Answering the call
national survey

Beyond Blue's National Mental Health and Wellbeing Study
of Police and Emergency Services – Executive summary

Beyond Blue

Contents

Acknowledgements

This report of the *Answering the call* national survey is part of Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services, funded by Beyond Blue and the Bushfire and Natural Hazards Cooperative Research Centre.

Beyond Blue engaged The University of Western Australia, following an open and competitive tender process. The University of Western Australia partnered with Roy Morgan Research to conduct the national survey *Answering the call.*

Beyond Blue above all acknowledges and thanks all current and former police and emergency services employees, volunteers and their families who give so much to the Australian community every day. Overall, 21,014 current and former employees and volunteers participated in the national survey. They generously shared their mental health and wellbeing experiences and we hope this report does justice to their professionalism, insights and contributions.

This study was also made possible with the support, cooperation, expert advice and input from a number of organisations and individuals. Beyond Blue acknowledges and thanks:

- The Australian and state and territory governments
- The Bushfire and Natural Hazards Cooperative Research Centre
- The University of Western Australia
- Roy Morgan Research
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    - Ambulance Tasmania; Ambulance Victoria; Australian Capital Territory Ambulance; New South Wales Ambulance; Queensland Ambulance Service; South Australia Ambulance Service; St John Ambulance Northern Territory; St John Ambulance Western Australia
    - Emergency Services Telecommunications Authority

- o Australian Capital Territory Fire and Rescue; Australian Capital Territory Rural Fire Service; Country Fire Authority; Fire and Rescue New South Wales; New South Wales Rural Fire Service; Northern Territory Fire and Rescue Service; Queensland Fire and Emergency Services; South Australian Country Fire Service; Tasmania Fire Service; The Department of Fire and Emergency Services
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- Members of the Advisory Group – Mr Ken Lay AO APM (Advisory Group Chair) Chair Ambulance Victoria and former Chief Commissioner of Victoria Police; Professor Michael Baigent, Department of Psychiatry, Flinders University and Beyond Blue Board Director; Dr John Bates, Research Director, Bushfire and Natural Hazards Cooperative Research Centre; Ms Catherine Boekel, Partner, Whereto Research; Mr Mark Burgess, Chief Executive Officer, Police Federation of Australia; Commissioner Katarina Carroll, Commissioner, Queensland Fire and Emergency Services; Dr Peter Cotton, Clinical and Organisational Psychologist; Ms Nicole Graham, Beyond Blue Speaker, former police officer and Founder and Director Emergency ID Australia; Mr Shane Greentree, National Psychology Services Director, Soldier On; Ms Paige Hobbs, Chief Executive Officer and Co-Founder, Alongside; Professor Anthony LaMontagne, Professor of Work, Health and Wellbeing, Director, Centre for Population Health Research Deakin University; Professor David Lawrence, Principal Research Fellow, Graduate School of Education The University of Western Australia; Professor Brett McDermott, Professor of Psychiatry, Townsville Clinical School, College of Medicine and Dentistry and former Beyond Blue Board Director; Mr Dominic Morgan, Chief Executive, New South Wales Ambulance; Mr Bruce Packard, National Customised Research Director, Roy Morgan Research; Dr Richard Thornton, Chief Executive Officer, Bushfire and Natural Hazards Cooperative Research Centre; Dr Alexandra West, Senior Police Psychologist, Victoria Police.
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- Council of Ambulance Authorities (CAA)
- All police and emergency services' unions who supported the survey.

Thank you to everyone involved for their valuable contribution to this important piece of research.

For the purposes of this document Beyond Blue has defined 'police and emergency services' to include:

- Ambulance (all ambulance agencies who took part in the national survey). Employees, volunteers and former employees were surveyed in the ambulance sector.
- Fire and rescue (all metropolitan and rural fire, and fire and rescue services who took part in the national survey). Employees, volunteers and former employees were surveyed in the fire and rescue sector.
- Police (all police agencies who took part in the national survey). Employees and former employees were surveyed in the police sector. Some police agencies do have a small number of volunteers, however, these police volunteers were not included in the survey because of the small numbers.
- State emergency service (all state emergency services who took part in the national survey). Employees, volunteers and former employees were surveyed in the state emergency service sector.

This executive summary provides a high-level overview of findings from the *Answering the call* national survey conducted as part of Phase 2 of this landmark research study.

The full national report outlining key findings from the national survey for the entire police and emergency services sector and by individual sectors, and the detailed report which outlines further in-depth findings for the entire and individual sectors are available for download from www.beyondblue.org.au/pesresearch A confidential unit data file will also be produced and made available to the research community in 2019 to support further analysis of the survey data.

Thank you to the following organisations who provided images used in this report: Ambulance Victoria, Australasian Fire and Emergency Services Authorities Council, Australia New Zealand Policing Advisory Agency, Council of Ambulance Authorities, New South Wales Police Force, St John Ambulance Western Australia, Tasmanian Fire Service, The Bushfire and Natural Hazards Cooperative Research Centre, Victoria Police, and Western Australia Police Force.

Foreword

Each day in Australia, our police and emergency service personnel – paid and volunteer – answer the call and put themselves on the line to protect and help us. Physically, mentally and emotionally, their jobs demand so much. Their families and friends bear witness to this. Many have retired too early from the jobs they loved.

This report of Beyond Blue's national survey of the mental health and wellbeing of police and emergency services, *Answering the call*, reflects the voices and experiences of 21,014 serving and former employees and volunteers from 33 police, fire, ambulance and state emergency services agencies. This response rate signals that mental health and wellbeing are not only important, but top of mind.

People were asked about their experience of mental health conditions and their thoughts of suicide; their experience of stigma; their use of support services and programs; individual and organisational risk and protective factors; and attitudinal and behavioural factors.

The report confirms many things we already know but also shines a light on some new insights.

And perhaps the greatest significance of this report is simply its scale. Through it we have a detailed, national picture of the mental health and wellbeing issues affecting those who serve and protect.

It provides the data needed to make sure agencies make the right changes. It creates, for the first time, baseline prevalence and other data against which progress and outcomes can be measured.

One headline illustrates that the positive action already underway by agencies and representative bodies must continue and it must be sustained.

While many employees and volunteers reported having good mental health and wellbeing and high levels of resilience, *Answering the call* also reports that respondents have higher rates of psychological distress, higher rates of diagnosis of mental health conditions, and higher rates of suicidal thinking and planning than the general adult population in Australia.

Three things stand out.

First, a supportive work culture is like giving everyone in the organisation a mental health inoculation.

Workplaces that are supportive and inclusive, have regular discussions about occupational experiences, and effectively manage emotional demands on staff have lower rates of PTSD and psychological distress. In fact, poor workplace practices and culture are equally debilitating for emergency service personnel as exposure to trauma.

Second, many people with psychometric results indicating they are experiencing high or very high distress – and probable PTSD – did not recognise that they had a mental health issue.

This is a major concern and suggests that a significant number of police and emergency services personnel still have poor mental health literacy. They are not recognising the signs and symptoms of anxiety, depression or PTSD in themselves. To be blunt, they know mental health is important, but do not realise they may be struggling or unwell.

Third, self-stigma appears to be alive and well. However, individuals have a positive regard for – and are supportive of – colleagues experiencing mental health conditions.

Self-stigma – a fear of what others may think or an inability to talk openly about personal feelings and circumstances – gets in the way of people seeking support and is associated with poorer mental health outcomes. But let's think about what this means. It is indicating a disparity between the way people feel about their colleagues and how they see themselves. This says a great deal about the camaraderie that exists in police and emergency services.
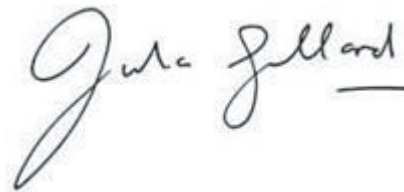
Answering the call provides us all with an unprecedented national picture. Beyond Blue remains committed to support the sector to further develop strategies and actions that reduce the mental health risks to police and emergency service personnel.

I thank everyone who completed the survey, those agencies, organisations and individuals who promoted it and supported Beyond Blue along the way.

Creating a mentally healthy workplace requires authentic commitment and sustained effort and resourcing. It requires valuing mental health equally with physical health and occupational and public safety.

But the effort is worth it because, mentally healthy workplaces keep everyone safer.

The Hon Julia Gillard, AC

Chair
Beyond Blue

Glossary

Alcohol consumption

Alcohol use was collected using the AUDIT-C questionnaire and an additional question on binge drinking. The AUDIT-C collects information on the frequency and amount of alcohol typically consumed. According to NHMRC guidelines to reduce health risks from drinking alcohol, healthy adults should drink no more than two standard drinks on any day to reduce the risk of long-term harm, and should drink no more than four standard drinks on a single occasion to reduce the risk of short-term harm arising from that occasion.

Personnel who usually drink five or more standard drinks on a typical day when drinking, or who have five or more standard drinks in a single drinking occasion at least monthly, were considered to be at risk of both short-term and long-term harm, while personnel who usually drink three to four standard drinks on a typical day when drinking, or who have five or more standard drinks occasionally were considered to be at risk of long-term harm.

Other indicators of potentially harmful alcohol consumption used in the study include weekly binge drinking, which was defined as personnel who have five or more standard drinks in a single drinking occasion at least weekly, and personnel who have drunk 10 or more standard drinks on a single occasion in the past month.

As some respondents might feel uncomfortable answering questions about alcohol and drug use, the section was optional within the survey, and respondents were given the option to skip to the next section if they would feel very uncomfortable answering the questions. In total 5% of employees, and 5% of volunteers chose to skip this section of the survey.

Drug use

The survey collected information about illicit drug use in the past 12 months, including the use of prescription medications for non-medical purposes and the use of illegal drugs. Illegal drugs included cannabis, meth/amphetamines, cocaine, ecstasy, hallucinogens, heroin, steroids, inhalants, GHB, ketamine and other illegal drugs.

As some respondents might feel uncomfortable answering questions about alcohol and drug use, the section was optional within the survey, and respondents were given the option to skip to the next section if they would feel very uncomfortable answering the questions. In total 5% of employees, and 5% of volunteers chose to skip this section of the survey.

Mental health conditions

Participants were asked if they had been told by a doctor or medical professional that they had any of the following conditions:

- Panic disorder
- Social anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Generalised anxiety disorder
- Any other anxiety conditions
- Depression
- Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
- Schizophrenia
- Bipolar disorder or any other psychosis
- Alcohol or drug dependence

Panic disorder, social anxiety disorder, OCD, Generalised anxiety disorder and any other anxiety conditions have been grouped as anxiety disorders.

Participants who reported having been told by a medical professional that they had a mental health condition were also asked if they still had that condition.

Mental wellbeing

The short form of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) was used to assess mental wellbeing. It consists of seven positively worded questions that cover both feelings and functioning. The scale was originally developed for use in the United Kingdom, and population reference data on the distribution of wellbeing is available for the adult populations of England and Scotland. The scale was designed so that the top 15% of the population would be identified as having high wellbeing, and the bottom 15% would be identified as having low wellbeing.

Physical health

Physical health was assessed with the single question, 'In general, how would you describe your physical health?' with options of excellent, very good, good, fair and poor.

Probable Post-traumatic stress disorder (PTSD)

PTSD may develop after experiencing or witnessing a traumatic event, such as serious injury or death. Among police and emergency services personnel, PTSD may also develop after being exposed to details of traumatic events multiple times. Characteristic symptoms of PTSD include persistent re-experiencing of the traumatic event or events, persistent avoidance of situations or activities or other things that are reminders of traumatic events, numbing of emotional responses including feeling detached from other people, and symptoms of increased arousal such as difficulty sleeping, difficulty concentrating, irritability and angry outbursts, being easily startled and hypervigilance.

In *Answering the call* probable PTSD has been assessed using an adaptation of the PCL-5 PTSD screening scale. The formal diagnostic criteria for PTSD specify that symptoms must last for a minimum of one month and they must be associated with clinically significant distress or functional impairment. The adapted scale included additional questions designed to assess the level of functional impairment associated with symptoms of PTSD.

Psychological distress

The Kessler Psychological Distress Scale (K10) is a widely used instrument designed to measure levels of psychological distress. The Kessler 10 scale is used in many national studies and is useful for comparing different populations.

The K10 is based on 10 questions about negative emotional states in the four weeks prior to interview. The K10 is scored from zero to 40, with higher scores indicating higher levels of distress. Scores are categorised as follows:

0 –5   Low levels of psychological distress

6–11   Moderate levels of psychological distress

12–19   High levels of psychological distress

20–40   Very high levels of psychological distress

The very high category on the K10 has been designed to match the definition of serious mental illness in the United States of America. Serious mental illness is defined as mental illness associated with serious functional impairment, which substantially interferes with or limits one or more major life activities.

Participants were also asked four questions about how much their psychological distress interfered with home management (cleaning, shopping, cooking, gardening), ability to work or undertake volunteer work, ability to form and maintain close relationships, and on their social life.

Resilience

Resilience is an important component of wellbeing and reflects a person's ability to bounce back after challenges and stressful events, and to cope with difficult times. The resilience scale has three items which assess ability to bounce back after hard times or stressful events.

Service use

The use of all health and organisational support services, and telephone and online services where these provided structured or personalised information.

Services

Comprise all health, school, telephone and online services defined as follows:

- Health services – any service provided by a qualified health professional regardless of where that service was provided (community, hospital inpatient and emergency, and private rooms)
- Telephone and online services where these provided structured or personalised assistance and not just generic information

Social support

Social support was measured using a 9-item version of the Shakespeare-Finch Two Way Social Support Scale. This scale provides a measure of the social support that an individual provides to family, friends, colleagues and the community (giving support), and the degree to which they receive social support from others (receiving support).

Stressful events

Participants were asked if they had experienced a stressful event or series of events that deeply affected them. The survey identified if this happened while working or volunteering in the police and emergency services sector, while working or volunteering elsewhere, or outside of work. Participants who experienced a stressful event at work were asked if the event(s) were:

- traumatic event(s) in the course of their work
- personal injury received in the course of their work
- dismissal from, or demotion in their work
- being forced out of their job
- issues associated with poor management or being treated badly by managers
- conflict with other people they work closely with.

Suicidal behaviours

Suicidal thoughts and behaviours include suicidal ideation (serious thoughts about taking one's own life), making suicide plans and suicide attempts where the self-injury is intended to end in one's own death. Participants were asked if they had ever had suicidal ideation, made suicide plans or attempted suicide, and whether they had suicide ideation, made a plan or attempted suicide in the past 12 months. Respondents who reported high levels of psychological distress or who had suicidal thoughts or behaviours in the past 12 months were offered the opportunity to confidentially contact the Beyond Blue Support Service or other crisis support services.

Workers' compensation claims

Participants were asked if they had ever made an insurance claim as a result of psychological trauma, stress or a mental health condition sustained during the course of their work. Participants who had made a claim were asked about the impact going through the insurance claim process had on their recovery, how supportive and stressful they found the process, and how fairly they believe they were treated. Participants who had made more than one claim were asked to answer about their most recent claim.

Executive summary

Answering the call

Over recent years, police and emergency services agencies have noticeably increased activities to support the mental health and wellbeing of their employees and volunteers. Agencies are working hard to promote mental health and wellbeing, address risk factors and provide appropriate mental health supports to those who need them.

Although there is extensive anecdotal evidence that police and emergency services personnel are at greater risk of experiencing a mental health condition, until now, a comprehensive national data set has not existed. The absence of national data has created challenges in understanding the true extent of mental health issues in the sector. This has curtailed somewhat the basis for advocacy, for genuine reform and change. **That barrier ends now.**

Answering the call is the first national survey of the mental health and wellbeing of personnel in Australian police and emergency services. Overall, 21,014 people took part. For the first time we have a detailed and accurate picture of mental health issues affecting our police and emergency services personnel.

The survey's findings confirm and verify, at scale, a lot of what we already know – through anecdotal evidence and other research studies, through evidence given at Parliamentary enquiries and through other consultative mechanisms.

Answering the call creates the first ever baseline of national prevalence data and confirmation of key protective and risk factors experienced by police and emergency services personnel – not only their resilience, commitment to service and sense of community, but also their exposure to traumatic events, and the challenges of their workplace environments – particularly team culture and workplace stress factors (inadequate resources, shift work and long hours). This data can be used to benchmark and measure change to prevalence over time at national and sector levels, and by agencies for their own internal benchmarking.

This study also reveals the following new data, insights and themes:

Phase 1, the qualitative phase, of Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services, found a key theme – that it is **not only the exposure to traumatic events** that impacts the mental health of police and emergency services personnel, **but the workplace that people take those experiences back to**. The results of *Answering the call* confirmed this theme, finding that **workplaces which provide higher levels of support and inclusiveness, regular discussions about workplace experiences, and effectively manage emotional demands on staff, have lower rates of probable PTSD and psychological distress**. Police and emergency services agencies can't remove the risk of exposure to traumatic events – it's part of the job. But they can change the environments that their employees and volunteers return to at the end of their shift. *Answering the call* supports the case for continued change to workplace practices and culture.

The findings of *Answering the call* indicate that many employees with high or very high distress and probable PTSD (based on psychometric testing) did not self-report that they had a mental health issue in the past 12 months. This suggests **poor mental health literacy** among respondents – **although testing suggests the presence of a mental health issue; many respondents were unable to identify this themselves**. When individuals do not recognise the signs and symptoms, and therefore do not realise that they have a mental health condition, they are unlikely to seek support. Improving mental health literacy and the ability to recognise signs and symptoms in oneself promotes enhanced support-seeking and supports early intervention.

In relation to stigma, *Answering the call* found that **most personnel did not hold stigmatising attitudes to their colleagues**, with a very low number believing that mental health conditions are the fault of the individual experiencing them (1%) or that those with mental health conditions are a burden on others (2%). This is a compelling finding, and one that agencies can promote and celebrate to tackle stigma. Conversely however, the study found **very high rates of self-stigma,** such as the amount of shame respondents had about their mental health condition (33%), the amount of burden they believe it causes those around them (32%) and avoiding telling people about their mental health condition (61%). Strategies to reduce stigma in police and emergency services agencies should remind personnel that their colleagues do not blame or resent them, while addressing the stigmatising attitudes that many hold about their own mental health.

The themes emerging from this study, and the opportunity provided by having a national benchmark, provides police and emergency services agencies with an unprecedented opportunity to take action.

Agencies who do not yet have a workplace mental health strategy should use this information to inform the commencement of their strategy; and those agencies that have already progressed with addressing workplace mental health should use the data and emerging themes to review their activities, check for gaps and refine their approach.

The contribution of this study is to provide, for the first time, this national dataset. The study does not tell us about the efficacy of existing programs and policies within police and emergency services agencies – it doesn't tell us what works and what doesn't work. But it does enable us to know exactly what the issues are that need to be addressed. The next phase of the study will involve a knowledge translation approach, where Beyond Blue will work with participating agencies, to assist them to apply agency-specific and national learnings to their workplace mental health initiatives. Beyond Blue also recognises the need for agencies to be able to access evidence-based information about what programs and activities can have the greatest impact in their workplace. Beyond Blue recommends further research to meet this need as outlined in the recommendations section of this executive summary.

Case for action

Answering the call tells us that:

- many employees and volunteers have good mental health and wellbeing. More than half of all employees and two in three volunteers reported high levels of resilience.

- **one in three** employees experience high or very high psychological distress; much higher than just over **one in eight** among all adults in Australia (Australian Bureau of Statistics, 2015)[1]

- more than **one in 2.5** employees and **one in three** volunteers report having been diagnosed with a mental health condition in their life compared to **one in five** of all adults in Australia (Australian Bureau of Statistics, 2015) [1]

- employees and volunteers report having suicidal thoughts over **two times higher** than adults in the general population (Australian Bureau of Statistics, 2016)[2] and are more than **three times more likely** to have a suicide plan (Australian Bureau of Statistics, 2016) [2]

- **more than half of all employees** indicated that they had experienced a traumatic event that had deeply affected them during the course of their work

- poor workplace practices and culture were found to be **as damaging** to mental health as occupational trauma

- employees who had worked **more than 10 years** were almost **twice as likely** to experience psychological distress and were **six times more likely** to experience symptoms of PTSD

- **three in four employees** found the current workers' compensation process to be detrimental to their recovery

- **one in four surveyed former employees** experience probable PTSD (compared to one in 10 current employees), and **one in five** experience very high psychological distress.

Through these findings, we can hear the collective voice of **21,014 individuals** who shared their information, experiences and views. They made this evidence possible.

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[1] Australian Bureau of Statistics (2015). *National Health Survey: First results, 2014-15*. Canberra: Australian Bureau of Statistics Cat. 4364.0.55.001.

[2] Australian Bureau of Statistics (2016). *Causes of Death, Australia, 2016*. Canberra: Australian Bureau of Statistics Cat. No. 3303.0

The results are alarming. They paint a picture of a workforce which is deeply impacted, both by the nature of the work that they do, and by the pressures of the environments in which they work. These results must compel everyone to act. They require a collaborative, dedicated and sustained effort to ensure that we strengthen our approach to protecting those who protect us.

The following pages provide Beyond Blue's recommendations for action, based on these findings. Beyond Blue remains committed to working with governments, agencies, unions, peak bodies and other key stakeholders to ensure that we learn from and translate these findings to action.

Background

Beyond Blue established its Police and Emergency Services Program in 2014 out of concern for the mental health and suicide risk of current and former/retired police and emergency services employees, volunteers and their families.

In 2016 Beyond Blue developed the *Good practice framework for mental health and wellbeing in first responder organisations* and then worked to support its implementation.

Later that year Beyond Blue commenced the National Mental Health and Wellbeing Study of Police and Emergency Services. The study was funded by Beyond Blue with additional funding support from the Bushfire and Natural Hazards Cooperative Research Centre for Phases 2 and 3.

This comprehensive study has three phases:

- Phase 1: a qualitative project gathering the personal mental health experiences of 25 current and 10 former employees of police and emergency services, and of 12 of their partners and family members. Key themes about the range of mental health experiences and the risk and protective factors faced by participants emerged from this study. The findings of Phase 1 heavily informed the development of the survey tool for Phase 2. A summary of Phase 1 findings will be included in the final report for the National Mental Health and Wellbeing Study of Police and Emergency Services, which will provide an overview of all three phases.
- Phase 2: a nationally representative survey of police and emergency services personnel (current employees and volunteers, and former employees) in Australia titled *Answering the call*. The survey delivers a national, representative picture of the prevalence of mental health conditions and suicidal thoughts, planning and attempts, stigma, use of support services, risk and protective factors and individual knowledge and behaviour factors across Australian police and emergency services personnel.
- Phase 3: a collaborative knowledge-to-action project where police and emergency services agencies will be supported to translate the evidence identified by Phases 1 and 2 of the research to promote wellbeing and mental health, support those affected by poor mental health and prevent suicide. Beyond Blue has developed a knowledge translation guide to assist agencies with this task.

Answering the call - research methodology

Answering the call is the first national survey of the mental health and wellbeing of personnel in Australian police and emergency services. It was conducted between October 2017 and March 2018 by The University of Western Australia in partnership with Roy Morgan Research on behalf of Beyond Blue. Ethics approval for the survey was granted by The University of Western Australia Human Research Ethics Committee and relevant ethics committees for individual agencies.

Scope and coverage

The scope of the survey included current employees (operational and non-operational), current volunteers, and former/retired employees working in ambulance, fire and rescue, police, and state emergency service agencies in each Australian state and territory. The following definitions were used:

- Employee: a person employed full time, part time or casually for wages or salary. Employees in operational or non-operational roles were surveyed in the ambulance, fire and rescue, police and state emergency service sectors for *Answering the call*.

- Volunteer: a person who willingly gives their time to participate in training and makes themselves available to be called out when required, without receiving financial gain. Volunteers were surveyed in the ambulance, fire and rescue and state emergency service sectors for *Answering the call.*
- Former employee: any person who has previously worked at an organisation in the past but no longer does. Former employees were surveyed in the ambulance, fire and rescue, police and state emergency service sectors for *Answering the call*.

At the time of the survey, there were 36 agencies in the sector and 33 of these agencies participated in *Answering the call*. Each agency provided information on the demographics of their workforce. From the workforce demographics, a random sample ('stratified random sample') of each agency's current employees and volunteers was selected (in smaller agencies all personnel were selected) and invited via email to participate in the online survey. Hard copy surveys were also available upon request. In total, 14,868 employees and 5,485 volunteers across a range of roles, ranks and locations participated in the survey. In addition, some 661 former employees were recruited through former employee associations and related groups.

Participation in the survey by police and emergency services agencies and employees, volunteers and former employees was completely voluntary.

Aims

The survey aimed to:

- measure the prevalence of common mental health conditions including anxiety, depression and post-traumatic stress, as well as suicidal behaviours and substance use
- identify sub-groups at higher or lower risk
- identify individual and organisational risk and protective factors
- identify factors that influence support seeking for mental health conditions.

Topics

Participants were asked a series of questions related to personal and work demographics; physical health; wellbeing and resilience; mental health conditions, such as psychological distress, anxiety, and probable PTSD; stressful experiences at work and away from work; suicidal behaviour; work experiences; workplace culture, including stigma; support and treatment seeking and use, including barriers to seeking support; and substance use.

Measures

A range of recognised diagnostic measures and scales were used in the questionnaire. Some were used intact, while others were adapted for use in this survey. A full description of the measures is included in the Glossary.

Limitations

Notwithstanding the size and robustness of the methodology, the study has the following limitations:

- Response rates were modest (22% of employees and 10% of volunteers surveyed). Despite this, representative samples were achieved for employees and volunteers in all sectors.

- Representative samples could not be selected for former employees. As there is no readily available database of former employees, former employees were recruited through advertising in networks and former employee associations – therefore, a random sample could not be achieved and as such the sample cannot be considered representative.
- Participation in the survey was voluntary, however a thorough investigation by The University of Western Australia indicated little evidence of bias in participants' responses. Appendix 1 includes an evaluation of possible bias.
- To minimise respondent burden, the survey was limited to 25 minutes in length. Therefore, not all concepts of interest could be covered; some items are not directly comparable with longer, more in-depth studies; and psychometric tools rather than diagnostic interviews were used to measure mental health conditions.

Police and emergency services sector — a snapshot

Beyond Blue has worked together with police and emergency services agencies, peak bodies, unions and other key groups on a world-first national study to provide a snapshot of the issues affecting the mental health of employees, former employees, and volunteers.

There were 117,500 employees and 237,800 volunteers in the participating agencies at the time of the survey. Police agencies were the main employer, employing two-thirds of the employees working in the sector, while more than 85% of volunteers were affiliated with fire and rescue agencies (with over 90% of these volunteers being in rural areas). Demographic characteristics of employees and volunteers in the police and emergency services sector include:

Volunteers

74% male

66% field or administrative operative

53% more than 10 years service

42% volunteered 30+ times in the past 12 months

40% spent 1–12 hours per month volunteering

77% work outside of major capital cities

Recommendations for government

Beyond Blue recognises that there is an inherent difficulty in establishing a national approach to mental health for police and emergency services agencies, given that state and territory governments are responsible for jurisdictionally based agencies, and the Australian Government only has jurisdiction over the Australian Federal Police. This study, however, demonstrates that there are many common themes at a national level. A nationally coordinated approach to address and respond to the findings of this study will lead to better outcomes for our police and emergency services personnel more quickly, and with less duplication. Better outcomes for our police and emergency services personnel, also ultimately means better outcomes for the whole Australian community so a comprehensive and coordinated approach should be a priority for all governments.

Beyond Blue therefore recommends that, **under the leadership of the Australian Government**, all governments – federal, state and territory – should work together on a national policy approach and funded action plan which ensures adequate resourcing, and a coordinated and sustainable approach to reduce the high rates of psychological distress, PTSD and suicidal behaviours, and to support workplace mental health and wellbeing in the police and emergency services sector.

Beyond Blue recommends that this **Commonwealth-led, nationally coordinated and locally applied approach** should include the following components:

Government recommendation 1 (G1): Government funding

That the national policy approach and funded action plan should ensure that adequate funding is provided to police and emergency services agencies to enable the findings from this research to be imbedded into their unique workplace mental health and wellbeing strategies including:

a) addressing existing mental health service gaps by ensuring long-term funding for a stepped care model of effective, affordable therapeutic services, available in each jurisdiction, with clear pathways for referral

b) funding agencies to provide communication initiatives, evidence-informed professional development, education and access to resources to address mental health literacy and risk and protective factors within the police and emergency services sector

c) funding appropriate staffing resources to enable agencies to respond to emergency events and manage workplaces to ensure no individuals or teams are regularly stretched beyond reasonable expectations and have time to implement healthy coping strategies after a traumatic event.

Government recommendation 2 (G2): Best practice interventions and programs

The Australian Government should lead and fund the development of a **national centre of excellence for police and emergency services mental health**; a central hub of proven and emerging best practice interventions and programs. Ideally, the centre would be hosted by an existing action research-based organisation with established credibility in the sector.

The centre would fund further national research to determine best practice interventions and programs for mental health and wellbeing (prevention, promotion and support) in police and emergency services agencies.

Government recommendation 3 (G3): Workers' compensation reform

The results of this study show that police and emergency services personnel have a high rate of workers' compensation claims (10 times higher than in the Australian workforce overall) and that those who are exposed to the workers' compensation system overall find it unhelpful, or even detrimental to their recovery. Specifically, 61% of employees reported a negative impact on their recovery and 69% reported that they received limited to no support during the claims process. With such high claims numbers, and such poor experiences of the workers compensation system, it is clear that if effective changes were made, the results for workers at one of the most vulnerable times in their lives, could be markedly improved; this is an outcome that all parties should aspire to. Furthermore, enhancing early intervention approaches, and making effective changes to the system would yield a significant return on investment for governments and agencies – funds which could then be freed up for further early intervention initiatives.

Beyond Blue recommends that an all of government-led approach should support all agencies to employ best practice methods which would see all workers experiencing mental health symptoms or conditions, regardless of cause, having access to suitable early intervention services and supports. Such an approach would ensure that workers' conditions are treated early – ensuring better outcomes and recovery, reduced time out of the workforce and a reduction in the number and complexity of claims arising.

Beyond Blue both recognises the complexity of the workers compensation system for police and emergency services agencies (eight jurisdictions reside over the agencies) and the efforts that are currently underway by state governments, workplace health and safety regulators, workers' compensation insurers and agencies to make effective changes. Beyond Blue also recognises that the solution is not necessarily a simple or a clear-cut one, and that changes can have far reaching impacts and need to be carefully considered and implemented.

Both presumptive legislation and provisional treatment, which are currently being considered in some jurisdictions, have promise. In order to ensure that changes made have a positive impact for governments, agencies and more importantly, for workers who have become unwell as a result of their work, a comprehensive review of current practices and best-case solutions is recommended. Beyond Blue recommends that the Australian Government leads this review, in collaboration with all state and territory governments. The review should carefully consider both the complexity of the workers' compensations systems and the opportunities and risks of potential solutions that could be employed. It should draw on existing and emerging data, including the findings of the *Senate Standing Committee on Education and Employment enquiry into the high rates of police and emergency services mental health*, and it should make national recommendations which can be applied effectively to each jurisdiction. Implementation support should then be applied locally to ensure effective application of the recommended approaches.

Government recommendation 4 (G4): Support for former employees

The Australian Government should lead the establishment of a funded national approach, implemented locally, to better support post-service employees and retirees from the police and emergency services workforce. This should include a proactive approach prior to personnel ending their service, appropriate transition support and funding for clinical and psychosocial services and supports for transitioning and former employees.

Recommendations for agencies

While police and emergency services agencies operate in a specific context and their workforces face particular risk factors, they are also workplaces. The core components of an evidence-based approach to a mentally healthy workplace are just as relevant to them as any other workplace (Beyond Blue, 2018 sourced from: www.headsup.org.au/healthy-workplaces/strategies-for-healthy-workplaces).

It is also important to acknowledge that smaller agencies and jurisdictions may face challenges resourcing the recommendations arising from this report. It is important that agencies work together, through peak body working groups, intra-state collaborations and/or community of practice groups to share resources, information and knowledge and to support each other to achieve the changes required.

Agencies should also adopt a collaborative approach to any action taken on mental health – by working with unions and peak bodies, and also working closely with staff, volunteers and their families, and creating opportunities for participation and co-design.

Agency recommendation 1 (A1): Workplace mental health and wellbeing strategy

Develop a comprehensive workplace mental health and wellbeing strategy that has sustained and authentic commitment, where workplace mental health is seen to be as important as other health and safety or business improvement initiatives and is considered part of core business and fully integrated. The strategy should include the following:

a) Apply an integrated approach (protecting the mental health of personnel, promoting wellbeing and addressing mental health conditions regardless of cause).

b) Ensure the long-term, visible and authentic commitment by organisational and senior leaders.

c) Enable meaningful participation by personnel (and their families) in the development, implementation and review of the strategy.

d) Involve regular and ongoing communication with all members of the agency.

e) Address the different stages of the personnel's lifecycle (recruitment, operational and non-operation services and leaving the service and post-service). There should be a particular focus on those employees who have served more than 10 years.

f) Consider the mental health continuum and ensure that strategies address personnel at all zones of the continuum (from positive, healthy functioning through to severe impact on everyday functioning).

Agency recommendation 2 (A2): Address unique agency findings

It is recommended that each police and emergency services agency develops, reviews and revises its own comprehensive workplace mental health and wellbeing strategy to adequately address:

a) the key findings from the national survey (refer 'Guiding principles for agencies' in the table in the next section)
b) for participating agencies, the unique findings for its own agency report.

Overview of *Answering the call* national findings

The following table details the key messages and findings that have been identified from the survey themes, which are relevant sector wide. It also maps recommendations to the main survey themes and provides guiding principles for agency-level workplace mental health and wellbeing strategies.

Prevalence of mental health and wellbeing

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• People working in the police and emergency services sector experience it to be both meaningful and rewarding, but stressful and demanding. • Employees in the police and emergency services sector had substantially higher rates of psychological distress and probable PTSD compared to the Australian population and workers in other industries, including the Australian Defence Force.	• 10% of employees had probable PTSD (11,800 employees). PTSD rates ranged from 6% in the state emergency services sector, to 8% in ambulance, 9% in fire and rescue, and 11% in police. 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 (about 24,000 employees) had high psychological distress and 9% had very high psychological distress (about 10,900 employees) – 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.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should: • establish dedicated approaches and resources to manage the high rates of psychological distress and probable PTSD and lower rates of positive wellbeing in the workforce • promote the positive and draw on stories of personnel who have been able to maintain good mental health and wellbeing • be established in collaboration with employees, volunteers, and their families, unions and peak bodies.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Despite the higher rates of psychological distress, probable PTSD and suicidal thoughts and planning compared to the general population, many employees have good levels of positive mental health and wellbeing, resilience and low levels of distress.	• 39% of employees (about 45,200 employees) and 33% of volunteers (about 78,600 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. • Volunteers showed lower levels of psychological distress and probable PTSD and higher levels of positive wellbeing than employees. • Volunteers in the ambulance sector had levels of psychological distress and probable PTSD and mental health and wellbeing that were generally comparable with the Australian population. However, levels of psychological distress and probable PTSD were slightly higher in fire and rescue volunteers and higher again in state emergency service volunteers. Police agencies do not use volunteers.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
	• 4% of ambulance volunteers, 5% of fire and rescue volunteers and 6% of state emergency service volunteers had probable PTSD.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Suicidal thoughts and behaviours

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Suicidal thoughts and planning were twice as common in the police and emergency services sector as in the Australian population, while rates of suicide attempts were comparable. • The presence of a mental health condition and the experience of traumatic events at work were associated with heightened levels of suicidal thoughts and behaviours. • Employees with higher levels of social support and resilience reported lower levels of suicidal thoughts and behaviours, even if they had experienced traumatic events that deeply affected them in their work or were likely to have PTSD.	• Employees (5%) and volunteers (6%) reported having suicidal thoughts more than two times higher than adults in the general population in Australia (2%) and were more than three times as likely to have a suicide plan (2% compared with 0.6%). • The rate of self-reported suicide attempts was comparable between police and emergency services employees and volunteers, and adults in the general population. • Higher levels of suicidal thoughts were evident for fire and rescue (6.9%) and ambulance (6.5%) employees than police (4.7%) or state emergency service (4.5%) employees. Lower levels of suicide plans were reported by police employees (1.6%) than the other sectors (2.6%–3%). • Suicidal thoughts and behaviours were comparable across sectors for volunteers.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should include a dedicated and adequately resourced suicide prevention framework, which incorporates: • promoting the benefits of social support both in and outside of the workplace to help protect personnel from suicidal thoughts and behaviours • implementing workplace practices that strengthen personnel's resilience against harmful suicidal behaviours (e.g. through providing support to staff) • promoting a culture of discussing suicide.

Individual risk and protective factors

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Even the most resilient police and emergency services personnel can be affected by stress and trauma related to their work, as well as other life challenges. • Employees and volunteers in the early stages of their career (less than two years) had high levels of wellbeing and very low levels of psychological distress, probable PTSD and suicidal thoughts. • Employees with a longer length of service (10 or more years) had significantly higher levels of psychological distress, probable PTSD and suicidal thoughts, as well as low levels of wellbeing and low sleep quality compared to those with less than two years' service.	• 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. Among employees with less than two years of service 2% had probable PTSD, which increased to 12% among employees with more than 10 years of service. • 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 (32% and 17% respectively).	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should adequately address individual risk factors and promote protective factors including: • developing work practices that build wellbeing and resilience, such as promoting strong social supports, sleep quality and healthy levels of physical activity • embedding mental health and wellbeing strategies and interventions early in personnel careers and ensuring they are tailored and appropriate to the unique needs of personnel at their various career stages

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Higher rates of psychological distress and probable PTSD were associated with greater length of service, low levels of social support and more exposure to traumatic events that deeply affected individuals. • Employees and volunteers who reported strong social support mechanisms, maintaining healthy levels of physical activity, and obtaining regular good sleep, had higher levels of wellbeing.	• The number of employees with low levels of wellbeing was twice as high among those who had 10 or more years in the service (34%) compared to those who had been in the service less than two years (16%). • More than 80% of employees and 90% of volunteers had high levels of both providing social support to others and receiving social support from others. Levels of social support were lower in those with psychological distress or probable PTSD. • About 1 in 5 employees and 1 in 10 volunteers get poor quality sleep. A higher proportion of employees who work long hours and have high work demands have poor quality sleep. Employees who had good sleep quality (34%) tended to have higher levels of wellbeing and resilience.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	• ensuring there is a targeted approach for personnel for longer length of service and those exposed to traumatic events that deeply affected them during their course of work.

Substance use

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Many police and emergency services employees reported high rates of alcohol consumption, which may indicate its use as a way to cope with stress or other symptoms of poor mental health. • Personnel with probable PTSD or high levels of psychological distress had the highest rates of harmful levels of drinking.	• Employees had high rates of alcohol consumption with almost 50% exceeding NHMRC guidelines for both short-term and long-term harm. Some 16% of employees drank five or more drinks in a single session at least weekly, and 17% drank 10 or more drinks in a single session in the past month. • Higher rates of alcohol consumption were observed in employees with probable PTSD. 1 in 4 employees (25%) with probable PTSD drank five or more drinks in a single session at least weekly, and 22% had drunk 10 or more drinks in a single session in the last month.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should include actions that: • promote recommended levels of alcohol consumption and healthy drinking cultures • promote alternative approaches to coping with stress, such as participating in physical and sporting activities, community groups and social activities, eating together and other evidence-informed stress reduction and wellness strategies such as mindfulness.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
	• 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. This compares with 16% of Australians aged 14 or older who reported using illicit drugs within a 12-month period as part of the 2016 National Drug Strategy Household Survey.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Risk and protective factors associated with the working environment

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Exposure to traumatic events for employees within the sector was associated with higher rates of psychological distress, PTSD, anxiety and depression in employees. • Volunteers had much lower exposure to traumatic events in their work, lower rates of mental health issues and reported higher levels of positive wellbeing. • The workplace environment, particularly team culture and workplace stress factors, such as inadequate resources and having to work additional unpaid hours, had significant impacts on the mental health of employees.	• More than 70% of employees perceived that others often gossip within the workplace, which was associated with lower wellbeing and resilience. • 3% of employees and 1% of volunteers reported experiencing frequent, high stress bullying, and 8% of employees and 2% of volunteers reported infrequent, high stress bullying. About half of those exposed to high stress bullying had high or very high levels of psychological distress.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should adequately address risk factors and promote protective factors associated with the working environment including: • tracking personnel's exposure to traumatic events and ensuring that management strategies and support options available consider the amount of exposure and cumulative exposure that personnel have had • using best practice shift systems to minimise fatigue and ensuring that rosters allow adequate time between shifts for employees to be well rested • encouraging open communications • ensuring senior leadership support is translated through to frontline managers via role modelling, training and promotion

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Workplaces that provided sufficient opportunity to recover after stressful events, and had lower levels of gossip, stigma and bullying and higher levels of support and inclusiveness, had lower levels of psychological distress and PTSD and higher levels of resilience. • Workplace teams that communicated openly about mental health and wellbeing, had regular discussions of workplace experiences, and had supportive line management, were associated with lower levels of psychological distress and PTSD and higher levels of resilience.	• In agencies with higher average levels of resilience more employees were able to take time off after experiencing a traumatic event at work (76%), more frequently had debriefings (74%) and reported that work did not drain so much energy as to affect their private lives (83%). • In contrast, employees in agencies with higher average rates of PTSD were less likely to take time off after trauma (60%), reported lower frequency of debriefings (56%) and reported emotional exhaustion affecting their private lives (69%).	**G1:** Leadership and funding **G2:** Best practice interventions and programs	• training personnel, leaders and managers in the importance of maintaining mental health and wellbeing across the career lifespan • ensuring adequate resources and flexibility are available to personnel to promote and protect mental health and wellbeing across the career lifespan • promoting an inclusive, supportive and cohesive culture free of gossip, bullying, stigma and discrimination, and implementing strategies to ensure that this culture is translated into team environments • ensuring there are tailored supports in place for personnel who are going through formal investigations or inquiries.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Employees who sought support more often reported being part of a supportive working environment, where they felt included, had someone to talk to and were able to take time to recover from traumatic experiences occurring at work, when needed. • Higher levels of support within teams and the agency were associated with higher levels of social support. This indicates that the extent to which an employee feels they are supported is not simply by friends and family, it's the workplace environment which makes a key contribution.	• Being verbally or physically assaulted in the line of duty was associated with higher levels of psychological distress. Some 28% of police employees, 18% of ambulance employees, and 4% of fire and rescue employees were verbally harassed or assaulted often or very often. Some 25% of police employees, 13% of ambulance employees and 4% of fire and rescue employees were physically attacked or assaulted sometimes, often or very often. • 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	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
	psychological distress. • A significantly greater number of employees who had been exposed to a stressful event in the course of their work in the sector (35%) were classified as having low levels of wellbeing when compared to those who experienced stressful events away from work (25%) or were unexposed (21%).		

Stigma

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Employees and volunteers generally held more stigma surrounding their own mental health than that of others. • Employees and volunteers held considerably less stigma regarding the mental health of others reporting they would be supportive of a colleague experiencing a mental health condition. • However, employees and volunteers tended to believe that others in the workplace held negative beliefs towards those with a mental health condition or a low commitment to support those with mental health conditions.	• Employees held notable levels of stigma surrounding their own mental health (self-stigma), such as the amount of shame they had about their mental health condition (33%), the amount of burden it causes those around them (32%) and avoiding telling people about their mental health condition (61%). • Most employees and volunteers reported they would be supportive of any colleague who experienced a mental health condition. For example, a very low number of employees and volunteers believed that mental health conditions are the fault of the individual experiencing them (1%) and mental health conditions were a burden on others (2%).	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1**: The workplace mental health and wellbeing strategy should include policies, programs and practices to address and reduce stigma. This should include: • promoting the agency's commitment to supporting people with mental health conditions and ensuring leadership is shown at every level so employees become more trusting of their agency's commitment • identifying mental health champions (especially leaders and those with greater than 10 years of service) within the agency, who are willing to share their personal stories and provide information and resources for others to increase knowledge about mental health and wellbeing, targeted at personnel, managers and leaders

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Employees and volunteers with high levels of mental health and wellbeing were more likely to think their colleagues would be supportive of someone experiencing a mental health condition. • Employees who had experienced stigmatising attitudes or behaviours from colleagues or their agency reported less workplace support and higher job strain, suggesting these factors may contribute to perceptions of stigma.	• However, fewer employees and volunteers were positive regarding how supportive they felt others in their agency would be towards someone who had a mental health condition. For example, only 18% of employees reported not wanting to work with someone with anxiety or depression in their team, whereas 46% reported that they think others in their organisation would not want to work with someone with anxiety or depression on the same team as them. • 10% of employees believed their organisation was not committed and resourced to make changes to promote mental health and wellbeing, and almost three quarters of employees were neutral regarding their agency's	**G1:** Leadership and funding **G2:** Best practice interventions and programs	• ensuring any education and resources provided to personnel not only address the identification of characteristics, symptoms, risk factors, prevention and treatment options for mental health conditions but also address stigmatising attitudes and the impact of stigma on seeking support • promoting the positive message that personnel are supportive of colleagues who are experiencing mental health conditions.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• There was a clear relationship between seeking support and stigma with the most commonly reported barriers to help seeking being: employees and volunteers wanting to deal with problems themselves, fear of losing the ability to work in an operational role, fear of adverse career impacts or being perceived as weak. • Employees needing support were more likely to seek it through their agency if they felt that there were lower levels of stigma within their workplace.	commitment to supporting people with mental health conditions.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Seeking support

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• More people in the police and emergency services sector seek support when they need it for a mental health condition than in the Australian population overall. • The proportion of employees who felt they received sufficient support for their needs was low which is comparable to findings from the broader general population. • Many employees with high or very high psychological distress (based on the Kessler 10) and with probable PTSD (based on the PTSD scale), did not self-report that they had a mental health issue in the past 12 months. This suggests poor mental health literacy in relation to signs and symptoms of mental health conditions among respondents.	• More than a third of employees felt that they needed support in the previous 12 months. 3 out of 4 of those employees then sought support or treatment. • Approximately half of employees (47%) who received support or treatment felt they received sufficient support for their needs. While this may seem low, it is comparable with the general population (45%). • About 1 in 5 (19%) volunteers felt they needed support in the previous 12 months. While 78% of volunteers who identified a need for help sought support or treatment, some 35% of those felt they did not receive adequate support for their level of need.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should include policies, programs and practices to enhance support seeking. This should include: • providing evidence-informed education and access to resources for all personnel, that focus on addressing mental health literacy. This should focus on increasing the understanding of the signs and symptoms of mental health conditions and strategies to protect mental health and enhance wellbeing across the career life cycle • providing safe and inclusive environments that support and encourage personnel to seek assistance, allow them to be treated with respect and dignity, and encourage them to participate actively in life and work free

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• A substantial group of employees who reported symptoms of mental health conditions and significant levels of functional impairment did not think they needed support. When individuals do not recognise the signs and symptoms, and therefore do not realise that they have a mental health condition, they are less likely to seek support. • One group of employees did not seek support because they did not know what to do.	• The most commonly accessed type of support by employees was formal or informal debriefings with a manager or work colleagues (38%). • Approximately half of psychologist services accessed in the previous year were sourced through or provided by the employee's agency. • Almost 15% of employees who scored high or very high levels of psychological distress on the Kessler 10 scale, and 2% of employees with probable PTSD, did not feel that they had a mental health or emotional issue in the past 12 months.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	of stigma and discrimination • reviewing and adapting internal policies and practices to combat the barriers to seeking support identified in the national survey, such as being taken out of an operational role, adverse impact on careers and career progression, and being perceived as weak • building multiple pathways both within and outside the agency to increase the likelihood of personnel seeking the right support at the right time • ensuring that available support services adequately meet the needs of personnel based on the severity of their mental health condition (for example, self-help techniques, peer support or coaching for mild to moderate symptoms, clinical support for more severe conditions)

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Barriers to seeking support commonly cited, for employees and volunteers, included wanting to deal with it themselves and concerns about being treated differently or being perceived as weak. Employees were also worried about harming their career prospects or being removed from operational work. • Employees who have positive perceptions of workplace support and work-life balance and reported lower levels of emotional demands at work were more likely to seek support.	• More than 25% of employees with high or very high psychological distress, and about 17% of employees with probable PTSD acknowledged that they had an emotional or mental health issue but did not feel that they needed any support. In addition, more than 20% of employees with probable PTSD perceived a need for support but either did not seek it or did not receive any support. • More than 1 in 5 employees with probable PTSD or with very high levels of psychological distress delayed seeking support by more than one year. • Of those who did not seek support, most employees (77%) and volunteers (67%) preferred to deal with their issues by themselves or with family/friends.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	• ensuring that support services are well promoted throughout agencies and that personnel know how to access the supports available.

Workers' compensation

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• The number of employees making workers' compensation claims resulting from trauma, stress or a mental health condition sustained during workplace duties at some time in their careers, were among the highest rates of any industry or occupation group. • Most respondents making workers' compensation claims found the process to be unsupportive, stressful and that it had a negative impact on their recovery.	• About 14% of employees (approximately 16,000) had made a workers' compensation claim as a result of trauma, stress or a mental health condition sustained during workplace duties. • 61% of employees, reported that the process had a negative impact on their recovery; 69% reported they had no or only small amounts of support and 68% reported moderate to extreme stress with the process. • Many employees lodging claims had concerns about the fairness of how they were treated. One third of employees (33%) felt they were treated unfairly; more than 40% felt they were treated somewhat fairly and only 25% felt that they were treated very fairly.	**G3:** Workers' compensation reform	**A1**: The workplace mental health and wellbeing strategy should ensure a focus on early reporting and early intervention as well as focusing on how to support personnel before, during and after a workers' compensation claim.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
	• Among employees with probable PTSD who made a claim, 75% felt it had a negative impact on their recovery with only 8% reporting a positive impact on their recovery. More than half (52%) felt they were not supported at all during the claims experience, and 63% reported very or extreme levels of stress with the claims experience.	**G3:** Workers' compensation reform	

Former employees

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• The sample of former employees was not recruited as a random sample and may not be representative of the experiences of all former employees. • The group of post-service employees and retirees identified in this survey continue to experience significant psychological distress years after retirement or leaving their jobs in the sector. • Former employees who participated in the survey had high rates of probable PTSD, psychological distress, and suicidal thoughts.	• Almost 1 in 4 former employees (23%) had probable PTSD, 23% had high psychological distress and 19% had very high psychological distress. • 28% of former employees had seriously thought about taking their own lives. Of those, 66% felt this way while still working in the police and emergency sector and 62% felt this way after leaving the sector. • For most of the former employees who had been diagnosed with a mental health condition, they had the condition while they were working in the police and emergency services sector (89%).	**G4:** Support for former employees	**A1:** The workplace mental health and wellbeing strategy should incorporate how to support personnel leaving or transitioning out of the service. The support should start at the earliest opportunity and continue post-service.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Former employees had lower resilience and were much less likely to receive high levels of social support compared with current employees – particularly those former employees currently experiencing probable PTSD or high rates of psychological distress.	• Former employees were much less likely to report high levels of social support compared with current employees, particularly those who identified as having probable PTSD or high rates of psychological distress. Just over half (56%) had high levels of both providing social support to others and receiving social support from others.		

Conclusion

Overview

Answering the call examined factors that affect the mental health of employees, volunteers and former employees in the police and emergency services. This included personal and workplace factors associated with mental health and wellbeing, stigma and support seeking, experiences of the workers' compensation system, and experiences of former employees after they left the service.

Police and emergency services agencies were found to be among the highest risk organisations for exposure to traumatic events and the development of high psychological distress, PTSD and related mental health conditions. The findings highlight factors that impact on the mental health and wellbeing of personnel in the police and emergency services sector that need to be addressed. This includes supporting the development of mentally healthy workplaces for all employees and volunteers, as well as more effectively supporting personnel for their mental health and wellbeing.

Over recent years, police and emergency services agencies have noticeably increased activities to support the mental health and wellbeing of their personnel. It is acknowledged that all police and emergency services agencies have policies and programs that address mental health and wellbeing and provide a range of beneficial supports to their staff and volunteers. However, the survey results have highlighted areas where there are opportunities to improve the management of risk in the workplace and to enhance the support provided to personnel when they need it. The main survey themes are discussed further on the following pages.

Mental health and wellbeing

The survey included a number of measures of mental health and wellbeing including the Kessler 10 measure of psychological distress (K10), the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), the PTSD screening scale, suicidal thoughts and behaviours, whether respondents had been diagnosed with a mental health condition, functional impairment measures, the resilience scale and the Shakespeare-Finch two-way social support scale. In combination, these measures provided a comprehensive picture of the mental health and wellbeing of employees and volunteers in the police and emergency services sector.

Across all of these measures there was a consistent pattern showing higher rates of poor mental health and lower rates of positive mental wellbeing and resilience in employees in the police and emergency services sector, compared with the general population and with other industry and occupation groups, including the Australian Defence Force. However, despite these high rates of poor mental health, it's important to recognise that a large group of personnel in the sector reported good levels of mental health and wellbeing, high levels of resilience and low levels of psychological distress. In addition, volunteers reported lower levels of psychological distress and probable PTSD and higher levels of positive wellbeing than employees.

In terms of suicidal thoughts and behaviours, the survey data showed higher rates of suicidal ideation and suicide plans in employees and volunteers compared with Australian population averages, but rates of suicide attempts comparable to the general population. Further, suicidal thoughts and behaviours were strongly associated with high levels of psychological distress and diagnosed mental health conditions. While suicidal thoughts and behaviours are often associated with high levels of psychological distress, it's important to note that most people with mental health conditions are not suicidal. Previous research on suicides in police and emergency services has found mixed results, with some suggesting that increased access to potential means of taking one's life – including access to lethal drugs and firearms – contributes to elevated suicide rates in personnel. Other research has suggested that having to attend suicides in the course of duty, respond to the aftermath of suicide events, and interact with bereaved families has an impact of reducing suicide attempts in personnel due to a heightened awareness of the impact suicide has on others.

The mental health and wellbeing results from *Answering the call* highlight the need for dedicated approaches and frameworks to manage the high rates of psychological distress, probable PTSD in employees and suicidal thoughts and planning in employees and volunteers found in the police and emergency services sector. Further national research should be funded to determine best practice interventions and programs for mental health and wellbeing specific to the police and emergency services sectors to establish the best ways to provide support.

Individual risk and protective factors for mental wellbeing

Length of service

The survey findings showed that employees with a longer length of service (10 years or more) had significantly higher levels of psychological distress, probable PTSD and suicidal thoughts, as well as low levels of wellbeing and low sleep quality compared to those with less than two years' service. Although it's not inevitable that working in the police and emergency services sector will lead to mental health conditions, it's important that agencies embed mental health and wellbeing strategies and interventions early in personnel careers and ensure they are tailored to the unique needs of personnel and their career stages. Agencies should also consider tailored approaches for personnel who have been in the sector for long periods of time.

Exposure to traumatic events

The survey showed a clear association between having more exposure to traumatic events at work and higher rates of psychological distress and PTSD for employees. While traumatic events can also occur outside the workplace in people's day to day lives, and people's mental health is influenced by a combination of their life experiences both at work and outside of work, the survey findings strongly suggest that the higher rates of PTSD and psychological distress in employees in the police and emergency services sector can be associated with workplace factors.

In comparison with employees, volunteers had much lower exposure to traumatic events in their work, much lower rates of mental health conditions and higher levels of mental wellbeing. While many volunteers devote significant amounts of time to their agencies, the time commitment of most volunteers is substantially less than employees – most of whom work full-time hours. Where both employees and volunteers attend an event, most agencies deploy employees to the situations that are potentially most risky or traumatic. Additionally, most police and emergency services agencies have protocols in place to limit volunteers' exposure to the most potentially traumatic experiences. While this reduces the risks associated with volunteer work compared with employees, there is still some risk associated with volunteer work in the police and emergency services sector, and some volunteers are exposed to events or experiences that negatively impact their mental health and wellbeing.

Social support, sleep quality and physical activity

The survey identified a number of factors that were associated with positive mental health and wellbeing. Maintaining a healthy level of physical activity and getting regular good quality sleep were both positively associated with mental wellbeing. In addition, levels of social support and quality of personal relationships were positively associated with mental health and wellbeing and were among the primary indicators of wellbeing. The survey data also identified that among employees who have experienced trauma or have probable PTSD, high levels of social support and resilience were associated with lower levels of suicidal thoughts.

While some of these factors are generally known to be linked to positive wellbeing and are not specific to the police and emergency services sector, there may still be workplace influences that could promote or impede these such as shift work, irregular hours, and high levels of stress and work intensity. Therefore, managing the working environment and ensuring all personnel have access to social supports, and monitoring and promoting resilience may help improve the mental health and wellbeing of all personnel.

Alcohol consumption

The survey found high rates of potentially harmful alcohol consumption in personnel. While Australian adults have high rates of alcohol consumption in general, there are specific issues relating to the interaction between alcohol use and mental health conditions that need to be considered. Some people use alcohol to help manage symptoms of mental health conditions that they're experiencing. Using alcohol instead of seeking appropriate forms of support can make symptoms worse and further delay support seeking.

The survey found higher rates of alcohol consumption in employees with probable PTSD. It identified that employees who have low levels of social support were more likely to drink at harmful levels. Good levels of social support may be protective against harmful levels of drinking and drinking alone may be particularly unhelpful for people with developing mental health conditions.

All police and emergency services personnel should be aware of the risks that regular and heavy alcohol use may pose to their mental health. Workplaces should also be encouraged to promote healthy drinking cultures and be alert to the risks of heavy alcohol use as a coping mechanism.

Alternative approaches to coping with stress should also be encouraged, such as participating in physical and sporting activities, community groups and social activities, eating together and other stress reduction and wellness strategies such as mindfulness. An increase or change in pattern of alcohol use may be a sign of a developing mental health condition. One component of well-functioning teams where colleagues look out for each other should include watching out for any negative changes in behaviour or habits including an increase in unhealthy drinking patterns.

Risk and protective factors associated with the working environment

Creating a mentally healthy workplace

While police and emergency services agencies operate in a specific context, and their workforces face particular risk factors, they are also workplaces, and the core components of an evidence-based approach to a mentally healthy workplace are just as relevant to them as any other workplace. In addition, while there are important differences between agencies in the types and nature of work that they do and in resources, policies and practices, the survey results highlighted common themes across all agencies that participated in the national survey.

In all agencies there was a concerning number of employees with poor mental health. All agencies had high rates of psychological distress and probable PTSD in their employees. All agencies had personnel with mental health conditions who were not seeking or receiving adequate support. All agencies had staff who perceived stigma – particularly adverse career impacts – which impacted on seeking support for mental health conditions. These themes indicated that many of the issues identified in the survey are relevant across all police and emergency services agencies. In addition, the results showed that these issues are strongly and directly associated with workplace factors.

Therefore, it is vital that all police and emergency services agencies develop a comprehensive workplace mental health strategy that has sustained and authentic commitment, where workplace mental health is seen to be as important as other health and safety or business improvement initiatives and is integrated and considered part of core business.

Managing the working environment

This survey found that factors associated with poorer mental health outcomes involved aspects of working in the police and emergency services sector such as experience of verbal and physical assaults in the line of duty. Additionally, there were a range of workplace issues such as lack of support and influence at work, and experience of sexual harassment, gossip or discrimination. This indicates a need to develop workplace practices which lead to more supportive work environments. In addition, involvement in formal investigations or inquiries was common and involvement in these events was associated with significant stress.

The nature of work in the sector, and importance of that work to the community, means there will always be a level of oversight. The survey findings showed that official or media scrutiny of events can be stressful and can affect the mental health and wellbeing of those involved. Providing a supportive and transparent environment during times when scrutiny is heightened is important for all police and emergency services agencies.

The nature of police and emergency services work also requires people to be able to respond to emergencies whenever they occur at any time of the day or night, and to quickly assemble resources for the duration they are needed. As such, shift work, irregular hours, being on call and intense periods of work is a part of many roles in the police and emergency services sector.

Personnel doing shift work should be encouraged to take steps to support and improve the quality of their sleep. Rosters should be organised to minimise the requirement to return to work without an adequate break between shifts. It's also important to ensure that personnel are not exposed to high intensity of work on an ongoing basis. This may mean ensuring that police and emergency services agencies have sufficient resources to respond to the level of emergency events occurring in their communities and managing workloads to ensure no individuals or teams are regularly being stretched beyond reasonable expectations. It may also involve designing flexibility into work flows

and rosters, and monitoring the nature and frequency of events, so that personnel can have downtime built into their schedules when they need it.

Team environments

Notable in the survey findings were the differences in individual teams within the agencies. Many of police and emergency services agencies are large and complex organisations with diverse teams spread over many locations. Attitudes towards mental health and wellbeing can vary significantly between teams and individuals within a workplace. Commitment is required from senior leaders as well as the teams across the whole agency, in order for an agency to effectively embrace policies and programs that promote mental health and wellbeing.

The results from this survey indicated that a working environment that supports mental wellbeing can help minimise harm. Furthermore, employees showing high levels of resilience and lower PTSD severity more often reported working within cohesive team environments. These environments included having someone to talk to and being able to debrief following traumatic experiences. This is consistent with prior research which has linked support to a reduction or end of PTSD symptoms. On the other hand, stress from leadership, gossip and bullying may worsen psychological distress, hinder recovery and reduce support-seeking behaviours following traumatic events.

Another key issue highlighted by the survey was the need for personnel to have the time and opportunity to take stock after particularly traumatic or intense events occur. This helps to ensure that issues can be addressed as they arise and allows personnel to be able to rest and recover. In addition, this reduces the probability of the same employee experiencing repeated stressful incidents within a short period of time. This goes hand in hand with findings from the survey that it's important for police and emergency services agencies to have sufficient resources to allow their personnel flexibility after traumatic events and to be able to manage overall working hours.

Another key finding from this survey was that workplaces that were more inclusive, provided opportunities to discuss work events and emotional issues, were supportive and had more positive communications, had lower rates of mental health conditions. Promoting inclusive, supportive and cohesive cultures free of gossip, bullying, stigma and discrimination, and implementing strategies to ensure that this culture is carried over into team environments should be a priority of all police and emergency services agencies.

A resilient worker and workplace

A range of personal and workplace factors were found to be related to resilience and positive mental health and wellbeing at an individual level and workplace level (see the following figures). Resilient workers were more likely to access support services, have good sleep quality and physical health, and have strong social support networks. These individual factors should be targeted to improve mental health outcomes, and in doing so improve the resilience of a worker.

In addition, a multitude of workplace factors were associated with higher resilience and lower psychological distress. A supportive team environment and leadership styles, time to recover following incidents and positive work-life balance were all associated with higher resilience. These items provide further evidence that the effects of an often high paced and stressful working environment may become particularly harmful when it begins to adversely affect personnel's private lives. Providing a positive working environment may therefore be important in ensuring personnel remain resilient against adversity they may face in their work, and in doing so positively impact their life outside of work.

A resilient worker

- Good physical health
- Good sleep quality
- Participates in and uses available supports
- Strong social supports at work and home

A resilient workplace

- Supportive and open team environment
- Supportive workplace committed to the mental health and wellbeing of personnel
- High levels of social support
- Balanced and flexible work life
- Creates time for recovery
- Low level of stress, gossip and bullying
- Inclusive and fair

Seeking support

Managing exposure to situations and events that could negatively impact mental health, watching out for early warning signs and seeking support, may help reduce the risk of mental health conditions developing. However, when issues do arise the best outcomes occur when appropriate types and sufficient amounts of support are accessed in a timely way.

Mental health literacy

A primary barrier to seeking support is recognising a need. The survey found that many employees with high or very high psychological distress (based on the Kessler 10) and with probable PTSD (based on the PTSD scale), did not self-report that they had a mental health issue in the past 12 months. In addition, a substantial group of employees who identified that they had an emotional or mental health issue and reported significant levels of functional impairment did not feel they needed support. 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.

Knowing when to seek support is one component of mental health literacy. This includes:

- having knowledge and understanding of mental health conditions to be able to recognise the signs and symptoms of one developing
- knowing when it's appropriate to seek support
- knowing what types of services and treatments are available
- knowing how to seek support, and what to do if initial efforts are not very successful.

A good level of mental health literacy can be valuable in terms of recognising and seeking support for an individual's own mental health. It can also be helpful in recognising when colleagues may be experiencing difficulties and supporting them. Providing evidence-informed education and access to resources for all personnel, that focus on addressing mental health literacy should be a key consideration by all police and emergency services agencies. This should focus on increasing the understanding of the signs and symptoms of mental health conditions and strategies to protect mental health and enhance wellbeing across the career life cycle.

Stigma and barriers to seeking support

This survey found that about one in five employees recognised they needed support for an emotional or mental health condition but didn't seek any support. Among personnel who did not seek support for emotional or mental health issues, or who delayed seeking treatment, the most common barrier was that they preferred to deal with their issues themselves, or with their families and friends. Other commonly cited barriers included concerns about being taken out of an operational role, having an adverse impact on careers, or being perceived as weak. These issues may be linked to real or perceived stigma associated with mental health conditions. Rates of seeking support when needed were also lower among employees who felt shame or embarrassment about their mental health, and among employees who perceived that their agency was not well equipped to support people with mental health conditions.

Community attitudes to mental health have been changing in recent times. Levels of stigma have been reducing while levels of mental health literacy have been increasing. While changes in levels of stigma and mental health literacy have been positive, there are still improvements to be made in increasing mental health literacy, and reducing the stigma associated with mental health conditions.

While stigma is a barrier to seeking support in the Australian population in general, there are aspects of stigma that are specific to the police and emergency services sector. The nature of police and emergency services work as helping others in times of need and needing to be seen as physically and mentally strong to provide these services, can count against seeking support.

Some of the roles within the police and emergency services are seen as not suited to people with mental health conditions. Fear of losing the ability to work in an operational role, or fear of adversely affecting their career are factors that can motivate some against seeking support and seeking it in a timely way. Reviewing and adapting internal policies and practices to combat the unique barriers and stigma to support seeking and ensuring that support services are well promoted and known by all personnel should be a key focus of all police and emergency services agencies.

Receiving adequate support

A substantial number of personnel in the police and emergency services sector who sought support felt they did not receive it at an adequate level with 40% stating they needed more support than they received and only 20% stating that they received sufficient support for their needs.

While the number of people who received sufficient support for their needs was low, indicating substantial gaps in health service seeking and use, these figures are similar to what has been found for the general population in Australia overall. In comparison, a higher number of police and emergency services employees did seek support when they feel they needed it compared to the broader population.

This reflects that mental health care is inadequate across the entire population and is not an issue just associated with police and emergency services. The higher than population average rates of seeking support, despite the unique challenges of the industry, may reflect that police and emergency services agencies do have a range of programs designed to provide support to people who need it.

Obtaining an appropriate level of support for mental health conditions can be challenging and may require persistence. Mental health conditions vary in severity and typically develop gradually over a period of time. Effective treatment and recovery also takes time and persisting with therapies long enough to achieve benefits may represent a particular challenge.

These challenges may be due to limits on the number of sessions or amount of services that may be funded or provided through particular schemes. It may also be due to limits on time and availability to attend sessions, lack of understanding of what progress can reasonably be expected in a given amount of time and becoming discouraged if recovery is slower than hoped.

Ensuring the support services within police and emergency services agencies adequately meet the needs of personnel based on the severity of their mental health condition and building multiple pathways both within and outside the agency is important to increase the likelihood of personnel seeking the right support at the right time.

Workers' compensation

The survey results strongly showed that most employees who had made a compensation claim related to mental health had negative experiences of the process. Most found the experience was unhelpful or negatively impacted their recovery. They found it unsupportive and stressful, and many felt they were treated unfairly in the process.

The survey results provide compelling evidence that fundamental reform is needed in the way workers' compensation claims relating to mental health conditions are dealt with. Compared to compensation claims that are related to physical injuries, there are particular issues that need to be considered in relation to claims relating to mental health. The symptoms of mental health conditions can directly impact on people's ability to navigate the claims process and deal with issues that may arise during the process.

The survey data strongly suggests that the higher rates of mental health conditions and PTSD in particular, are associated with workplace factors. While mental health is influenced by a combination of life experiences both at work and outside of work, the nature of the working environment in the police and emergency services sector increases the risk of adverse mental health outcomes.

Workers' compensation processes include safeguards to protect against false or fraudulent claims, and procedures to determine if the mental health condition is related to work. However, the high level of claims for psychological trauma, stress or mental health conditions among police and emergency services employees is consistent with their high rates of psychological distress and probable PTSD. These are directly linked to exposure to traumatic events in the workplace. The burden to prove mental health conditions were caused by workplace factors can heighten psychological distress and hinder recovery.

The way claims are judged, and the rules and regulations relating to them should also be considered. Compared with many physical health conditions that can be objectively measured and quantified, verifying mental health conditions can be more challenging. Clinicians can have differing opinions of the same case, and diagnosing mental health conditions often relies on understanding people's emotions and reactions to situations that cannot be directly observed in the consulting room.

Mental health conditions can affect people's cognitive abilities, decision making processes, relationships and communications skills. For people with PTSD in particular, the claims process may be particularly challenging. People with PTSD often experience hypervigilance, suspiciousness, difficulty concentrating, and a numbing of emotional responses, including detachment from others and lack of positive hope for the future. These symptoms may negatively impact their ability to navigate a complex, drawn out and time-consuming process. As a result, employees experiencing significant mental health conditions may require additional levels of support when lodging workers' compensation claims.

For people who have devoted substantial portions of their lives to helping others in times of crisis, while exposing themselves to personal risk, the processes to support them when they need it should promote recovery and wellbeing. They should not make the symptoms and the psychological distress that the person may already be experiencing worse. In guarding against false or fraudulent claims it's important not to worsen the symptoms and impede the recovery of employees making claims who are experiencing mental health conditions and have a genuine need for support.

The Commonwealth Government should take a leading role in driving fundamental reform to the workers' compensation system with the aim to ensure that personnel receive early diagnoses, accurate assessments and appropriate treatments without delay, to avoid the negative impacts caused by the current system.

Former employees

After a career in the police and emergency services sector, for some former employees retirement can be challenging. This may be particularly so for employees who developed mental health conditions while working which they hadn't fully recovered from before they retired. For others, the transition to retirement can create challenges where, for instance, they lose access to friends and colleagues and support mechanisms that were important to them.

The *Answering the call* survey was conducted in a different way among former employees. As there are few lists of former employees available, and due to the way the sample was recruited via advertising (through networks and former employee associations) the sample of former employees should not be considered as a representative, random sample. The information collected in the survey may also not represent the experiences of former employees who did not participate in the survey.

However, despite these limitations, the survey clearly identified a group of former employees who continue to suffer significant psychological distress years after retirement or leaving their jobs in the police and emergency services sector.

Former employees who participated in the survey had high rates of PTSD and psychological distress, and low levels of resilience. They were much less likely to receive high levels of social support compared with current employees – particularly those former employees with current probable PTSD or high levels of psychological distress.

Among the former employees who participated in the survey, a number left their jobs due to mental health related reasons. About one in three former employees surveyed had made a workers' compensation claim related to a mental health condition, and most reported substantially negative experiences related to their claim. Among former employees who felt they had been treated unfairly or who reported that the experience was unsupportive or negatively impacted their recovery, many were still experiencing psychological distress. They related this stress back to incidents that occurred in their work careers and the way they were managed.

Working in the Australian Defence Force has long been recognised as being associated with higher risk of both mental and physical health conditions. Through the Department of Veterans' Affairs, veterans of the Australian Defence Force are provided with a range of supports and services long after they're discharged from active duty. *Answering the call* identified rates of psychological distress and PTSD in the police and emergency services sector that are higher than those that have been reported in Australian Defence Force personnel. In contrast, police and emergency services agencies are not funded to provide support for former employees after they leave the service.

A national approach to better support post-service employees and retirees from the police and emergency services workforce needs to be established and led by the Commonwealth Government in collaboration with all state and territory governments.

Summary

Answering the call has provided the first national evidence of the mental health and wellbeing of employees and volunteers in the police and emergency services sector. The majority of personnel in the sector have positive mental health and wellbeing, however, the survey highlighted the higher risks of mental health conditions compared with the Australian population in general, and other sectors such as the Australian Defence Force. Most police and emergency services employees and volunteers believe their work to be meaningful and important, but it's also often stressful and demanding, and can expose people to a range of potentially traumatic situations. These risks, and the way they're managed particularly in the workplace, can lead to mental health conditions that can be persistent and significantly impact people's lives.

The survey has identified a range of issues that are related to mental health and wellbeing in the police and emergency services sector, and areas that could be addressed to improve wellbeing. The survey was conducted as Phase 2 of Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services. The next phase, Phase 3, is a collaborative 'evidence to action' project working in partnership with agencies to develop and implement strategies to act on this evidence to improve mental health and wellbeing in the police and emergency services sector.

Many employees and volunteers devote a lot of years to their agencies and serving their communities. Most undertake these roles with the knowledge of the associated risks, out of a desire to help others in times of need. The survey identifies the risks associated with police and emergency services work for mental health and wellbeing, and areas where improvements are needed to better support personnel when issues arise. Beyond Blue is committed to working collaboratively with agencies and the broader community to promote improved mental health and wellbeing in the police and emergency services sector, and to support the people who protect us when they need support themselves.

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Appendix 1

Survey weights

Survey data can be weighted so that the data can represent the population from which the sample was drawn. *Answering the call* employed a complex sample design with samples being drawn in larger agencies, and censuses undertaken of employees in smaller agencies. Different stratifications (arrangement of groups) were employed in different agencies based on variations in the workforce demographics of each agency.

Survey weights have been calculated to account for both the probability of being selected in the survey, and the probability of participating in the survey. The profile of survey participants was compared to several sources to examine how representative the surveyed sample was, and to inform weighting strategies. These included: the 2016 Census of Population and Housing, the Productivity Commission's Report on Government Services, and the demographic statistics provided by each agency about their workforce.

Overall, there were 21,014 participants who completed the *Answering the call* survey. The response rate was 22 per cent among employees, and 10 per cent among volunteers. A response rate and weights could not be calculated for former employees as the sample was not selected using random sampling.

Demographic characteristics of the employee and volunteer samples were compared with the census data. The sample was comparable to the census distribution of many characteristics such as marital status, and country of birth. However, the sample had a slightly higher proportion of females, and a slightly older age distribution than the workforce in general. It's common in surveys that younger people, particularly young males, have lower response rates.

Weighting was used to account for these small differences in gender and age group between the composition of the survey data and the available comparative data. Separate weights were developed for the employee and volunteer samples.

Response bias

When there is non-response in a survey, there is always a possibility that there could be systematic differences between respondents and non-respondents that affect the results of the survey. This response bias is often difficult or impossible to measure, as generally very little is known about non-respondents.

To assess response bias, demographic characteristics of the sample were compared with the known demographic characteristics of the entire population of employees in the sector. Comparisons of the survey data to the workforce demographics provided by the agencies themselves, identified some small biases.

Respondents in the survey were slightly more likely to be female, older, and in non-operational roles. No differences were found in terms of country of birth, educational status, marital status or number of children.

As the survey was branded as a Beyond Blue project, and was presented as a study of mental health and wellbeing, it is possible that employees and volunteers would be more likely to participate in the survey if they had some experience of mental health conditions, or if they had poor experiences in the workplace related to mental health and wellbeing that they wanted to discuss in the survey. To look for possible signs of response bias, we investigated if there was any association between response rates in individual agencies and rates of various mental health conditions in those agencies, and whether there were any differences between early and late respondents.

Analysis suggested that outcomes were not related to the response rate in each agency, and there were no meaningful differences between early and late respondents.

The analysis did suggest that more active volunteers and those with higher levels of engagement and participation in volunteer activities were more likely to participate in the survey. Apart from this, there was little evidence of response bias in *Answering the call.*

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Where to find more information

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