucky enough to be offered an opportunity and invited to participate in the
Palladium Private program for two days. I immersed myself amongst the group of attendees and attended all of the group and individual therapy and holistic sessions. This allowed me to gain vital exposure to the environment that these attendees were exposed to.

Apart from the clinical and holistic therapies offered at Palladium Private, there are a number of other facilities offered, including access to;

- warm mineral pool,
- 25 metre swimming pool,
- sauna
- Turkish steam room
- gymnasium
- well maintained retreat grounds and gardens.

Since returning from my ESF scholarship research, Palladium Private have been extremely generous and offered to facilitate our proposed feasibility study into an emergency service sector wide mental health retreat at Palladium Private. At the time of writing this report this offer is still being costed and designed.

This offers a very exciting opportunity for the ESF and its plight to establish a sector wide retreat in Victoria.
Lived Experience – Palladium Private Mental Health Retreat

Mr Trevor Hodges – New South Wales Fire and Rescue

During my visit to Palladium Private I was lucky enough to meet with Trevor Hodges, who is a past attendee at Palladium Private and he was good enough to provide me with some insight into his mental health journey and the different sort of treatment programs he undertook to try and resolve them.

Trevor’s Fire and Rescue Bio

- Fireman for 10 years on the New South Wales Central Coast
- Currently working part-time (20-30 hours per week)

Trevor is currently separated from his wife of 23 years and has three children, aged 18, 16 and 13. In April 2019, Trevor suffered a mental breakdown due to relationship, financial and life pressure issues, which resulted in increased alcohol consumption and a subsequent conviction for drink driving. At his worst Trevor had suicidal thoughts.

After building up the courage to contact Beyond Blue he was advised to check himself into a mental health facility.

Trevor said he was extremely scared and apprehensive he checked himself into the mental health facility at Berkeley Vale Private Hospital in Berkeley Vale. I was admitted for three weeks and in those three weeks I had two one-on-one sessions with a psychologist and an appointment with a psychiatrist on the first day. Apart from some group sessions I was very isolated and all the other clients were very scary and medicated.

He said he also felt that whilst I was in this facility my health was getting worse and the environment wasn’t conducive to me getting better. I was so concerned about the negative impact it was having on my wellbeing that I checked myself out part-way through the third week.

Although it was costing around $12-15,000 in a shared room, I wasn’t prepared to stay there and as soon as I got home, I knew I had to do something because I was
concerned that if I didn’t get immediate assistance then I would become suicidal. He searched the internet for mental health retreats and identified Palladium Private and The Banyans. There was no immediate opportunity for him to attend Palladium Private so he booked himself into The Banyans at a cost of $37,000 for two weeks. I didn’t care about the cost, I just knew I had to do something.

After completing the two weeks at The Banyans I didn’t feel like I was drowning as I did prior to attending, but I was still feeling angry and that I didn’t have a purpose. Although I felt regretful that I had spent that much money I still got some positives out of my visit. I loved the holistic therapies because it stimulated my interest more into my mental health issues instead of talking to a psychologist. It also saved me because I was out of the hospital environment.

About three weeks after returning from The Banyans I contacted Palladium Private again and managed to get straight into one of their programs. One of the first things I noticed was how beautiful the location was and at Palladium you are surrounded by nature and we had our own private rooms. Location and amenities are huge.

Although Palladium cost me $18,000 for the four weeks I was there, it included everything, even my airfares and transfers. I didn’t want to leave and everything was at your disposal. Whereas at The Banyans I had to go offsite regularly to meet with therapists etc.

I was really apprehensive about how I would be once I got home from Palladium and adjusted to my new way of life. The support from Palladium has been amazing. I get constant emails and phone calls to see how I’m coping and I can come back here for three complimentary therapy sessions.

My health has improved so much since attending at Palladium Private that I am back at work. I’m seeing a psychologist fortnightly and I’m a completely different person. I no longer have suicidal thoughts and I’m so much more productive. I have no doubt that if I stayed in the hospital environment I definitely wouldn’t be back at work and I may not even be alive.
I asked Trevor if he could list the main differences between the hospital environment and Palladium Private that made his experience more positive for him and his health. His differences were:

- the location and setting
- the genuineness and empathy of the staff
- the facilities
- the food is so much healthier and a better diet
- the overall program content is more

The Banyans Health and Wellness
Clear Mountain, Queensland

The Banyans Health and Wellness is located in the Samford Valley region, Queensland approximately 20 kilometres north-west of Brisbane. It has been in operation since May 2016 and provides support and assistance for those suffering with depression, stress, trauma, grief, substance dependency, addiction and misuse. The Banyans provides individual sessions throughout their privately tailored programs and utilise both clinical and holistic therapies to treat clients in a luxurious residential setting. The Banyans also follows a biopsychosocial framework approach (as does Palladium Private) and offers a multidisciplinary approach to the therapies to ensure each client receives treatment appropriate to their personal health issues.

The Banyans caters for a maximum of eight clients at any one time with approximately 60 staff to cater for all of their needs. A pre-admission comprehensive intake questionnaire is undertaken with each client to assist in designing their program. This questionnaire looks into family history, their current and historical medical and medication data as well as suicide ideation. The Banyans does not accept and/or treat clients who have an acute illness or are in crisis. This assessment allows each client to be individually catered for.
Programs at The Banyans run for a minimum of three weeks and each day comprises clinical and holistic therapies, elements of physical training/activity, personal free time and all meals are expertly prepared by onsite chefs. The holistic therapies are integrated into each client’s program and adjusted as their program progresses, dependent on their needs. The cost of a three week program at The Banyans is $69,500 and a four week program approximately $95,000. None of these programs are covered by WorkCover or private health insurance.

The following treatments and therapies are offered and are available to each client as part of their program (if required):

- psychology
- Eye Movement Desensitisation Re-processing (EMDR)
- brain-spotting
- psychiatry
- general practitioner
- equine therapy
- music therapy
- art therapy
- physical therapy
- exercise physiologist
- nutrition
- yoga
- massage therapy
- physiotherapy
- osteopathy
- massage therapy
- mindfulness

At the completion of each residential program each client is offered a comprehensive
three, six and 12 month post-attendance assessment either by e-mail, phone contact or on some occasions online consultation via Skype. The Banyans sees these post-residential assessments as vital to a clients improved health and lifestyle as it’s when clients leave the program and the ‘at hand’ support is no longer present that they can fall back into their old ways. Their lifestyle changes need to be embedded into their new ‘normal.’

During my visit I had an opportunity to speak with one of The Banyans registered psychologist, Lorilea Huon about the program for trauma and PTSD. Lorilea has been very impressed by the result she has seen with the many clients treated in the short space of time at The Banyans. Due to the program still being in its infancy, there is no current data or reviews available on the programs benefits or results, but Lorilea was definitely complimentary about the proactive and early intervention nature of the program provided people attending with mental health conditions around trauma.

Lorilea indicated there were a few ‘must do’s’ that need to be considered when establishing a mental health retreat with similar programs to The Banyans and other similar establishments;

- a hierarchy of needs (good nutrition and exercise plus psychological support)
- massage therapy is a must
- practice mindfulness
- medical support is available (psychiatrist and nursing support for medical assessments)
- there is a body to mind connection to mental health wellness so it’s important to work on both to see improved and maintained mental health.

The Banyans is an opulent and luxurious property and located in a beautiful setting with panoramic views and outstanding facilities. This can be seen in some of the photographs below. It claims to offer up to 5 times the therapeutic hours each day compared to other hospital programs, with at least seven sessions per day whilst you are immersed in their program. The Banyans is accredited so it holds the same quality
standards as other hospital programs after having been assessed by quality assurance audits.

Located in the New South Wales Southern Highlands, approximately two hours drive south-west of Sydney, the Quest for Life Foundation has been providing practical skills and strategies to people since 1989. This property creates peace and resilience for attending clients. After initially starting in Sydney, they moved to their current location in 1999, which is located on nine acres of landscaped gardens. They provide extensive educational support programs and workshops that encourage, educate and empower clients through proven, effective and a holistic approach to physical, mental, emotional and spiritual wellbeing.

Quest for Life offers a number of residential programs covering mental health, chronic pain and suffering, grief, healthy brain and ageing well as well as a program for teenagers suffering from mental health issues. The residential program relevant to emergency services at Quest for Life is a 5 day residential program known as Moving Beyond Trauma (MBT). MBT is an interactive group education program offering a holistic approach to managing the clients healing. With up to 15 participants in each course and around 30 MBT courses offered each year, it is one of the most
popular and well attended courses at the Quest for Life. After completing the MBT component there is a second and follow-up course to MBT known as Healing for Life, which focuses specifically on anxiety, depression and stress related ailments. The Healing for Life course is also a five day residential program. Referrals are required from participants from either their general practitioner or treating psychologist to attend the MBT program. There are currently 35 beds at the Quest for Life in both single and shared accommodation.

Each program is facilitated by a psychologist, psychotherapist and two peer support staff who are there to cater for every need of each participant. Quest for Life values the holistic therapy component of their program because these therapies bring each participant into the present and helps them to adjust. It also allows the body to produce the bio-chemicals needed to heal the brain. The following treatment and therapies are offered to all clients participant in the MBT program:

- psychology
- psychotherapy
- counselling
- massage therapy
- yoga
- equine therapy
- art therapy
- meditation
- naturopath
- nutrition
- dietician
- comedy therapy

The MBT program has and remains extremely popular with serving New South Wales police officers and at the time of my visit to Quest for Life, five of the 15 participants were police officers. The cost of the MBT program is $3995 as well as additional $3995
for the accompanying ‘Healing your Life’ program. What makes Quest for Life stand apart from all other retreats I have attended is that 100% of the attendance cost is covered by the relevant WorkCover insurers for police officers.

After speaking briefly with the five police officers participating in the Quest for Life program they all made it known that it was comforting and validating that their WorkCover insurers had accepted their injury and invested in their mental health by financially covering the costs of their attendance. EML Insurance (serving NSW police and retired post 1988), Allianz insurance (retired NSW police prior to 1988) and ComCare (AFP) are the three WorkCover insurers who support the Quest for Life programs.

Each participant at Quest for Life receives reviews at one, three, six and 12 months post their attendance at any of their programs to ensure their new knowledge and new way of life has become their ‘norm.’

To facilitate the increasing popularity and success of the MBT program, Quest for Life is in the midst of planning an additional four week program to compliment the MBT and ‘Healing your Life’ programs. This is likely to be known as Healing in Trauma. To accommodate this new program, a new wing is being planned to be built on the existing property with an additional 24 beds. The new program will be solely conducted within this new wing at a planned cost of $22,000 per participant. All indications are that this cost will also be entirely covered in whole by the WorkCover insurers for police officers.

The MBT program was partly developed and implemented by former New South Wales police officer Esther McKay, who was a participant at Quest for Life in 2014 after being
ill-health retired in 2001 with chronic PTSD. Esther continues to coordinate the MBT course.

Esther initially was admitted to a private hospital mental health facility where she was essentially medicated for her illness, which she says, “…doesn’t fix your health, it just deadens it.” Today she works for NSW Police Legacy where she is a project coordinator and facilitator of a one day holistic health and wellbeing course for NSW police officers. She also runs a charity known as ‘The Police Post Trauma Support Group’ for NSW police officers and is an integral part of a new NSW Police Legacy initiative known as ‘Backup for Life’. Backup for Life was established in 2016 to assist veteran and transitioning police officers move to the next stage of their life, which receives $500,000 annual funding from the NSW government.

Esther’s opinion on anyone that has or is suffering from trauma is that they are not medically unwell, so they don’t need medication or clinical treatment. That’s where she says that holistic treatments come in. “…people with trauma have reactions to triggers and the skills and tools taught to you through holistic treatments allow the individual to address those triggers proactively.” “…medication only dampens unresolved trauma and doesn’t deal with it, whereas holistic treatments allow you to treat that trigger.”

Esther provided some advice for the setting up of a program similar to Quest for Life’s MBT. Her advice is;

- the program content is vitally important to its success (and also to convince insurance companies to become involved and supportive)
- the right infrastructure (location, facilities and staff) is needed
- the trust of all emergency service personnel needs to be gained
- funding is very important to sustain the program
Lived Experience – Quest for Life Foundation

Mr Bob Simpson – Veteran New South Wales Police Officer

During my visit to Quest for Life Foundation I was given the opportunity to meet with Bob Simpson, who attended Quest for Life in February 2019. Bob was good enough to share with me his mental health journey during his career as a police officer and his subsequent treatment regime.

Bob’s Policing Bio

- Police officer in NSW for 18 years (predominantly in Wollongong)
- Ill-health retirement in September 2014 after being diagnosed with chronic PTSD

Bob described the incident that ‘tipped him over’ in relation to his mental health was a death in police custody where a drug dealer that he was arresting died in his arms. It took 16 months for the inquest to commence and he received minimal support from the NSW Police Department during this time. After his return to work following the completion of the inquest, Bob knew something wasn’t right because he started to assault suspects, which wasn’t him. In his own words, “I was hating myself.”

To try and rectify his spiralling mental health Bob checked himself into a private mental health hospital in Wollongong on two separate occasions. The first occasion he was there for four weeks and the second time three weeks. The hospital environment wasn’t working for Bob and he said, “…that he felt like he was in prison. I felt like I was in ‘One who flew over a Cuckoo’s Nest.’” The other problem he faced was the hospital environment. He worked in Wollongong for most of his career and on a few occasions, came across people he had dealt with during his career. He also said that once he left the hospital “they dropped you like a rock” and there was no follow-up whatsoever and it didn’t provide any ongoing skills to look after yourself after leaving.

Bob was introduced to Quest for Life by his psychologist who had heard of many excellent reviews and subsequently attended the MBT program in February 2019. The program was so much more personalised and you were made to feel comfortable and safe. Each day was so structured and it allowed you to be educated in utilising
tools to deal with your illness, even after you left Quest for Life. It was extremely comforting to know that the cost of your attendance at Quest for Life was 100% covered by EML (WorkCover insurer) and it just removed any financial pressure. There was a feeling of validation that the insurers believed in your claim.

Bob provided me with what he believes are some ‘must haves’ when establishing a program similar to Quest for Life to ensure its effectiveness:

- facilities for physical exercise and a pool are a must
- the location is vitally important and should be away from a populated area
- the funding by the insurance companies is also vitally important.

Bob was so impressed with the life changing experience that Quest for Life provided him and other police officers that he decided to embark on a fundraising venture to raise funds for the planned gym facilities and hydro-pool. Bob chose to ride his bicycle solo from Perth to Bundanoon (4,300 kilometres), unaided, in September 2019. His venture raised just over $38,000.

I have attached a link below to an interview with Bob and the CEO and founder of Quest for Life Foundation – Petrea King. The short video contains some very important messages about PTSD and police officers and ultimately all emergency service personnel.


**Private Mental Health Hospitals**

On return from my research in Queensland and New South Wales, I made contact with some private mental health hospitals so that I could illustrate some similarities and differences, by way of comparison, with the holistic mental health retreats I had just visited. I also wanted to make contact with two of the private facilities having heard
of the fears and concerns raised by two of the lived experience emergency service personnel in this report and the third is a private facility in Melbourne that is often attended by mentally ill Victoria Police employees.

I made contact with relevant staff at each facility and after an initial phone conversation, I forwarded them an email that outlined my research topic and the reasons behind it. I ask each of them the same 11 questions to illicit information about their program and facilities that would benefit my research. Some responses came back with individual answers to each question and others just replied with a written overall response. From these incidences I deciphered answers to my questions through interrogating the documents.

South Coast Private Hospital
Wollongong, New South Wales

South Coast Private Hospital is located in Wollongong, New South Wales approximately a one hour drive south of Sydney and is a stand-alone facility dedicated to mental health care. South Coast Private Hospital has a dedicated program designed for the treatment of defence force and emergency services personnel. It is where police veteran Bob Simpson checked himself into on two occasions (see page 32-33 of this report) before he eventually attended Quest for Life Foundation.

I spoke with the Clinical Programs Director, Christopher Mahoney who was very proud of their PTSD program, which has been running for the past five years. Their dedicated defence force and emergency services PTSD program is conducted within a dedicated ward to provide a sense of privacy and comfort.

The PTSD program commences with a three week group based program with an option for patients to return for a second admission into a six week trauma focussed individual program. The three week group program consists of the following topics;
▪ what is PTSD?
▪ what happens during trauma?
▪ what happens post-trauma?
▪ arousal reduction/managing negative emotions
▪ managing intrusive thoughts and images
▪ avoidance
▪ cognitive deficits and understanding sleep hygiene
▪ managing negative self-talk
▪ addressing anger
▪ addressing maladaptive coping
▪ understanding personal values and identity
▪ relapse prevention

The six week trauma focussed program is delivered through individual therapy with experienced psychologists and psychiatrists using blended therapy of trauma focussed PTSD, Cognitive Processing Therapy (CPT), Cognitive Behavioural Therapy (CBT) and EMDR. There are no holistic therapies included in either of the trauma programs. Patient’s rooms are private accommodation with ensuite facilities including access to a gym, yoga classes, puzzles, arts and crafts and an outdoor sitting area. All meals are freshly prepared daily onsite daily. The majority of treatment is conducted onsite, however there is an occasional off-site visit for exposure therapy if necessary.

A typical daily timetable for the PTSD course is as follow:

9.15 – 10.00am: Gym
10.30am – 12.00pm: PTSD group session 1
12.00 – 1.00pm: Lunch
1.00 – 2.30pm: PTSD group session 1
3.00 – 4.00pm: Psychology 1:1 session
The cost to attend the South Coast Private Hospital is approximately $700-$800 per day with most private health insurance schemes covering a portion of a patient’s attendance if psychology/psychiatry extra benefits are included. Patients with an approved WorkCover claim can also make application for funding coverage for their attendance. The PTSD program is yet to be evaluated but they do collate feedback from patients that attend any of their programs. Follow-up outcome measures are conducted with patients at both the six and 12 month period after their attendance.

Berkley Vale Private Hospital
Berkley Vale, New South Wales

Berkley Vale Private Hospital is located in Berkley Vale, New South Wales approximately 92 kilometres north of Sydney and is a stand-alone facility dedicated to rehabilitation, medical and mental health patients. It has two separate eight bed mental health units. Berkley Vale Private Hospital is where New South Wales Fire and Rescue officer Trevor Hodges checked himself into (see page 22-24 of this report) before he eventually attended The Banyans Health & Wellness and Palladium Private Mental Health Retreat to get the treatment that better suited his recovery.

I spoke with the Director of Clinical Services at Berkley Vale, Simon Connor who outlined the mental health programs cover conditions such as PTSD, mood and anxiety disorders, psychosis and personality and adjustment disorders. They offer both inpatient and day programs to patients. Their inpatient program runs for three weeks, however it does not provide a separate defence force or emergency services program or accommodation. Therefore, emergency service personnel stay and participate in their programs with other participants. The costs associated with
attending Berkley Vale Private Hospital were not provided by choice. Patient costs are covered by their private health insurance, again if the appropriate level of cover is available. Approved WorkCover claims are also accepted at Berkley Vale.

Treatments covered by the program at Berkley Vale are:

- group therapy
- learning new coping strategies
- lifestyle changes
- individual therapies
- medications if required.

Individual therapies offered to patients whilst an inpatient at Berkley Vale are:

- Cognitive Behavioural Therapy
- Interpersonal Psychotherapy
- Acceptance and Commitment Therapy
- Electroconvulsive Therapy
- medications

The mental health unit is staffed with health professionals including psychologists, psychiatrists, occupational therapists, a psychotherapist and a dietician. They all work collaboratively with each patient, their families and external clinicians during the patients stay. Admission into Berkley Vale is on a voluntary basis following a referral from either a patient’s general practitioner and/or psychiatrist.

The mental health programs at Berkley Vale have not been evaluated to my knowledge.
The Melbourne Clinic is located in Richmond, Victoria a few minutes east of the Melbourne central business district. It is a stand-alone facility and purpose built to treat mental health since 1978. It provides inpatient, outreach and day program services for a wide range of mental health conditions.

I spoke with the Director of Nursing at The Melbourne Clinic, Lisa Stokes who provided information and details on the different programs offered at The Melbourne Clinic. There is no specific emergency service program or accommodation provided within the facility and any attending emergency service personnel do so with other patients. The Melbourne Clinic offers a number of mental health program options, both on an individual or group basis as well as an intensive care unit.

The ‘Living Well’ program is offered in both group and individual settings for patients who aren’t admitted into one of the other specialty programs offered by The Melbourne Clinic. The group sessions are facilitated by psychologists, occupational therapists, social workers, psychiatric nurses, exercise physiologist, art therapist, dieticians, neuropsychologist and pastoral care workers. There are approximately 50-60 group session conducted a week with five different starting times each day. These group sessions cover:

- psycho-education and recovery skills
- social and communication skills
- community and living skills
- peer support groups
- health lifestyle education and activities
- creative therapies
personal development and life skills

Patients participating in this program also have access to an individual therapy program if referred by their treating psychiatrist. This program provides one on one assessments and therapies for patients admitted for depression, anxiety and/or PTSD resulting from trauma.

The ‘Emotion Management’ program is a 4 week inpatient program offered to patients with borderline personality disorder, complex PTSD or trauma related experiences. This program uses a collaborative and multidisciplinary approach that includes psychiatrists, psychologists, dieticians, social workers, art therapists, exercise physiologists, occupational therapists and medical staff. The purpose of this program is to provide patients with the ability to better cope with urges and crisis, regulate emotions and to be more effective in relationships. Participation in this program includes:

- a closed program offering both group and individual components
- the program runs 5 days a week with weekends free
- two individual 30 minute ‘check-in’ sessions each week
- groups consist of a mixture of dialectical behaviour therapy skills training, walking, mindfulness, art therapy and physical/mindful movement
- psychiatric reviews and support
- all sessions conducted on-site

There is currently no evaluation of either the ‘Living Will’ or ‘Emotional Management’ programs apart from some patient feedback. There is no structured post-attendance assessment of follow-up with patients. A cost for attendance at either of these programs was not provided but it was outlined that normal inpatient fees are applicable. Top level private health insurance, WorkCover, TAC or DVA generally provide cover for attendance at these programs.

The Melbourne Clinic also provides an eight bed intensive care unit for a higher level of care for mental health patients in crisis. I am personally aware of a number of serving
Victoria Police officers who have been admitted into this intensive care unit and the Emotional Management program. The commentary from these experiences is that the environment within the facility caused significant concern due to the stigma that exists with police officers being admitted into a public mental health facility. There are also real concerns that they may have contact with other patients during their admission that they dealt with during their career as a police officer.

The Police Treatment Centre
Harrogate, United Kingdom

During my Sir Winston Churchill Fellowship research in 2018 I visited The Police Treatment Centre (PTC) located in Harrogate, United Kingdom. I visited The PTC after numerous British police officers I met on my Churchill journey pleaded with me to visit there and in particular to look into their psychological wellbeing program. The reviews from these officers who attended and participated in this wellbeing program were outstanding and they were all singing the praises not only of the program and its content but the profound difference it had made to the health, lifestyle, relationships and the ability to return to work.

The PTC has two centres in the United Kingdom with one in Harrogate in North Yorkshire and the second facility in Auchterarder, Scotland. Both facilities cater for a physiotherapy and psychological treatment program, with the psychological program being a two week live-in group based program relying on both clinical and holistic therapies. The holistic therapies dominate the program with opportunities for one-on-one clinical therapies as well. The PTC has devised an excellent funding stream that essentially facilitates each attendees visit for ‘free’ as long as they have been contributing to the PTC leading up to their attendance. Each police officer in the United Kingdom can elect to contribute monthly via a direct debit of around $15 AUD
through a payroll deduction. As long as an officer has been contributing, their stay at The PTC will be covered. Currently around 56% of police officers contribute this way.

In 2019, Chief Executive Officer of The PTC, Mr Patrick Cairns, was a keynote speaker at the Emergency Services Foundation Conference held in Melbourne. Patrick spoke about The PTC and its programs and in particular the psychological wellbeing program in front of most of the heads of each Victorian emergency service organisation. After having the opportunity to visit and be involved in the psychological wellbeing program at Harrogate for two days during my Churchill Fellowship, I developed a thirst and vision to establish a similar facility here in Victoria. My vision is to develop a facility for all emergency service agencies. I have attached the link below to The Police Treatment Centre website.

https://www.thepolicetreatmentcentres.org/

As a result of my Sir Winston Churchill Fellowship research I compiled an extensive report, in part it covers my experience at the PTC, the facilities and programs offered there as well as outlining some initial evaluations of the psychological wellbeing program (Dean, 2018).

The psychological wellbeing program continues to become more and more popular with police officers in the United Kingdom as its benefits and results become more widely known. The PTC has recently just had its psychological wellbeing program independently evaluated and I will share some of the results of that evaluation in the coming paragraphs.

**Program Evaluations**

Some of the programs researched for this scholarship had their programs evaluated, either independently or internally. These evaluations provide valuable information for the respective organisations and programs, its content and the benefits; both short and long term. It also provides some insight into what is ‘best practice’ in this field.
The PTC has recently had its psychological wellbeing program evaluated by researchers from Robert Gordon University in Aberdeen, Scotland (Alexander, L., Bisset, J., Mendham, V., Williams, H. 2020). The final report is dated January 2020 and was conducted after surveying 253 police officers who consented to participate in the survey and another 40 who consented to participating via a telephone interview. The research set out to evaluate participants’ measures in relation to their health status, anxiety, depression and wellbeing. These measures were evaluated at three different intervals; baseline (commencement of PTC wellbeing program), two week (conclusion of PTC wellbeing program) and six week (six weeks after completing the PTC wellbeing program). It is to be noted that the PTC currently only accepts officers suffering from mild to moderate anxiety and depression and stress related issues. Results from these evaluations are outlined below in relation to the patient’s level of anxiety and depression.

**Anxiety**

The General Anxiety Disorder (GAD-7) scale and questionnaire was used to determine anxiety levels of participants at each interval; baseline, two week and six week (see above for these parameters). According to the GAD-7 table the levels of anxiety are:

- Minimal: 0 to 4
- Mild: 5 to 9
- Moderate: 10 to 14
- Severe: 15 to 21

On assessment of all participants’ scores from the GAD-7 questionnaire at the three intervals the average results below were returned.

- Baseline: 11.8 (moderate)
- Two week: 3.9 (minimal)
- Six week: 5.9 (mild)
Depression

The Patient Health Questionnaire (PHQ-9) scale and questionnaire was used to determine depression levels of participants at each interval; baseline, two week and six week (see above for these parameters). According to the PHQ-9 table the levels of depression are:

- Minimal: 0 to 4
- Mild: 5 to 9
- Moderate: 10 to 14
- Moderately severe: 15 to 19
- Severe: 20 to 27

On assessment of all participants’ scores from the PHQ-9 questionnaire at the 3 intervals the average results below were returned.

- Baseline: 11.7 (moderate)
- Two week: 4.3 (minimal)
- Six week: 6.6 (mild)

The conclusion reached by the researchers of this evaluation outlined how the PTC psychological wellbeing program ‘is effective and highly regarded by police officers with mild to moderate anxiety and depression.’ It did however note that this research was only within a short term of the patient completing the program (six weeks post program). It suggested and tabled its main recommendation from the research to be that a future focus be on research over the longer term time-frames (six-12 month period).

This research evaluation report is yet to be published. Please contact the author if you wish to receive a copy of the entire report.

Quest for Life Foundation

In August 2019 the Quest for Life Foundation conducted an internal ‘Impact Study’ on
its ‘Moving Beyond Trauma’ program. The ‘Impact Study’ took into account responses from 69 clients who were involved in the MBT program between July 2018 and June 2019.

Some of the results obtained through general feedback and other results were obtained utilising the K10 survey, PTSD-6 survey and Quest Wellness Indicator. The responses from the general feedback questions posed to participants were:

- 84% learnt how to self-calm
- 82% learnt tools and strategies for relaxation
- 50% felt they were able to trust again
- 69% felt less anxious and stressed
- 50% felt an improvement in their confidence
- 67% felt more in control
- 48% felt they had reduced their aggression
- 70% felt less overwhelmed
- 48% felt they were able to improve their sleep habits
- 53% felt less depressed
- 65% learnt tools to feel happy and well

The Kessler Psychological Distress Scale (K10) survey is designed to achieve a global measure of distress, based on questions about anxiety and depressive symptoms. Each research survey was conducted at the same post Quest for Life program attendance period of four weeks, three months, six months and 12 months. It must be noted that in each of the survey platforms there are differing percentages of patient responses during each post attendance time period.

**K10 survey** (improvement in quantified wellbeing)

<table>
<thead>
<tr>
<th>Time</th>
<th>Average Improvement</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks</td>
<td>25.87%</td>
<td>60.26%</td>
</tr>
<tr>
<td>3 months</td>
<td>30.71%</td>
<td>42.87%</td>
</tr>
<tr>
<td>6 months</td>
<td>34.41%</td>
<td>43.32%</td>
</tr>
</tbody>
</table>
12 months 32.35% average improvement (4.44% response rate)

**PTSD-6** (improvement in PTSD-6 wellbeing)
- 4 weeks 27.27% average improvement (61.75% response rate)
- 3 months 24.33% average improvement (44.91% response rate)
- 6 months 12.02% average improvement (42.21% response rate)
- 12 months 3.94% average improvement (4.44% response rate)

**Quest Wellness Indicator** (improvement in PTSD-6 wellbeing)
- 4 weeks 23.70% average improvement (60.26% response rate)
- 3 months 29.49% average improvement (42.87% response rate)
- 6 months 17.83% average improvement (43.32% response rate)
- 12 months 5.09% average improvement (4.44% response rate)

The internal evaluation report has not been published and not available online. Please contact the author if you wish to see a copy of the entire report.
Conclusion

My research and experience encountered throughout this scholarship has solidified my research findings and experience from my Sir Winston Churchill Fellowship experience in 2018. In particular, the corroboration of the benefit I found for psychologically injured employees when they participated in a group based psychological based wellbeing programs. Having first-hand experience of attending and experiencing the PTC along with the programs visited on this scholarship puts me in a unique situation of being able to draw parallels to both. I can also compare the opportunities of being able to speak to patients who have attended all of these holistic therapy based programs and being able to establish the personal benefits these programs provide for the individuals.

Having visited the four programs during this scholarship, spoken to previous patients (all emergency service workers) of these programs and many of the staff, as well as drawing on my experience at the PTC, I have reached the following conclusions regarding the key success factors for a wellbeing retreat for emergency services workers.

- The pilot program must provide sustainable proactive capabilities in line with the three tiered workplace intervention model.
- The location of the retreat is vital. It must be in a rural location with tranquil surrounds.
- The facilities must provide a spacious, relaxing, healthy and active environment.
- Although there must be room for clinical therapies, the program must focus on a holistic therapeutic approach to provide education and life-long skills and strategies.
- Programs must be sector specific to enable confidentiality and comfort in speaking publically.
- An appropriate funding stream needs to be established to ensure the retreat is viable for the long term.
- WorkCover insurers must be engaged to provide financial support for injured employees to attend the retreat is vital.
When running of a pilot program for emergency service workers it is vital to tailor a program that establishes best practice for a retreat program of our own.

Sustained post-retreat support for all attendees is vital to ensure the longevity of their wellbeing improvement.

A retreat program is not for workers in crisis or suffering from acute levels of mental illness.

An appropriate pre-attendance triage process is required to ensure all potential attendees are suited to the programs objectives.

The goal of any retreat in Victoria should be both proactive in nature to promote early intervention in regards to the employees’ mental health.

When aligning the mentioned VicHealth three tiered workplace intervention model to reduce stress (see page 9 of this report) with the research from this scholarship along with my Sir Winston Churchill Fellowship, I believe a mental health retreat for emergency services workers will address, in conjunction with already in place strategies, the objectives of this model.

**Primary Intervention**

From a pro-active perspective most emergency service sector agencies in Victoria are now far more prepared to eliminate or reduce job stressors through the preparation of strategic documents and plans such as Victoria Police’s Mental Health Review and Mental Health Strategy and Wellbeing Action Plan and Beyond Blue’s 2018 mental health study ‘Answering the Call’. These strategies and documents are providing direction to all employees to change decision making, task planning and improvements in psychological work environments. These documents are shared and are available across and utilised by all agencies in the emergency services sector. The presence of an established mental health retreat for the emergency services sector would also provide all employees with a sense of support from their employer through the investment in their health and wellbeing. This feeling of support cannot be under-estimated.
Secondary Intervention

Education via attending an established mental health retreat is also a proactive opportunity as well as facilitating the injured employee with early intervention. After attending the retreat, the employee will be adequately equipped with numerous tools and strategies so that he/she is able to not only identify and perceive, but respond to workplace stressors before it augments. Early intervention will allow the employee to make positive and confident decisions around their mental health and its treatment and allowing for a faster return to better health and subsequently work. These new tools and strategies will provide life-long skills.

Tertiary Intervention

Attendance at a mental health retreat will not only provide tools and strategies to address an employees’ mental health in the future, but it will provide support, treatment and management for their immediate rehabilitation. The environment of the retreat and its suite of both clinical and holistic therapies make for an all-encompassing experience that will minimise the current effects of their illness.
Recommendations

As a result of my research I make the following recommendations.

1. That a pilot program based on the findings of this research be developed and conducted. Volunteers from each emergency service agency would ideally participate in this pilot program.

2. The pilot program be conducted at an already established mental health retreat with a proven program, policies, practices, governance, clinicians and staff to ensure best practice during the pilot program.

3. That the pilot program be tailored to the needs of emergency service workers in collaboration with a group of sector wellbeing experts

4. That insurers are engaged to support the pilot program.

5. That the pilot program is independently evaluated.

6. That the pilot program evaluation provides direction for the establishment of a sustainable wellbeing retreat program for Victorian emergency services workers.
References


Dean, G.J. (2018). To investigate early intervention into mental illness for serving police and peer support for former employees (pg 56-61). Sir Winston Churchill Memorial Trust


VicHealth (2012), Reducing stress in the workplace (an evidence review: summary report), Victorian Health Promotion Foundation, Melbourne, Australia