Beyond Blue

National Mental Health and Wellbeing Study of Police and Emergency Services

(2016-2020)

A summary of the three phases of Beyond Blue's research examining mental health and wellbeing in Australia's police and emergency services sector

November 2020

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- Ambulance Victoria
- Australasian Fire and Emergency Services Authorities Council
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Contents

Foreword

Police and emergency services personnel put their lives on the line each day to protect communities from harm. In 2020, they have supported us during extraordinarily challenging events such as bushfires, floods and the COVID-19 pandemic.

The mental health impacts of responding to these events are likely to be felt in the years to come. However, police and emergency services agencies have never been better prepared to improve and support the mental health and wellbeing of their selfless personnel.

This report summarises Beyond Blue's Police and Emergency Services Project, spanning three distinct phases over the course of five years. Phase 2 included Beyond Blue's landmark *Answering the call* survey, a comprehensive snapshot reflecting the experience of more than 21,000 police and emergency services workers and volunteers. The survey led participating agencies to translate the findings into practical actions that enhance their existing workplace mental health approaches.

The Police and Emergency Services Project has highlighted three areas critical to promoting positive mental health in the sector.

Firstly, it is essential to create mentally healthy workplaces to support police and emergency services employees and volunteers. When I launched the *Answering the call* report, I said "a supportive work culture is like giving everyone in the organisation a mental health inoculation".

Developing a supportive culture does not happen by accident. It requires a strategic and integrated approach with a strong focus on promoting positive mental health, preventing risks and supporting personnel experiencing mental health conditions.

Secondly, mental health literacy and understanding how to protect one's own mental health is crucial. A key takeaway from *Answering the call* was that police and emergency services personnel are more likely to experience high levels of distress but may not recognise the signs and symptoms.

Having these skills enables a person to ask for help when they need it or recognise when a colleague may be struggling.

Thirdly, stigma relating to poor mental health continues to be an issue for the sector, despite a strong focus on developing supportive cultures. *Answering the call* found that individuals have a positive regard for – and are supportive of – colleagues experiencing mental health conditions.

However, individuals still grapple with self-stigma which prevents them speaking openly about their experiences and seeking support. While self-stigma is particularly hard to counter, agencies continue to work through practical ways to address it within their organisations.

The sector has made significant progress over the past four years and I commend the contribution and commitment of personnel, leaders and stakeholders. Beyond Blue is honoured to have played a part in helping the sector build its capacity to achieve better mental health outcomes.

I thank everyone who has been involved in this project, especially the agencies, organisations and individuals who have led this work. Beyond Blue is confident in the sector's ability to continue to lead and maintain the momentum needed to ensure all agencies are equipped to protect and support their people through the challenges that lie ahead.

**The Hon Julia Gillard AC
Chair, Beyond Blue**

Executive summary

Beyond Blue has been working with Australia's police and emergency services community since 2014 to improve understanding of and support for the mental health and wellbeing of police and emergency services personnel. In 2016, Beyond Blue commenced a three-phase National Mental Health and Wellbeing Study of Police and Emergency Services. This four-year undertaking concluded in May 2020 and this report shares the outcomes, learnings and recommendations.

The Police and Emergency Services Study commenced with a qualitative narrative project that explored the mental health experiences of current and former police and emergency services personnel and their families. These experiences highlighted the significant effect that police and emergency services work can have on mental health, with both positive and negative outcomes. Working in the sector provides many workers with a strong sense of purpose and social connection. Conversely, this research also emphasised that, in addition to occupational trauma, poor workplace culture and practices can have a particularly damaging effect on the mental health of police and emergency services personnel.

These initial findings helped frame the second phase of Beyond Blue's Police and Emergency Services Study; the first nationally representative survey of police and emergency services personnel in Australia. More than 21,000 current and former police and emergency services employees and volunteers from 33 police and emergency services agencies across Australia completed the survey between October 2017 and March 2018. In November 2018, Beyond Blue published the findings, along with a series of recommendations around how to respond to them, in a report entitled *Answering the call*.

Answering the call confirmed that mental health issues were more prevalent amongst the police and emergency services workforce than in the general population and, reiterating Beyond Blue's earlier findings, further established that poor workplace culture and practices were just as damaging to mental health as occupational trauma. The survey also found that the likelihood of poor mental health increased with length of service and that self-stigma, awareness of negative workers' compensation experiences and the perception that asking for help was a sign of weakness were barriers to timely support-seeking amongst affected police and emergency services personnel. *Answering the call* also found that building a strong social network of family and friends outside of work, enhancing sleep quality and increasing physical activity is likely to help support and improve mental health and wellbeing in the workplace.

Answering the call established, for the first time, baseline measures of mental health and wellbeing among Australian police and emergency service workers, and a clear case for prioritising the mental health and wellbeing of this essential workforce. The report also presented Beyond Blue's strategic recommendations to help governments and agencies continue to take action to address these issues.

The overarching recommendation for government action made in *Answering the call* was to adopt a nationally coordinated policy approach to police and emergency services mental health and wellbeing. This approach should address four action areas: adequate funding for agency mental health programs, best practice interventions and practices, workers' compensation reform and support for former employees. Beyond Blue recognises several of these recommendations were consistent with the recommended actions in the Australian Government's response to the Senate inquiry into first responder mental health (February 2020). These include its commitment to a Commonwealth-led national action plan on first responder mental health and in-principle support for workers' compensation reform.

The recommendations to agencies outlined in *Answering the call* encouraged them to develop or enhance formal workplace mental health and wellbeing strategies and to address the confidential findings unique to their agency. The purpose of the third phase of Beyond Blue's Police and Emergency Services Study was to assist agencies to implement these recommendations and translate knowledge into action. Between July 2019 and March 2020, Beyond Blue provided participating police and emergency services agencies with the support of strategic wellbeing specialists at no cost to the agencies. Comprising of a collaborative workshop, followed by further

advice and support, these engagements were tailored to the needs of each agency to support them to progress their mental health and wellbeing approaches.

The engagements provided additional support for agencies to reflect on their specific results and design, review, implement or update a strategy that addresses their unique mental health and wellbeing needs.

Beyond Blue found that most police and emergency services agencies' approaches to workplace mental health and wellbeing were broadly comparable to other sectors, with the maturity of agency approaches varying based on a range of enablers and barriers outlined in this report. However, the Police and Emergency Services Study found that a handful of agencies are forging ahead, with leading-practice strategies either in place or near finalisation.

While it is reassuring to see agencies progressing their mental health and wellbeing strategies and demonstrating a clear commitment to mental health, there is no room for complacency at a sector-level. Phase 3 of the Police and Emergency Services Study provided an opportunity to explore how challenges that are common to many workplaces present in the police and emergency services sector. These include issues around stigma, leadership, role clarity and funding for proactive health and wellbeing approaches. Other challenges evident amongst the Phase 3 participants are unique or heightened in relation to police and emergency services work, such as monitoring trauma exposure, critical incident debriefing, shift frequency/length, alternative duties and reaching volunteer and remote personnel.

Generally, to accelerate mental health and wellbeing approaches across the police and emergency services sector, all agencies should be encouraged, empowered and equipped to:

- design and implement a mental health and wellbeing strategy that is executive-endorsed, follows the 'Protect-Promote-Support' model, is evidence informed, uses psychosocial risk assessments to prioritise actions and includes proactive strategies and actions as well as reactive supports
- integrate coordinators of mental health and wellbeing work with related areas of the business, including Human Resources, Occupational Health and Safety, Learning and Development and Return to Work personnel
- support and help retain health and wellbeing personnel through encouraging internal and external knowledge sharing, developing succession and sustainability plans and avoiding single-point dependencies
- establish business cases that demonstrate the long-term benefits of investing in proactive mental health and wellbeing strategies

- develop communication and engagement strategies that promote deeper engagement across the organisation, particularly from executive leaders
- promote understanding of a strategic approach to mental health and wellbeing
- prioritise people-leadership skills, both in general and with specific regard to psychological safety
- ensure mental health and wellbeing training is tailored to specific cohorts
- develop multifaceted approaches to mitigating suicide risk
- maintain awareness of contemporary research on the effectiveness of existing programs and services, including the current evidence around psychological debriefing following critical incidents.
- integrate datasets, consider realistic and effective benchmarking measures and evaluate strategies and approaches against leading practice
- identify meaningful alternative duties for staff affected by mental health conditions.

With the study now complete, Beyond Blue will shift focus from supporting individual agencies to improve organisational outcomes, to supporting self-sustaining, sector-led approaches.

Further, Beyond Blue will continue to advocate for change, particularly through promoting the recommendations made in *Answering the call*. Beyond Blue is pleased to see a number of government commitments have already been made, both at Commonwealth and state levels, around some of the issues raised in *Answering the call* and is looking forward to participating in the relevant consultation processes during implementation.

The three phases of Beyond Blue's Police and Emergency Services Study provided the evidence to compel action, helped agencies further enhance their strategies and guided Beyond Blue's recommendations for further progress. We hope the Police and Emergency Services Study has contributed further evidence to compel action, helped agencies to further enhance their strategies and guided thinking for the future. We are confident that, working together, agencies, governments, unions, peak bodies and serving and retired personnel and their families will continue to make a difference.

Beyond Blue's Police and Emergency Services Program and Police and Emergency Services Study: Identifying the issues

This project report outlines the three phases of the Police and Emergency Services Study conducted within the broader Beyond Blue Police and Emergency Services Program. The report describes activities and key findings from the three phases conducted from 2016 to 2020.

Beyond Blue's Police and Emergency Services Program

Beyond Blue established the 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 service workers, volunteers and their families.

The broad objectives of the Police and Emergency Services Program were to:

• Reduce the stigma associated with mental health conditions, attempted suicide and suicide among police and emergency services personnel.

• Increase the number of police and emergency services personnel taking action to manage their mental health and support colleagues they may be concerned about.

• Increase the number and capability of police and emergency services organisations taking action to create and maintain mentally healthy workplaces.

• Increase and improve the public awareness and appreciation of the unique and challenging role fulfilled by police and emergency services personnel.

The Police and Emergency Services Program established Beyond Blue as a connector, facilitator and advisor to the police and emergency services sector, with particular focus on the 36 agencies across Australia providing Ambulance, Fire and Emergency, Police and State Emergency Services (SES). Over the years, the program worked to influence change across three key pillars:

• On an individual and organisational level through awareness raising and directly supporting police and emergency services agencies to achieve their mental health and wellbeing goals.

• Leverage opportunities to encourage sector-wide collaboration across state, national and sector-based networks, such as the Australasian Fire and Emergency Service Authorities Council (AFAC), the Council of Ambulance Authorities (CAA) and the Australia New Zealand Policing Advisory Agency (ANZPAA).

• Affect systemic change, including supporting Beyond Blue's advocacy for state and federal governments to prioritise the mental health and wellbeing of police and emergency services personnel.

Alongside stakeholder engagement and advocacy, Beyond Blue's Police and Emergency Services Program has also conducted major projects to support and accelerate achieving its objectives. The first of these projects was producing the *Good practice framework for mental health and wellbeing in first responder organisations (Good practice framework)* early in 2016. This framework, which was developed collaboratively with police and emergency services agencies and experts, is a practical guide to help agencies protect the mental health of their personnel, promote wellbeing and prevent suicide. It also outlines the role of family and social connections in supporting the mental health and wellbeing of police and emergency service personnel. Social support from within the workplace as well as family, and friends reduces stress, protects mental health and promotes wellbeing.

The *Good practice framework* led to the development of the Police and Emergency Services Program's second major project - Beyond Blue's four-year, three-phase National Mental Health and Wellbeing Study of Police and Emergency Services (Police and Emergency Services Study).

National Mental Health and Wellbeing Study of Police and Emergency Services

As Beyond Blue established the Police and Emergency Services Program, it became apparent there was insufficient national, sector-wide evidence around the prevalence of mental health issues in the Australian police and emergency services sector. To address this gap, Beyond Blue developed a three-phase research project to better understand mental health in the sector and support police and emergency services agencies to address identified needs.

The Police and Emergency Services Study comprised:

- Phase 1: a qualitative narrative project (2016)
- Phase 2: a national baseline survey (2017-2018)
- Phase 3: a knowledge translation project (2019-2020)

The purpose of the Police and Emergency Services Study was to:

- establish high-quality, national baseline measures for common mental health issues and wellbeing in police and emergency service employees
- increase the evidence base of a broad range of issues associated with the mental health of Australian police and emergency services employees
- increase awareness across police and emergency services and the broader community of issues associated with the mental health of police and emergency services employees
- guide individual, organisational and systems level strategies to promote the mental health of police and emergency services employees and reduce their risk of suicide and
- advocate for improved programs and support to promote the mental health of police and emergency services employees and reduce their risk of suicide.

> **There is nothing more important than the mental health and wellbeing of the people who serve and protect our communities every day. This is a landmark piece of research Beyond Blue is undertaking, and I am delighted that almost every police and emergency services agency in Australia is participating. The information we generate will enable us to improve and strengthen our approach to protecting those who protect us, to make a real difference to people's lives."**
>
> Ken Lay, AO APM
> Chair of the Police and Emergency Services Study Advisory Group

Police and Emergency Services Study - Phase 1 (2016)

Phase 1 of the Police and Emergency Services Study was an exploratory qualitative research project to gather the stories of current and former members of police and emergency services – documenting their mental health experiences, as well as interviewing their partners and families. The purpose was to gain insight into some of the issues affecting police and emergency services

personnel to inform the themes and questions in Phase 2 of the study – which offers more conclusive and representative findings.

Beyond Blue's three key research questions for Phase 1 were to:

- understand the mental health conditions and suicide risk experienced by police and emergency services personnel
- understand the risk and protective factors that contribute to mental health conditions and suicide risk as well as the protective factors that may mitigate against their development
- understand the actions that employees and employers may take to prevent mental health conditions and/or improve outcomes for those who live with mental health conditions or who have experience of suicide.

Research process and methodology

Beyond Blue engaged Whereto Research to conduct Phase 1, which involved in-depth interviews with almost 50 current and former police and emergency services employees and volunteers who have experienced mental health conditions or felt at risk of suicide in the past, as well as their family members. This included personnel in both operational and non-operational roles, including supervisors and executives, from across Australia. Interviews were non-directive in nature, exploring the benefits and challenges of working in the sector, the mental health implications of work and potential opportunities to improve wellbeing. Respondents were able to share as much or as little of their own experience of mental health conditions as they felt comfortable.

> **Volunteering is one of the most positive influences on my life. It's a great way to feel a part of the community. I'm proud to volunteer."**
>
> (SES sector)

> **I find that the workplace issues tend to stick with you more, because there can be a level of disassociation when attending incidents."**
>
> (Ambulance sector)

Interview findings

The stories told by Phase 1 participants highlighted that workplace practices matter, for better or worse. Some interviewees (volunteers) talked about how their police and emergency services work gave them meaning and purpose, while others shared experiences that demonstrated how poor workplace culture and practices can have a damaging effect on employee mental health.

Following analysis, the research found participant experiences could be grouped into three profiles:

PTSD associated with exposure to trauma

- Diagnosed with PTSD and attibuted this to repeated exposure to traumatic incidents in the course of their work.
- Often took a long time to realise they were unwell and seek support.

Mental Health conditions linked to workplace culture and practices

- Experienced other common mental health conditions (e.g. anxiety, depression), which they linked to workplace factors such as conflict, bullying and stressful situations (e.g. corruption enquiries).
- Issues with delayed support-seeking (often due to distrust of management).

Mental Health conditions which they ascribed to being caused by other factors

- Experienced mental health conditions which had little to do with their role in the police and emergency services sector
- Perceived their police and emergency services role as protective and having a positive impact on their lives.

Figure 1: Three profiles of Phase 1 interviewees

The first group included participants who had been diagnosed with post-traumatic stress disorder (PTSD) by a healthcare professional. Although they all attributed their illness to repeated and cumulative exposure to highly stressful and traumatic events, most also experienced a sudden and dramatic decline in their ability to cope and a significant impact on their life outside work, which led them to seek professional help. Limited self-awareness and poor understanding of warning signs prevented some participants from seeking help earlier.

In addition to those affected by operational exposure to trauma or critical incidents, this research identified a second group of participants that associated their mental health condition with poor workplace practices and

> **Lack of consultation, lack of putting a problem to the team and seeing what the team comes up with as a solution. Some of the bosses feel that they're losing control if they do that. When it's not that at all, they're actually getting more trust from the team, to be able to do that, he's developing the team."**
>
> (Fire and rescue sector)

culture. Examples of these issues included leadership and management, team culture, poor rostering, extended shifts, heavy workload, and adversarial workers' compensation schemes. Poor management culture, which was also talked about by members of the 'trauma-exposure' group, was associated with barriers to support-seeking.

The third group reported that their mental health conditions were the result of factors outside their police and emergency services work. They were typically volunteers and were more likely to consider the positive impact their volunteering had on their lives through creating a sense of purpose and social connection.

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Along with identifying the three profiles above, the research also indicated the Phase 2 survey could potentially explore the following themes raised during the 47 interviews:

• 'Work at all cost' mentality: for example, having a 'push-through' mentality, recovering in non-work time, relying on partners to run households and parent singlehandedly,

• seeking support too late – usually as a result of a breakdown.

• Return to Work (RTW) practices: for example, RTW roles not being valued or meaningful, having lack of purpose and status.

• The impact of competing priorities on mental health: for example, the impact of finite resources on rostering, adjusted duties, fatigue and workload management.

• Impact on, and of, families: for example, the complex interplay where families can be a positive influence, particularly on support-seeking. Having strong family and social connections outside of work was reported as a significantly important protective factor and a potential mechanism to combat fatigue and other risk factors.

> **I found it was good for me because it got me out of the house at a time when — I didn't know it at the time but I was suffering from depression. … so for me to get out of the house every Monday night was great and I thoroughly enjoyed it."**
>
> (SES sector)

> **The shift work is pretty horrendous. It's unfriendly for your friends and family. As I get older, I find it pretty brutal. We still do 14-hour night shifts here."**
>
> (Ambulance sector)

Police and Emergency Services Study - Phase 2 (2017-2018)

Phase 2 of the Police and Emergency Services Study delivered a national, representative picture of the mental health of police and emergency services personnel. It included 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.

Answering the call, a report into the outcomes of the national survey is available on Beyond Blue's website. The survey methodology

and instruments and a webinar summarising the outcomes of the study are also available. The key findings from *Answering the call*, depicted in Figure 2, presented a 'case for action' for further support for the mental health of police and emergency services personnel.

Answering the call demonstrated that rates of mental health issues increased with length of service while good social support, sleep quality and physical activity were associated with better mental health and wellbeing.

The results identified a range of workplace and cultural factors that impact on mental health and wellbeing. The high pace and intensity of police and emergency services work means personnel often don't get the time or chance to take stock and regroup after a particularly traumatic incident.

> **In the longer term, the 'yucky' jobs in your memory bank build and build, and can lead to a massive collapse. In my PTSD treatment, I have found myself remembering, and being affected by, jobs that happened years ago that have been subconsciously nibbling away at me."**
>
> (Ambulance sector)

Obtaining timely and appropriate support when needed was also found to be a significant issue. Of survey participants with significant mental health issues, only one in five were receiving adequate support. Some affected personnel did not recognise that they had a mental health issue, despite reporting their symptoms and the impact these have on their lives, while others recognised the need for help but chose not to seek support. Among those who did seek support, many delayed doing so, and some needed more support than they actually received.

> **It's how you feel yourself though — a bit of a failure."**
>
> (Police sector)

Further, personnel often waited too long to ask for help when mental health issues started emerging. Many people were reluctant to talk about emotional or mental health issues or seek support because they feared it would damage or end their careers. The survey indicated that there is a strong culture in which asking for support was considered a sign of weakness and harbours the belief that police and emergency services personnel should be able to cope with anything.

An additional result from the survey was the negative impact of the workers' compensation

High-level findings from *Answering the call*

Poor workplace practices and culture were found to be as damaging to mental health as occupational trauma

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

10+ years
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

More than half
of all employees and
2 in 3
volunteers reported
high levels of resilience

1 in 3
employees experience high or very high psychological **distress**; much higher than just over 1 in 8 among all adults in Australia[1]

More than
1 in 2.5 employees
and
1 in 3 volunteers
report having been diagnosed with a mental health condition compared to 1 in 5 of all adults in Australia

1. Australian Bureau of Statistics, 2015

3 in 4
employees found the current **workers' compensation process** to be detrimental to their recovery

1 in 4
former employees experience probable PTSD (compared to 1 in 10 current employees), and
1 in 5
experience very high psychological distress

Employees and volunteers report having suicidal thoughts **over two times higher** than adults in the general population[2] and are **more than three times more likely** to have a suicide plan[2]

2. Australian Bureau of Statistics, 2016

Figure 2: *Answering the call* key findings.

system. In many instances the experience was found to be unhelpful or negatively impacted recovery, was unsupportive and stressful, and many felt they were treated unfairly in the process.

> **… the workers' compensation issue is just huge and it's horrible and it makes people worse, so that's a massive issue in itself."**
>
> (Police sector)

Answering the call also found that social support was significantly associated with employee wellbeing. Social support was assessed using the Shakespeare Finch two-way social support scale (Shakespeare-Finch and Obst, 2011). Resilience was higher among employees who received high social support from others. Among those who both gave and received high levels of support, more than half (59 per cent) had high levels of resilience. This finding indicates that receiving and giving high levels of social support was significantly associated with increased employee wellbeing.

> **When I think about the years I have worked in emergency services, I recall doing some terrible jobs that were very traumatic. I am fortunate to have great family and friends who understand what I go through."**
>
> (Ambulance sector)

Social support findings from *Answering the call* indicate that levels of social support and quality of personal relationships were protective in nature and positively associated with mental health and wellbeing, reinforcing the strong role that families, friends and colleagues can play in promoting mental health.

Open-text responses

Analysis of the open-text responses offers insight into how survey participants' experiences with workplace culture, management interactions and workers' compensation have impacted their mental health. Responses demonstrate employees and volunteers alike are deeply impacted by the type of work they do, by the environments in which they work, and by the people they work with. Comments described how their work experiences have a lasting impact on their lives, their mental health, and their relationships and also detailed how the burden of cumulative exposure to traumatic events outlives their time in the sector, underlining the importance of the ongoing support of their organisations and the community, both during employment and into retirement.

> **I believe we need lots of education and 'mental health champions' to be open and honest and hopefully make all our emergency services colleagues see that they are not alone."**
>
> (Ambulance sector)

- **Employees**
  - » Many personnel are concerned that their organisations' policies and commitments with respect to mental health are not always honoured by practical actions at all levels of the organisation.
  - » Many told us stories about how they or their colleagues were impacted in their careers, and sometimes even losing their jobs, after they developed mental health issues.
  - » Seeing others in their organisations not being well supported with their mental health issues was reported a key reason for being reluctant to seek support when needed.
  - » Key barriers to people seeking support include concerns about adverse career impacts, being treated differently, concerns about confidentiality being breached and being seen as weak.
  - » Many comments suggested that there is a diversity of management skill and capability in relation to mental health issues in each organisation.
  - » There were a range of concerns expressed with the way workers' compensation schemes support people with mental health conditions.

> **Focus on developing managers and leaders within the organisation will improve the wellbeing of all members!"**
>
> (Police sector)

- **Volunteers**
  - » Many people made positive comments about volunteering, including the positive effects volunteering has on their lives, and on their mental health and wellbeing.
  - » Some volunteers expressed concern about being treated poorly or unfairly by paid staff.
  - » Some volunteers felt that they receive insufficient recognition for what they do.
  - » Some volunteers expressed concerns that they are asked to do too much in a voluntary capacity.
  - » There was a commonly expressed view that peer support was the most important service for supporting volunteers' mental health and wellbeing.

> **I feel there is a lot expected of us [volunteers] but not a lot of appreciation or acceptance is given by managers and leaders within the organisation."**
>
> (SES sector)

- **Former employees**
  - » While some former employees reflected positively on their time, there was also an indication that many also continue to suffer significant distress after leaving the sector.
  - » Over half of the participants said that they would recommend working in their previous organisation to others.
  - » For many there is limited or no ongoing contact with their organisations and this lack of ongoing support can have long-term negative consequences.
  - » Some former employees who left their careers earlier than they had originally planned experienced difficulty in finding or taking other employment, and some struggle for years.

> **I believe I was most affected by a feeling of abandonment and disinterest by management."**
>
> (Formerly police sector)

These findings add further weight to the quantitative analysis and recommendations in *Answering the call*. These comments suggest a clear need for organisations to be adequately resourced to support the mental health of police and emergency services personnel and former personnel.

Many respondents indicated a desire to see all managers skilled in identifying and addressing mental health issues in the workplace and assurance that organisations will carry through on

their stated mental health and wellbeing policies. The data again highlights the need for workers' compensation reform, embedding leading practice programs throughout organisations and challenging stigma. There is also a strong call for former employees to be better supported after they leave the service.

Recommendations for government

Answering the call demonstrated common challenges across all state, territory and national jurisdictions and also across the sub-sectors (Ambulance, Fire and Rescue, Police, State Emergency Services). Beyond Blue recommended that, under the leadership of the Australian Government, all governments should work together to address the findings. While agencies in different jurisdictions have different funding and governance/accountability structures, Beyond Blue recommended a nationally-coordinated policy approach and funded action plan to produce better – and more timely – outcomes for police and emergency services personnel.

Answering the call elaborated on this recommendation, focussing on four components:

- government funding to ensure the ongoing delivery of agency programs
- best-practice interventions and programs (ideally, delivered by a national centre of excellence)
- workers' compensation reform
- support for former employees.

Recommendations for agencies

Answering the call also made recommendations to police and emergency services agencies to improve workplace mental health through adopting evidence-based (or informed) approaches. While access to funding to implement recommendations varies from agency to agency, there are opportunities for the sector to 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.

In *Answering the call*, Beyond Blue recommended the first step for each agency was to develop a comprehensive workplace mental health strategy with sustained and authentic leadership commitment. This strategy should:

- Follow a *'Protect-Promote-Support'* integrated approach to workplace mental health (as described in the *Good practice framework*, amongst other sources) that focusses on protecting the mental health of personnel, promoting wellbeing and addressing mental health conditions regardless of cause.
- Be supported by long-term, visible and authentic commitment by senior leaders.
- Enable meaningful participation by personnel (and their families) in the strategy's development, implementation and review.

- Involve regular and ongoing communication with all members of the agency.
- Address the different stages of police and emergency services personnel's lifecycle (recruitment, operational and non-operation services and leaving the service and post-service), with a particular focus on employees with more than 10 years' service.
- Consider the mental health continuum and ensure all 'zones' are covered by the strategy; from positive, healthy functioning through to severe impact on everyday functioning.

> **" While the service I was with had an excellent mental health programme it was purely 'on paper' and had zero practical application, but if ever asked the document was proudly shown to all."**
>
> (Formerly fire and rescue sector)

Further, Beyond Blue recommended in *Answering the call* that police and emergency services agencies develop, review and revise their strategies to ensure the key findings of the survey were addressed. Agencies that participated in Phase 2 of the study received a customised report containing data and findings isolating responses relevant to their agency to help them tailor their strategies to address to their unique needs.

The recommended elements of a workplace health and wellbeing strategy described above and the confidential agency-level data provided to each agency formed the basis of Beyond Blue's further work with agencies in Phase 3 of the study.

Police and Emergency Services Study - Phase 3 (2019-2020)

The final phase of the Police and Emergency Services Study involved a collaborative knowledge-to-action project. Beyond Blue provided participating agencies support, at no cost, to translate the research evidence into strategies to promote wellbeing and mental health, support those affected by mental illness and prevent suicide.

Knowledge translation approach

Beyond Blue's approach to translating the results of *Answering the call* into practical strategies was also complemented by a *Knowledge Translation Guide,* developed by Pracademia and Deakin University, tailored specifically for the police and emergency services sector and provided to participating Phase 3 agencies for their use during and after Phase 3. The *Knowledge Translation Guide* builds on the *Good practice framework* by describing the integrated approach to better mental health (Figure 5) and six learning activities designed to facilitate Phase 3 (Figure 6).

Figure 3: An integrated approach to better mental health, based on Prof. A LaMontagne's model.

Figure 4: Six Learning Activities provided in the *Knowledge Translation Guide*.

To support agencies in the knowledge translation process, Beyond Blue engaged strategic wellbeing consultants FBG Group (FBG). On behalf of Beyond Blue, FBG worked with the 33 participating police and emergency services agencies between July 2019 and March 2020. The objective of these engagements was to respond to the 'recommendations for agencies' made

in *Answering the call* by using the knowledge translation tools and consultancy support to translate the evidence identified in Phases 1 and 2 into practical strategies to achieve agency-level change.

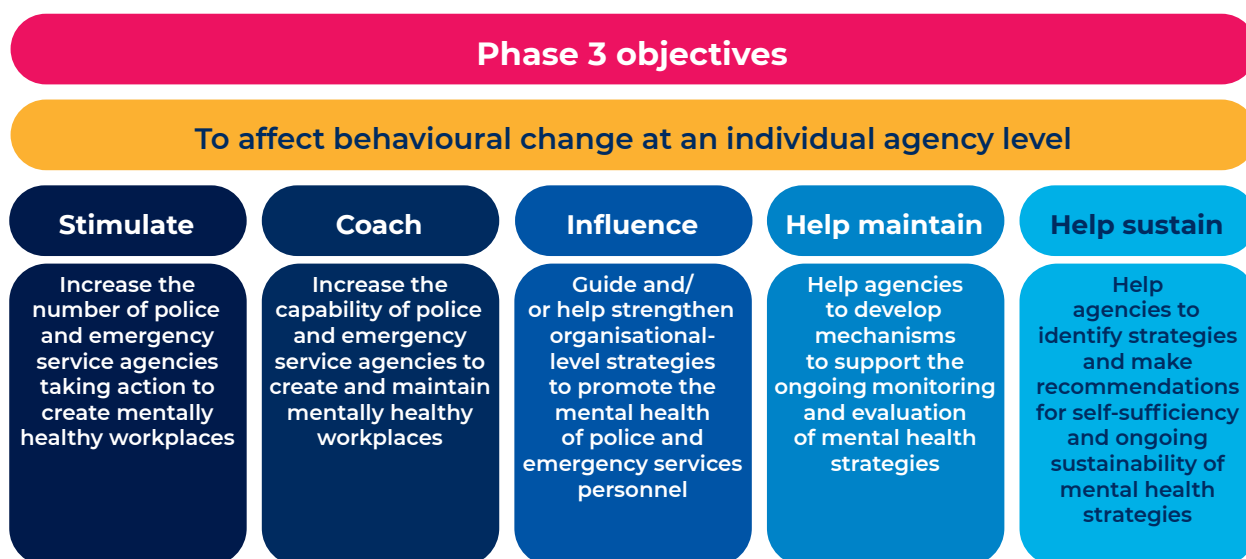Figure 5 lists the objectives of the Phase 3 Agency engagements:

Phase 3 objectives

To affect behavioural change at an individual agency level

Stimulate	Coach	Influence	Help maintain	Help sustain
Increase the number of police and emergency service agencies taking action to create mentally healthy workplaces	Increase the capability of police and emergency service agencies to create and maintain mentally healthy workplaces	Guide and/or help strengthen organisational-level strategies to promote the mental health of police and emergency services personnel	Help agencies to develop mechanisms to support the ongoing monitoring and evaluation of mental health strategies	Help agencies to identify strategies and make recommendations for self-sufficiency and ongoing sustainability of mental health strategies

Figure 5: Phase 3 objectives.

Engagement structure

While engagements followed the same broad structure, informed by the *Knowledge Translation Guide*, they were tailored to the specific needs of each agency. Each agency would apply the steps outlined in the Knowledge Translation Guide differently as the focus and complexity of each activity will vary in response to individual results and existing programs and services. Acknowledging that many agencies may have already undertaken significant work in this area, the *Knowledge Translation Guide* suggested its templates could also be used as a continuous improvement tool.

Agency engagements focussed on embedding a strategic and integrated approach to workplace mental health and wellbeing. Engagements were delivered through a combination of facilitated workshops and follow-up support, tailored to the needs of each agency. The engagement structure can be grouped into four stages: commencement, discovery, consultation and remote support (Figure 4).

The first two stages involved engaging with agency representative and sponsors and a thorough desktop review of the existing health and wellbeing documents they provided, including information about programs, policies, strategies and resources. In stage three, FBG facilitated onsite face-to-face workshops with key stakeholders.

A key focus of these workshops was to help agencies develop a comprehensive understanding of their agency-level data from Phase 2 as well as the general findings presented in *Answering the call*.

Commencement
Engagement with agency stakeholders and internal project sponsors.

⌄

Discovery (Desktop review)
A review of existing agency programs, policies, strategies, and resources that support the mental health and wellbeing of employees.

⌄

Consultation
Meetings and facilitated workshops attended by key agency stakeholders to review the findings of the national study, including the agency level results, and discuss issues, gaps and priorities.

⌄

Remote support
Provide advice and support in the implementation of initiatives stemming from the agency response to the Beyond Blue study.

Figure 4: Stages of strategic consultation.

Workshops also explored current mental health and wellbeing initiatives provided by the agencies, identifying any issues, gaps and priorities. While the focus of workshops varied depending on agency needs, the general structure of workshops included exploration and discussion of:

- **available data** – including confidential Phase 2 agency-level data and findings, additional internal mental health and wellbeing data available, and a comparison and/or integration of these data sources
- **agency wellbeing approach** – including current wellbeing initiatives and stage of mental health and wellbeing strategies, what is working well, gaps and opportunities, wellbeing evaluation approaches
- **organisational wellbeing** – including the current state of workforce wellbeing, specific risks and areas of focus to mitigate risk and prevent injury
- **generation of ideas for actions** – reflecting on then prioritising to elevate the overall mental health and wellbeing of the agency, in response to all of the above.

Workshop attendees were determined by each agency, and varied substantially with respect to:

- the number of participants invited to attend the workshop
- the cohorts of personnel and stakeholders invited to attend (e.g. employees, volunteers, former members, union representatives; external partners such as insurers)
- the function of personnel and stakeholders invited by the agency to attend (e.g. members of senior leadership and executive groups, people and culture staff, operational personnel).

The final stage of engagement offered agencies remote support (via email, phone, and video link) to help further development or implement initiatives. These support activities took many forms, including:

- coaching, advice and guidance
- focused literature reviews and development of whitepapers relating to various topics requested by agencies
- reviewing draft mental health and wellbeing strategy and providing written feedback
- providing various mental health and wellbeing resources
- reviewing existing wellbeing initiatives and providing written feedback.

Agency outcomes from Phase 3 consultations
The primary purpose of Phase 3 of the study was to help participating agencies progress their agency-specific strategies and approaches to workplace mental health and wellbeing. Beyond Blue provided access to expert consultancy services on a confidential basis, so it is not appropriate to discuss outcomes for specific agencies. However, high-level, general observations about what the agencies collectively gained from the experience have been collated.

Agencies welcomed the opportunity to participate in these engagements, and most of the designated agency contacts were keen to work in partnership with FBG and Beyond Blue. Understandably, agencies varied in the speed with which they fully engaged with the Phase 3 process. A number of agencies were heavily impacted by the 'Black Summer' 2019-20 Bushfire Crisis, which occurred in the final months of the engagement and made it difficult for agency members to participate in closing conversations.

Most agencies used the consultation stage as an opportunity to focus on the big picture – a mental health and wellbeing strategy – while a small number chose to focus on key challenges or specific mental health and wellbeing initiatives. Most consultations covered a variety of themes and enabled participants to review their current status and provide input into their forward solutions for elevating mental health levels across their organisation.

In the majority of cases, post-workshop support involved FBG helping agencies to initiate or further progress their mental health strategy or plans. Advice to agencies regarding specific issues that were impacting on mental health and wellbeing in their agency was also provided.

Overall, Phase 3 saw agencies:

- improve their level of understanding of what constitutes a strategic, evidence informed approach to mental health and wellbeing in workplaces
- better appreciate the gap between their agency's current status and leading practice re: workforce mental health and wellbeing
- gain valuable intelligence including key contacts, industry case studies, research and leading practice solutions, from experts in the field such as FBG and Beyond Blue
- gain greater clarity on a way forward to improving mental health and wellbeing that suited the agency's unique status and context.

Across the participating agencies in Phase 3, many now have a completed mental health and wellbeing strategy or have a strategy in development, some of which were finalised during the engagement with FBG's input. FBG's consultation with agencies that had not started work on a strategy focussed on identifying and exploring the various barriers preventing progress, then offering strategies to help overcome these challenges.

Phase 3 findings: Complex challenges in the sector and leading practice

The study has been an iterative process, with an emphasis on building on learnings from each previous phase to inform the next. In this section lessons learned across all three phases are synthesised.

General findings

The research undertaken in Phases 1 and 2 of the study helped form a picture of workplace mental health and wellbeing in the police and emergency services sector from the perspective of its personnel. Generalised findings from the work undertaken during Phase 3 help develop this understanding at an organisational level.

As discussed earlier in this report, general findings from Phase 2 of the study presented a valued and vital community workforce that are deeply impacted, both by the nature of the work that they do, and the pressures of the environments in which they work. These findings indicated greater levels of anxiety, depression and post-traumatic stress disorder, and greater risk of all three and suicide among police and emergency services personnel in comparison to the general population. The research also revealed a culture affected by stigma and self-stigma, which were prevalent barriers to individuals seeking support.

General findings from further analysis of the open-text responses to the survey support these findings. They highlight the impact that cumulative exposure to traumatic experiences can have on individuals as well as some of the cultural and organisational issues that affect police and emergency services personnel.

When it came to organisational factors, the open-text findings gave further weight to the *Answering the call* recommendations, suggesting personnel had a strong desire for their organisations to be adequately resourced – and all managers trained – to support workplace mental health. Further, many of the responses indicated that more organisations still need to adopt leading practice programs and work on stigma reduction. Police and emergency services personnel also expressed a need for assurance that their organisations will follow through with their mental health and wellbeing policies.

Both *Answering the call* and the open-text survey responses also demonstrate an opportunity for change at a systemic level. In particular, there was a strong call for workers' compensation reform and for former employees to be better supported after they leave the service.

Contextual considerations for Phase 3 findings

There are several factors that should be noted when considering the findings developed in Phase 3 by FBG. These include that:

- FBG spent a relatively short time with the agencies (21-27 hours including research, within 3-6 months)
- engagement was primarily limited to key contacts nominated by each agency
- there were varying levels of workplace mental health expertise amongst the agencies
- similarly to many sectors in Australia, addressing mental health and wellbeing through a strategic approach was new to some agencies
- progressing agency and sector level mental health maturity can require systemic change – which can take many years to achieve.

Maturity in approaches to organisational mental health and wellbeing

FBG made broad assessments of the current status of agencies' approaches to mental health and wellbeing and categorised them into four groups:

Beginning
Agencies with a small number of leading practice initiatives, either in design or already implemented, with no known mental health and wellbeing strategy or plan but at least some discussion about creating one.

Developing
Agencies with a small number of leading practice initiatives, either in design or already implemented, as part of a forward plan to address mental health issues and a clear intention to develop a mental health and wellbeing strategy in the short term.

Progressed
Agencies with several leading practice initiatives that are evidence informed Protect and Promote initiatives as part of a sound mental health and wellbeing strategy or plan.

Advanced
Those with a strong track record of implementing many evidence-informed initiatives backed by a sophisticated mental health strategy.

FBG found most agencies participating in the Police and Emergency Services Study could be positioned within the 'Beginning' (first) and 'Developing' (second) categories. In Beyond Blue and FBG's experience in workplace mental health, most Australian organisations sit in these categories. This is due to several factors, including that workplace mental health is a relatively new organisational priority, becoming more common only over the last five years. FBG concluded that Australia's police and emergency services sector collectively, is at a similar point of maturity as many other industries. Engagements focussed on how police and emergency services agencies could develop or refine their mental health strategies to progress along the maturity curve or develop plans to achieve that progress. Adopting a strategic and integrated approach to workplace mental health is a journey which takes time, resources and broad consultation.

FBG found the remaining agencies to be either in the 'Advanced' or 'Progressing' categories. Further, FBG found a handful of Phase 3 participants to be more advanced than many other organisations across the entire Australian landscape. Agencies that FBG determined to have reached the 'Advanced' stage demonstrated a sophisticated level of coordination, collaboration and integration across the organisation, as well as commitment to, and comfort with, adapting to a different way of working.

Barriers and enablers

Beyond Blue's extensive engagement with the sector has identified a range of factors that are critical for the successful design and implementation of a strategic and integrated approach to workplace mental health.

Leadership engagement and endorsement
Answering the call recommends that agencies develop a workplace mental health and wellbeing strategy that has sustained and authentic commitment; specifically, long-term, visible and authentic commitment by senior leaders. This recommendation addresses the less than half (49.2 per cent) of respondents who believed their organisation was committed to making changes that promote mental health and wellbeing. Analysis of open-text responses to the survey revealed the most frequently expressed theme amongst the almost 5,000 comments was that their organisations pay "lip service" to the mental health and wellbeing of their staff and fail to act on their commitments.

Engagements with agencies demonstrated that leadership support was a critical success factor. Even when the Health and Wellbeing team is active, attempts to improve mental health in the organisation tend to fail when leaders agree in principle with the concept of creating a mentally healthy organisation, but do not translate this to sufficient resourcing, action or genuine role modelling.

A related issue is many agencies do not have wellbeing Key Performance Indicators (KPIs) linked to their strategy. Articulating clear KPIs in a mental health and wellbeing strategy is a newly emerging discipline across all sectors; however it is considered an important part of a contemporary plan. A key consideration here for police and emergency services agencies is ensuring accountability at the right levels – including both those coordinating the strategy, but also at senior levels to bolster leadership engagement and endorsement processes.

> **There is a complete disconnect between Police Command and members and ex members suffering mental health issues arising from their duties."**
>
> (Police sector)

Organisational roles and responsibilities

Whether or not an organisation can achieve its health and wellbeing goals can come down to the capacity, capability and motivation of the personnel coordinating the organisation's strategy. Other critical success factors include continuity and effective consultation and communication.

Many of the Phase 3 agencies had multiple, highly capable key personnel with sufficient seniority to drive and implement action. These personnel understood that taking a strategic approach to mental health and wellbeing was the best way forward, and some had already implemented solutions that aligned with leading practice. However, regardless of this expertise, progress towards mental health and wellbeing goals was jeopardised where there was an absence of leadership endorsement, or where there was a high turnover of health and wellbeing staff. Also evident amongst Phase 3 agencies was the risk of 'single-point dependency' – having only one person with a suitable level of capability and experience to drive progress with this work. While successful endeavours have often been led by a single, highly-capable 'driver', these 'single-point dependencies' must be supported with a robust strategy and continuity plan to achieve sustainable results.

Business continuity was another organisational risk observed during Phase 3. For a number of agencies, progress towards mental health and wellbeing goals was disrupted by restructures, reviews, budgeting and emergencies, particularly the 2019-20 Bushfire Crisis. While disruption of some sort is inevitable, the way that disruption is managed can make a difference. In any industry, organisations that manage disruption well in these situations are those with a number of strategies in place, including; a formal mental health and wellbeing strategy, a steering committee comprising senior personnel, and wide consultation and communication across their organisations.

Done well, this mix of consultation and communication can be the element that takes an organisation's mental health approach to the next level. In FBG's experience across many sectors, the best results are achieved through integrating the organisation's 'people' teams (Human Resources, Organisational Development, Learning and Development, Occupational Health and Safety, and Health and Wellbeing). Most Phase 3 agencies, however, had set up Health and Wellbeing teams that operated quite separately from other teams. As such they had a limited ability to collaboratively shape and integrate mental health and wellbeing outcomes through other critical 'people' processes and systems such as leadership development, performance management, and organisational culture.

Funding and resources for a proactive approach

As also identified in *Answering the call*, Phase 3 found funding and resources to be significant factors affecting the maturity and sophistication of police and emergency services agencies' mental health and wellbeing approaches. The funding and resourcing directed towards mental health and wellbeing varied across participating agencies, with many noting they would need further funding and resources if they were to achieve their strategic mental health and wellbeing goals.

In competitive funding environments that need to balance many conflicting organisational and operational priorities, mental health and wellbeing funding is commonly channelled to responsive strategies. These tend to support personnel who already have mental health issues and/or have been exposed to traumatic events. Reflecting this, some Phase 3 agencies had a disproportionate focus on one element of the integrated approach with resourcing as a barrier to realising the shift from reactive to proactive strategies.

There were also good examples of proactive initiatives that had already managed to secure funding, including:

- People leader training aimed building leadership capability focused on supporting the mental health and wellbeing of staff and volunteers.
- Behavioural change programs aimed at creating a culture of mentally healthy behaviours.
- Using technology more effectively (where supported by internet and tech capability) to support programs and increase penetration and reduce cost and reliance on small teams of people across large and geographically spread teams.
- Development of a free customised information and support app for members aimed at strengthening physical, emotional and social wellbeing.
- Proactive mandatory annual wellbeing check-ins with a mental health professional.
- Development and implementation of positive health-focused communications in multiple formats to enhance and promote wellbeing and encourage early intervention.
- Specific risk management initiatives, including around fatigue management and critical incident response systems.

> **Mental health services need to be MANDATORY, with no opt in session. They need to be made to attend during work time to capture those who would fall through the cracks."**
>
> (Ambulance sector)

Focussing on all personnel

One of the strongest elements of a proactive approach to mental health and wellbeing is to focus on all staff, not just those with mental health conditions or direct exposure to trauma. The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014). However, the term 'mental health' is often used as shorthand to describe mental health conditions such as depression or anxiety. These definitions characterise mental health as either positive or negative, however, the best way to understand mental health is to see it as a continuum, ranging from positive, healthy and functioning on one end through to severe symptoms or conditions that impact on everyday life and activities. The *Good practice framework* offers a more thorough explanation of this continuum. *Answering the call*'s recommendations suggested that police and emergency services agency mental health and wellbeing strategies address personnel across the full range of the continuum.

Police and emergency services agencies must consider how they can support the two in five personnel that *Answering the call* found were likely to be experiencing poor mental health or a mental health condition like PTSD at any one time. However, building a mentally healthy and resilient workplace is also about supporting the whole workforce. Police and emergency services agencies must therefore also consider the remaining three out of five, to protect them from risks to their mental health and help them stay well.

There are complexities to adapting to a proactive approach and addressing the whole continuum in the police and emergency services sector. There are two reasons why it is not surprising that this natural tendency to skew conversations towards the presence of a mental health condition is so strong in the police and emergency services sector. First, *Answering the call* demonstrated that the police and emergency services sector observes higher than average rates of psychological distress, mental health conditions and 'probable' post-traumatic stress disorder (PTSD). Second, given the vast majority of police and emergency services work is necessarily responsive in nature, it is understandable that a reactive mindset would be embedded in the organisational environment, even extending to workplace mental health and wellbeing. That being so, these factors could inadvertently undermine intentions to design a strategy that address the full continuum of mental health.

As mentioned, *Answering the call* found a higher than average prevalence of 'probable PTSD' in the police and emergency services sector, however invoking PTSD to generalise, universalise or dominate discussion of member mental health and wellbeing can also jeopardise workplace mental health and wellbeing goals. For example, characterising mental health conditions in the police and emergency services sector primarily as 'PTSD' could lead to personnel falsely self-diagnosing with a specific condition.

It could also imply that management, or 'the job' is entirely at fault, and when this interpretation becomes a belief, it can take away a person's sense of agency and responsibility for their own wellbeing. They could then become less likely to seek support, thereby increasing the risk to their mental health. It is therefore important that mental health conditions are highlighted in a way that draws appropriate attention and action but does not subsequently undermine endeavours to improve mental health.

Many agencies currently have or are working on strategies that span all zones of the mental health continuum. Agencies were also coached during Phase 3 to extend their approach to encompass the full continuum.

Complex challenges

Mental health stigma

The existence or perception of stigma around mental health and wellbeing issues came through very strongly in all three phases of the study.

> " I feel that the stigma around being weak or not being able to talk to someone when you need to because you're afraid it will affect your career is too strong and needs to change."
>
> (Ambulance sector)

In the interviews conducted in Phase 1 of the study, Whereto Research heard descriptions of workplace cultures that (subtly and overtly) discouraged discussion of emotions or acknowledgement of mental health conditions. In particular, the 'macho' culture, predominant across all the services, was seen as a key factor contributing to the idea that mental ill-health, and seeking support, is weak and undesirable.

Results from the Phase 2 survey illustrated that 'stigma' is a complex and multi-layered issue within the police and emergency services sector. Most respondents did not hold stigmatising attitudes to their colleagues. However, respondents with a mental health condition reported very high rates of self-stigma. This included the amount of shame respondents had about their mental health condition, the amount of burden they believe it causes those around them and avoiding telling people about their mental health condition.

The stigma perceived to be held by others and self-stigma were revealed to be prevalent barriers to individuals seeking support. Stories told through open-text responses to the survey echoed Phase 1 interviewee experiences of self-stigma and concern about being seen as weak for seeking support.

> **" Declaring a psychological injury is a career killer."**
>
> (Police sector)

In Phase 3, most agencies acknowledged this was an issue that required further attention. An important variable to mental health stigma was organisational policies, processes and practices, or perhaps more accurately, the views held about them. There was a strong perception amongst personnel that revealing mental health issues would result in temporary or longer-term career consequences.

Addressing stigma requires cognitive, educative, cultural and policy change. Greater visibility of people with a lived experience of a mental health condition, particularly those whose careers have not been affected by mental health disclosures, would likely to be the most powerful variable catalyst for cognitive and cultural change. Leading practice education, where members gain a better understanding of the mental health continuum and how common it is to experience mental health issues and remain functioning at work, is also likely to help reduce stigma.

Phase 3 of the Police and Emergency Services Study found that some agencies have included stigma reduction initiatives as one of the pillars of their mental health and wellbeing strategies. For example, one agency adopted a person-centred approach to address 'stigma' and 'self-stigma' as barriers to support-seeking. Additionally, this agency's strategy commits to several stigma reduction actions, including developing a communication, education and implementation strategy to encourage support-seeking.

Integrating wellbeing, incident reporting and Human Resources data

In addition to the general findings from Phase 2 published in *Answering the call*, Beyond Blue issued agencies with confidential data specific to their organisations to aid discussion of the issues most relevant to them. Further, many agencies had developed their own dataset to analyse the state of their workplace mental health and wellbeing.

These are all valuable inputs into agencies' understanding of their particular mental health and wellbeing priorities. During the Phase 3 consultations, very few agencies were found to have an integrated wellbeing, incident reporting and Human Resources dataset system in place.

Noting that trauma monitoring systems have limitations, FBG suggested collectinginformation about incidents in detail to manage individual exposure risk. This could be achieved through linking information about the individual impact of incidents to Human Resources' leave and absenteeism records to better understand patterns and to shape a risk management strategy.

> **" I was very fortunate, when my issues with PTSD came up, I had the support of my Senior Sergeant, who knew what I was going through. His help was wonderful and greatly assisted my recovery and treatment."**
>
> (Police sector)

Leaders supporting the wellbeing of their staff

There is little doubt that effective leadership increases employee morale, resilience, trust, and engagement, and decreases employee frustration and conflict. However, leaders are not expected to be mental health professionals and indeed are often anxious about this area and expectation. During the Phase 3 consultations, it became clear that this was a challenging issue for many agencies and could be due to the following factors:

- **Role clarity:** Leaders' perception of their role – in some agencies, leaders were not clear that the mental health and wellbeing of their staff was part of their role.
- **Skills:** Some managers avoid having 'wellbeing conversations' as they worry they will make things worse by doing or saying the wrong thing, or they do not see it as part of their role, instead focusing on operational and tasking matters.
- **Role fit:** Many managers or senior ranked officers have been recruited and promoted due to technical expertise or years of service and are not necessarily suited to people leader roles.
- **Workload:** Operational leaders often feel that they have extremely limited capacity and wish to avoid adding to their administrative burden or general workload.
- **Learning solution:** Training managers can be logistically very challenging, particularly due to rostering and the responsive nature of many roles in the police and emergency services sector, and this is the just the beginning of achieving manager capability.

All agencies in Phase 3 were provided with advice about leadership development and describing the key elements of a training program designed to increase capability for psychologically safe workplaces. A leading-practice agency with regard to psychological health and wellbeing demonstrates that:

- consideration for wellbeing is built into everyday practices
- all staff have role clarity and understand what is expected of them
- leaders provide helpful feedback to workers on their expected and actual performance
- staff are informed about important changes at work in a timely manner
- there is clear and effective communication.

Critical incident debriefing

Many agencies either sought or needed guidance around approaches to critical incident debriefing and managing the effects of exposure to trauma. Recent systematic reviews of literature covering individual and/or group approaches to psychological debriefing for the prevention of post-traumatic stress disorder have been undertaken both internationally and within Australia. This has included the United Kingdom's National Institute for Health and Care Excellence (2018) and Cochrane Database of Systematic Reviews (Rose et al., 2002). Australian work has included the National Mental Health Commission and the Mentally Healthy Workplace Alliance (Harvey et al., 2014) and Phoenix Australia Centre for Post Traumatic Mental Health (2013a).

The consultations during Phase 3 found that agencies are at different points in keeping up with approaches endorsed by trauma experts, and in refining their critical incident systems accordingly. Some are continuing to implement approaches that do not reflect latest evidence. These agencies may maintain the status quo because the practices are longstanding, employees offer positive verbal feedback about them, or because there is no obvious indication of harm.

One of the drivers of many organisations' response to critical incidents is the belief that those involved need a structured organisational response, usually in the form of formal debriefing, to recover. There is an important distinction to be made between operational debriefing and psychological debriefing, the former considered good practice for service delivery quality management (Phoenix Australia, 2013a).

The current international and national evidence states, however, that psychological debriefing should not be offered routinely, and may do more harm than good, impeding rather than facilitating recovery (McNally et al., 2003, Phoenix Australia 2013a).

Beyond Blue acknowledges that there are mixed views on the merits of group psychological debriefing amongst agencies. It is therefore recommended that agencies review the current evidence to inform their approach following critical incidents, consider a shift away from psychological debriefing and transition to a model that is supported by current evidence.

Monitoring trauma exposure

The results from the Phase 2 Survey support the observation that frequent and repeated exposure to trauma is associated with poorer mental health outcomes. Further, *Answering the call* contains a guiding principle that "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".

During Phase 3 consultations, many first responder agencies reported that they had considered developing processes to monitor personnel exposure to traumatic events. However, 'tracking' should not be as simple as counting the number of times a team member is exposed to a traumatic event.

In 2018, a review by an Expert Advisory Group formed to advise St Johns Ambulance WA explored how this approach to monitoring assumes that a subjective perception of trauma can be objectively tracked. Further, FBG noted that available research evidence does not support a recommendation that formal trauma tracking will reduce PTSD or impact meaningfully on depression or other mental health issues.

Alternatively, FBG did support following up on people who have been exposed to potential trauma as it builds connection within the organisation - a sense of being valued, respected, and cared for. Breaking down stigma, increased communication, and broad mental health training and psychoeducation are all important in this respect.

In preference to 'trauma tracking', mitigating psychosocial risks, such as cumulative exposure to trauma, should be incorporated in a program of holistic mental health and wellbeing check-ins.

Suicide risk management

The evidence presented in *Answering the call* revealed that, while there were higher rates of suicidal thoughts and forming suicide plans amongst police and emergency services personnel compared with Australian population averages, rates of attempted suicide were comparable to the general population.

Suicide prevention strategies in agencies generally take a multifaceted approach that can include: protection and prevention, identification and intervention, and 'postvention' (after a suicide has occurred).

'Suicide protection' involves proactively building wellbeing and the attentive wellbeing support of people leaders. The term 'suicide prevention' relates to consistent procedure once a risk is identified and reported – such individuals should be subject to something akin to 'complex case management'.

In some instances, agencies recognise that responsibility should not reside solely with a line manager and therefore convene a high-risk case coordination committee with the involvement of a mental health professional. The overarching

purposes of an agency's postvention responses are to provide containment, promote safety, prevent contagion, and support recovery.

While the engagements did not identify any existing programs that have been shown to robustly prevent suicide, there is evidence to suggest that increased connection and peer support may moderate the relationship between depressive symptoms and suicide (Matlin et al., 2011, Walker et al., 2009, Whitlock et al., 2014). In addition, suicide prevention should be a key component of a broader strategic approach to workplace mental health rather, which in combination, can both improve mental health and wellbeing and prevent suicide.

Alternative duties and return to work

Returning to work after a major wellbeing or mental health concern is a complex issue in the police and emergency services sector. Phase 1 of the study found that respondents felt that the (largely non-operational) return to work roles were not valued nor meaningful compared to operational roles. Open text responses gathered through the Phase 2 survey spoke about the stigma around being put on 'restricted duties' and about a reluctance to take time off to recover because of the negative effect on their colleagues' workload (survey responses suggested that personnel on restricted duties were often not backfilled).

Phase 3 also identified the challenge many agencies face in having suitable options for alternative duties to support personnel to stay at work or stage their return to work. Some agencies believe that they have little to offer as 'reasonable adjustment' or 'alternative duties' so there is little choice other than taking time off work. This appears to be the product of changing roles in the sector, with many non-operational roles previously available to operational staff as 'respite' now filled by Public Servants, having become separate career pathways with expert capabilities.

Nevertheless, agencies are increasingly recognising that delayed return to work after psychological injury can lead to longer and more complicated recovery, and lower likelihood of ever returning to work. Agencies are keen to identify or develop meaningful roles within a well-managed treatment plan. The added challenge is that they must be in a manner supported by available resources, acceptable within operational cultures, collaboratively agreed, and mindful of industrial relations issues. They may also need to consider backfill or supernumerary roles.

During Phase 3, all agencies received advice about enabling workforce mobility and alternative duties. In addition, proactive and preventive initiatives will help with this dilemma. Examples of this include, developing the front-line supervisors' capability to support discretionary reasonable adjustments, and educating personnel about the benefits of a proactive approach to the management of mental health and wellbeing.

Shift length

The comments and suggestions made by participants in Phase 1 interviews and Phase 2 open-text survey responses demonstrated awareness amongst personnel that fatigue from long and/or successive shifts has a detrimental effect on mental health. During Phase 3, some agencies expressed a strong desire to prioritise this issue, however, factors including industrial relations considerations make this issue difficult to address. Further, many agencies found that some of the people they were trying to protect were invested in the current state and the 'trade off' that allows access to increased remuneration and/or the ability to take longer breaks from work.

Consequently, cultural change (both behavioural and attitudinal) and strong collaboration between agencies and employee representatives is critical. To change the culture on this issue, staff who want to maintain long shifts will need to be convinced of the evidence that the long shifts negatively impact on mental health and performance, and that working shorter shifts brings more 'rewards' than working longer shifts. It will require influential workers to switch to shorter shifts and help eliminate the cultural feature.

Managing specific cohorts – volunteers and remote workers

Phase 1 of the study illustrated how the experiences of volunteers can often differ from those of employees. For example, many volunteers found their police and emergency services work to be a protective factor for their mental health. The open-text responses to the survey also reflected this feature, but also highlighted challenges faced more by volunteers than employees, such as not feeling valued by paid staff, being treated poorly and being asked to do too much. Keeping in mind that 90 per cent of the volunteers participating in the survey work in rural or remote locations, it is not surprising that challenges affecting police and emergency services workers in these communities are also prominent amongst volunteers.

> " The full-time employees treat us like second class citizens and expect us to do the work. We get no assistance from our managers, and in fact our managers are most of the problems."
>
> (Fire and rescue sector)

Both volunteer and rural/remote police and emergency services workforces can experience additional mental health risks due to their geographical isolation and their distance from support. Further, these members may personally know people they come into contact within the course of their role.

During Phase 3, it became apparent that 'communications' is a challenge for agencies that include volunteers and remote personnel. In particular, agencies need to ensure these personnel are captured in systems, databases and processes that identify risks such as developing a mental health condition or of suicide. Providing access to training and other organisational initiatives and services can also be difficult. Volunteers already give their own time for the role and requesting they attend extra meetings or training sessions above and beyond is often a 'big ask'. Further, compared to employees, they may have limited access to online information and resources.

> " **Phone support is nowhere near as helpful as face-to-face support and the agency can't supply that to remote areas in the timeframe it is needed."**
>
> (SES sector)

Agencies that manage volunteer and remote personnel mental health and wellbeing challenges better were found to have well developed peer support programs and to have established a network of local wellbeing 'champions'. They also focus mental health and wellbeing training on these champions as well as local area leaders (whether volunteers or employed).

During Phase 3, relevant organisations were encouraged to take extra steps to ensure the specific needs of these groups are identified and included in the mental health and wellbeing strategy.

Leading practice

At the completion of Phase 3, several emergency services organisations had already planned, and in some cases implemented, evidence informed, leading practices. Better still, some agencies were well positioned to become leaders in workplace mental health and wellbeing, not just within the police and emergency services sector but across all industries. Arguably the most relevant best practice identified in Phase 3 was a sophisticated mental health strategy.

One of the priorities for Phase 3 work was to encourage and support agencies to implement or update their mental health and wellbeing strategies in line with the recommendations made in *Answering the call*. Some examples of leading practice amongst the participating agencies included:

A mental health and wellbeing strategy with an identified timeline

Most agencies used the opportunity of Phase 3 to develop or update formal mental health and wellbeing strategies or commence processes that start them on that path.

Well-designed strategies focus on key, measurable outcomes, not just outputs, and mapped out how a range of initiatives would work together to achieve the desired outcomes.

They follow the strategic pillars of '*Protect-Promote-Support*' (as described in the *Good practice framework*) and outline evidence informed initiatives that can realistically be achieved within two or three years. Further, leading strategies allow for flexibility of deliverables while pointing to concrete action.

A 'leading practice' mental health and wellbeing strategy

One of the most sophisticated mental health and wellbeing strategies identified during Phase 3 was both robust and evidence based. This well-designed strategy:

- follows the integrated approach to workplace mental health: *Protect-Promote-Support*

- focusses on outcomes, noting that "health must be embedded in our thinking, our business practices and our culture"

- outlines high level objectives, with clearly defined actions that can realistically be achieved over the course of three years

- explains how progress will be measured throughout the strategy's three-year lifespan

- demonstrates the shared responsibility between individuals, supervisors and the wider organisation

- guides all agency personnel in the same direction, committing them to tangible mental health and wellbeing outcomes

- is endorsed, implemented and celebrated by agency executives.

Such strategies surpass traditional 'menu-based' or ad-hoc wellbeing programs as they hold agencies accountable to produce tangible results, communicate mental health and wellbeing as a cross-organisational priority, and provide consistent guidance to staff.

Tackling the systemic variables that impact mental health and wellbeing

Traditional wellbeing programs pay insufficient attention to reducing the impact of the most common causes of stress in organisations. These include leadership, role clarity, career development, recognition and workload. While tackling these issues can be complex and very challenging, mental health and wellbeing as an outcome is unlikely to be realised without working on these issues in a meaningful way.

Throughout Phase 3, the agencies leading the way were those that demonstrated a strategic and broad-based approach through designing and implementing solutions that address these stressors. In some cases, this includes a process of more formal psychosocial risk auditing to identify key and specific agency risk variables to inform or supplement strategy development and implementation.

Psychosocial risk assessments

One agency used the Phase 3 consultation services to support a well-considered psychosocial risk assessment process across all of its work areas.

This agency established a wellbeing working group to review psychosocial risk profiles across the organisation. The group's approach included identifying policies that may negatively impact personnel mental health as well as considering the effectiveness of current interventions and initiatives.

This organisation's risk assessment found that many of its current services, resources and policies needed to be revised to better prevent psychosocial risk factors. For example, self-stigma, in the form of staff not wanting to indicate when they needed assistance, was a particular issue. Additionally, there was a perceived lack of awareness of available services and resources throughout the agency.

In response, the agency developed and delivered a mental health and wellbeing education program to all employees. Additionally, the agency promoted and communicated all available mental health services and resources throughout the organisation. The process also identified the strengths in the agency's current approaches, including protective factors like a supportive culture and the organisation-wide promotion of wellbeing activities. Notably, this process also recognised the strong focus on a supportive early intervention and WorkCover system for psychological injury.

This agency demonstrated how approaching psychosocial risk with regard to strengths as well as weaknesses helps ensure positive aspects are not inadvertently compromised during change processes.

In other cases, tackling systemic variables involves investing in initiatives to improve workplace culture, which can promote positive mental health and other positive behaviours, like help-seeking and stigma reduction. For example, one agency tackled organisational culture through defining positive communication and establishing a program to encourage conversations characterised by respect and courtesy. This approach recognises that programs that emphasise desired behaviours are more likely to create culture change than only calling out poor behaviour.

> **"A supportive work culture is like giving everyone in the organisation a mental health inoculation."**
>
> The Hon. Julia Gillard, AC
> Chair, Beyond Blue
> Foreword to *Answering the call*

Addressing complex issues from multiple angles

The police and emergency services sector is affected by many of the persistent challenges experienced more broadly in workplaces, such as bullying, harassment and mental health stigma. In addition to these, some of the complex, challenging issues raised by agencies throughout Phase 3 included managing exposure risk (trauma), fitness for duty (recruitment, risk of harm to others) and managing members needing respite from the operational and psychological impacts of their role.

Leading practice approaches to addressing these challenges examined the issues from multiple angles, knowing that 'the problem' could not be mitigated without a multi-faceted approach.

FOCUS ON

Alternative duties and respite

One of the complex issues that agencies can best address from multiple angles is managing the need for personnel to take respite from the operational and psychological impacts of their role, particularly in a limited resource environment.

The core principle of leading-practice operational mobility and respite is to minimise time away from work and enable affected personnel to recover while engaging in meaningful work duties.

Agencies adopting a leading practice, multi-faceted approach to addressing these challenges might:

- assess psychosocial risks and develop mitigation strategies (including role redesign, if necessary)
- promote the benefits of a proactive approach and train line-managers accordingly
- allow for potential backfill and supernumerary roles when workforce planning
- work together with affected personnel to create meaningful alternative duties (if required)
- encourage collaboration between supervisors/managers and treatment providers
- adopt a collaborative 'early intervention' approach to Workers' Compensation.

A mental health training framework

Comments made during Phase 1 and in the open-text survey responses indicate that many police and emergency services personnel believe that both managers and employees often lack a sufficient understanding of mental health. Given mental health and wellbeing training was one of the most common elements in Phase 3 agencies' programs, this appears to be a widely-held perception at an organisational level as well.

Leading practice training frameworks focus on capability development rather than attendance and have approaches designed around seeing results in the workplace. They often couple training with coaching and/or applied learning activities to embed the learning and are tailored to specific cohorts, rather than an 'off-the-shelf' or 'one-size-fits-all' approach. Training modules use consistent messaging aligned with strategy, avoid repetition (unless part of a refresher program) and are delivered flexibly by capable facilitators.

CASE STUDY

Mental health training and leadership skills framework

The mental health training and leadership skills frameworks developed by one of the Phase 3 participating agencies is an exemplar of this leading practice approach. Further, this agency:

- created a Taskforce and a Taskforce Action Plan to proactively promote mental health and wellbeing, reduce barriers to accessing support, enhance wellbeing education and training and establish an active commitment to leadership development
- delivered training and development programs in a blended format, with face-to-face facilitated sessions, coupled with applied and online activities to embed the learning
- embedded health and wellbeing training and leadership development training as core pillars of its mental health and wellbeing strategy.

Peer support

Peer support programs have become increasingly popular across a number of sectors, but particularly within 'high risk' sectors such as corrections, courts, and the police and emergency services sector. Most agencies participating in Phase 3 had an existing peer support program, however, the composition and effectiveness of these programs varied across the sector.

Leading practice peer support programs

Leading practice peer support programs identified in Phase 3 had the following factors in common:

- An active steering committee that:

  » regularly promoted the program across the organisation

  » acquired the necessary Executive support and thereby funding for the program

  » recruited the most appropriate people for the role

  » ensured peers were always well trained, supervised, clear on their role and committed to their role

  » were proactive and regularly managed any issues that might have an impact on the success and sustainability of the program.

- A comprehensive peer training and development program, including:

  » a 3-5 day qualification program

  » mandatory periodic refresher training

  » methodological and wellbeing supervision.

- A set of guidance documents such as peer support policy, methodology, terms of reference for the steering committee, a peer position description, and a staff Q&A document.

- Processes and resources for managing complaints, sourcing user feedback and managing high risk situations.

- Processes for recruiting, training and supporting a new intake of peer supporters on a regular basis.

The most effective peer support programs had:

- high levels of participation amongst staff
- a strong reputation of the program within the agency
- become embedded into the culture.

Peer support

For example, one of the most well-developed and leading practice peer support programs identified during Phase 3:

- is underpinned by a guiding framework to ensure that consistent, effective and appropriate peer support services are routinely delivered

- ensures peer support officers are well trained and has a recently expanded training scope that incorporates suicide awareness, support and 'postvention'

- partners peer support officers with new recruits after graduation, normalising mental health and wellbeing conversations and promoting a support-seeking culture

- extends to personnel who are transitioning to retirement or have recently separated from the service.

Promotion of principles of shared/mutual responsibility

As recommended in the *Good practice framework*, a shared, collaborative approach to mental health and wellbeing is fundamental to the health of any organisation. This includes senior leaders, managers, line supervisors, unions, colleagues, and individual personnel, as well as the mental health and health professionals working with the organisation.

Phase 3 found that some agencies partnered with unions to develop a joint approach aimed at improving the health, safety and wellbeing of their people, families and workplaces, with 'shared responsibility' as one of the key principles of approach.

Explicitly promoting the idea that individuals assume some responsibility for their own wellbeing, and agencies assume some responsibility for its people, appears to minimise blame culture, especially when supported by appropriate systems.

Beyond Blue's *Good practice framework* guides police and emergency services organisations to protect the mental health of their workforces, promote wellbeing and prevent suicide. A key pillar of this framework is shared mutual responsibility between the organisation and its people.

This approach acknowledges that promoting good mental health and preventing suicide is everyone's business – from senior leaders, managers, line supervisors, unions, colleagues, and workers themselves, through to mental health and health professionals working with the organisation. Families and the broader community can also play an important role in supporting the mental health and wellbeing of personnel.

Thinking about health, safety and wellbeing should be as natural for everyone in the organisation as thinking about operational business activities. Strong organisations have a solid understanding of the day-to-day behaviours that create and maintain a healthy, resilient environment, and how each person can make a positive contribution. This is a core business activity affecting everyone at work and not an optional extra.

Recommendations for agencies

Based on the learnings from agency engagements, Beyond Blue and FBG recommend the following practical actions to further progress towards leading practice.

Mental health and wellbeing strategy design and implementation

- Develop or update a formal, Executive-endorsed mental health and wellbeing strategy (and associated action plan) that broadly follows the *Protect-Promote-Support* framework. The revised *Good Practice Framework* can guide this approach.
- Involve a broad range of stakeholders in the design process to support a diverse range of perspectives. This should involve agency personnel and senior leaders as well as unions, insurers, families and the broader community.
- Use evidence informed strategies wherever possible in preference to solutions that may be popular or fashionable but are not supported by research or identified as leading practice.

- Choose to first implement strategies and initiatives that will act as catalysts for other strategies and initiatives, (for example delivering training to executives first may facilitate an increased uptake of training and learning at other levels due to the power of senior leader advocacy and role modelling).
- Identify efficiencies in responsive work to free up time to work on proactive strategies and actions.
- Utilise a psychosocial risk assessment approach to further inform development and prioritisation of actions in the strategy.

Co-operation and collaboration
- Identify ways in which key specialists, such as Health and Wellbeing, Occupational Health and Safety, Human Resources, Learning and Development and Return to Work personnel, can work more collaboratively to develop integrated initiatives for mutual benefit.
- Promote a philosophy of shared or mutual responsibility for promoting and supporting mental health and wellbeing and consult with internal and external stakeholders to support this approach.
- Establish forums or working parties with broad organisational representation to respond to complex challenges, such as stigma and bullying, from multiple angles.
- Share information across agencies to explore methodology, outcomes and lessons learned when implementing evidence informed mental health and wellbeing solutions.

Health and wellbeing personnel continuity
- Establish processes for greater retention and ongoing utilisation of mental health and wellbeing expertise gained from internal and external sources.
- Establish a business continuity and succession plan to ensure the intent and substance of the strategy continues to be delivered through personnel and organisational change.
- Avoid single point dependencies for mental health and wellbeing strategic content knowledge.

Business cases for funding
- Establish business cases that demonstrate the long-term value of investing in proactive wellbeing strategies and highlight the need to protect personnel from psychosocial risks and promote positive. mental health in addition to reactively supporting those affected by mental health conditions.

Communication and engagement strategies

- Continue to promote deeper levels of engagement from Executives and other senior leaders using a range of influencing strategies.
- Continuously communicate across the entire organisation about what constitutes a strategic approach to mental health and wellbeing, including the importance of systemic levers of change.

Develop a mental health and well-being champion network charged with broadening buy-in to the strategy.

Education strategies

- Ensure mental health and wellbeing training is tailored to specific cohorts using consistent key messaging.
- Prioritise people-leadership skill development, including around creating psychologically safe workplaces, enhance mental health and wellbeing and mitigate psychosocial risk.

Risk management

- Develop a multifaceted approach to suicide risk encompassing; protection through connection, risk identification and intervention and "postvention" processes (agency response after a suicide has occurred).
- Consider implementing "complex case management" or high-risk coordination committee approaches involving people leaders, human resources staff and mental health professionals. Such approaches will provide increased safety and better outcomes for employees with complex mental health status.
- Consider contemporary evidence around group psychological debriefing following critical incidents and develop critical incident processes that align with research on trauma risk and effective support.

Data and evaluation

- Integrate and utilise datasets to provide a better understanding of psychosocial risks and their impact on mental health and wellbeing.
- Consider measuring performance against a variety of benchmarks which could incorporate; the baseline established by *Answering the call*, annual wellbeing surveys, or potentially partnering with other agencies to benchmark at a sector level.
- Evaluate strategies through comparing to leading practice and establish dataset and data utilisation approaches that help assess the effectiveness of actions and initiatives.

Nature of work: Mobility

- Explore options to identify and develop meaningful alternative duties and roles for operational staff affected by or recovering from mental health conditions.

Towards a sector-led approach to systemic change

Beyond Blue commenced the Police and Emergency Services Study in 2016 with the goal of improving the mental health and wellbeing of police and emergency services personnel. Since that time, the Police and Emergency Services Study has been a significant driver of change, including:

- a better understanding of the mental health of police and emergency services personnel, through having, for the first time ever, a robust national dataset of the prevalence of mental health conditions in police and emergency services personnel
- national recognition of the significance of police and emergency services mental health and a greater emphasis on the need to support police and emergency service mental health in the community
- evidence-based responses to improving the mental health and wellbeing of police and emergency service personnel, including the implementation of mental health and wellbeing activities or strategies at an organisational or sector level; and police and emergency services
- an increase in investment in police and emergency services mental health at an agency, state and national level.

With the close of the final phase of the Police and Emergency Service Study, and after many years of research, advocacy and driving change, Beyond Blue will shift our focus from a dedicated Police and Emergency Service program to supporting sustainable, national or sector-led approaches. Longer term, Beyond Blue will continue to influence positive changes across all workplaces, including in the police and emergency services sector.

Beyond Blue recognises that there are a number of initiatives emerging or underway, including sector based approaches, like the Council of Ambulance Authorities industry strategy, community-based initiatives like R U OK's campaign, and strategic national action plan, being led by the Department of Home Affairs. In order to continue the collective momentum built over many years, Beyond Blue recommends that police and emergency services agencies and personnel, their representatives, Government and other organisations closely collaborate to effect local and systemic change across the protect, promote and support model.

Continuing to advocate for change

Answering the call demonstrated the priorities for action that will make the biggest difference for the mental health and wellbeing of police and emergency services personnel including four recommendations for government. Since Beyond Blue published this platform for change, the following developments have unfolded:

- Several governments have demonstrated a commitment to leading practice interventions and programs including an Australian Government commitment to fund a national centre of excellence for police and emergency services mental health and the Victorian Department of Health BlueHub model developed in a collaboration between The Police Association Victoria and Phoenix Australia.
- The Australian Government committed $76 million for dedicated resources towards mental health supports in response to the 'Black Summer' 2019-20 Bushfire Crisis across a range of initiatives.
- Beyond Blue recognisies the importance of involving families and the broader community in supporting the mental health of police and emergency services personnel. The $11.5 million in grant funding to the Black Dog Institute and Fortem Australia Limited will provide mental health support directly to emergency services personnel and their families.
- The Senate inquiry into First Responders and its report, *The people behind 000: mental health of our first responders*, prompted the Australian Government's in principle support for workers' compensation reform.

Beyond Blue will continue to advocate for the recommendations made in *Answering the call* including: a funded national approach that addresses all aspects of the protect-promote-support model. This should include proactively supporting personnel prior to ending their service, appropriate transition support and funding for clinical and psychosocial services for transitioning and former employees.

CASE STUDY

Australian Government commitment to fund a national centre of excellence for police and emergency services mental health, the BlueHub Project

- The *Answering the call* report recommended the development of a national centre for excellence for police and emergency services mental health; a central hub of proven and emerging best practice interventions and programs.

- In April 2019, the Commonwealth Department of Home Affairs announced that the Police Federation of Australia (PFA) will receive $2.5 million from the Department of Health to establish a 'BlueHub' – a national centre of excellence – to develop a national framework for mental health care for police and emergency services personnel. This funding led to the establishment of a Victorian based pilot led by The Police Association Victoria. The pilot is available to members of Victoria Police and Victorian based Australian Federal Police members.

- The purpose of the BlueHub Project is to support the health and wellbeing of police officers by providing them with timely access to appropriate specialist mental health services. The project consists of the development and implementation of a clinical assessment framework, and related research and training resources for mental health practitioners to provide appropriate specialist mental health support for police officers.

- The Police Association Victoria has engaged Phoenix Australia to provide training, a quality assurance framework and evaluation standards for the project. Data will be obtained to monitor treatment outcomes with a view of building the knowledge base on best practice evidence-based modalities to treat traumatic injury in the policing context. A network of clinicians in both private and hospital-based settings has been established and will compliment a stand-alone Phoenix Australia site in providing services to police members.

A national approach to police and emergency services mental health

In *Answering the call*, Beyond Blue recommended a national policy approach and funded action plan as necessary to improve mental health in the police and emergency services sector. In response to the Senate Inquiry report, the Government has committed to developing a national action plan for first responder mental health. The Government has allocated $4.5 million for this work, which will be delivered by the Department of Home Affairs, and is aimed at reducing the rates of suicide and mental ill-health among emergency services workers.

Beyond Blue recommends this national action plan addresses the recommendations outlined in *Answering the call,* including:

- Adequate funding for agencies that is committed to implementing evidence-based mental health strategies and long-term funding to address existing mental health service gaps, including preventative strategies.

- The establishment of a national centre of excellence for policy and emergency services mental health. The BlueHub Project is an example of a national centre of excellence approach within one sector. Bringing all three sectors together under one plan will maximise the impact of a national centre of excellence for emergency services mental health.

- Workers compensation reform, across all jurisdictions, to improve the recovery of police and emergency services personnel who experience psychological injury.

- Support for former personnel, including employees and volunteers.

In addition, Beyond Blue's work with the police and emergency services sector also supported the development of coordinated sector-level plans and developed a robust evidence-base that draws attention to the systemic changes that will make a real difference to the mental health and wellbeing of police and emergency services personnel. Beyond Blue encourages sector leaders, including peak and representative bodies for example, lead a sustainable approach to further advancing mental health outcomes. Peak bodies, who already collaborate within their respective sectors, are encouraged to galvanise the agencies in their sector under industry-based frameworks which aim to improve the mental health of all agencies and personnel. Peak bodies should also collaborate across-sectors, to share what works.

The ongoing role of agencies

Agencies have made significant improvements over the past years, and the strategic wellbeing consultation services provided during Phase 3 focussed on supporting participating police and emergency services agencies to make further improvements by implementing Beyond Blue's *Answering the call* agency recommendations.

Having provided services tailored to the needs and priorities of each agency, Beyond Blue encourages agencies to continue to invest in effective, evidence-based strategies to improve

the mental health and wellbeing of personnel. This includes regularly reviewing and iterating the mental health and wellbeing strategies in line with best practice, for example, by adopting the recommendations for agencies outlined above and Beyond Blue's *Good practice framework.*

Agencies indicated a strong desire to collaborate across the sector and learn from each other. Beyond Blue encourages agencies to continue to explore opportunities for inter-agency collaboration, connecting agencies across sectors and states to increase opportunities to share learnings and leading practice approaches at a national level.

One effective and emerging model involves the establishment of learning networks and knowledge communities, like the Emergency Service Foundation 'Learning Network', funded by Worksafe Victoria. Beyond Blue encourages the expansion and use of these networks. Ideally, these networks will engage mental health professionals and executive leaders from police and emergency services agencies as participants, expert advisors and in governance frameworks.

These networks will be well-placed to act as collaborative information exchanges that:

- communicate 'what works well', both in policy and practice
- develop and disseminate evidence-informed leading practice approaches to mental health and wellbeing for the police and emergency services sector
- support the integration of mental health and wellbeing within broader police and emergency services strategies
- facilitate and advise/govern collaborative research projects
- develop benchmarks and a common evaluation framework for mental health and wellbeing services
- drive cross-organisational collaboration, learning and mentoring, (for example, though a 'buddy' system that connects agencies to others that have recently overcome a common challenge)
- collectively advocate for change.

Continuing to support research into police and emergency services mental health and wellbeing

Since publication, *Answering the call* has been used to draw public attention to the mental health and wellbeing challenges faced by the sector and to leverage new programs, services and funding to respond to those challenges.

Beyond Blue supports recommendations 1 and 2 of the Senate inquiry report that call for a national dataset collating prevalence of mental health conditions and suicide amongst police and emergency services personnel and Beyond Blue

recommends that the national action plan adopts *Answering the call* as an ongoing study. Using the results of *Answering the call* as a baseline, Beyond Blue recommends readministering the survey at a state, sector or national level at regular intervals, to effectively assess changes over time.

Beyond Blue also encourages further and ongoing research into the mental health of police and emergency services personnel, including the University of Western Australia's *After the fires* research into the mental health of first responders to the Black Summer bushfires.

To contribute to continued research into police and emergency services mental health, Beyond Blue will facilitate access to Beyond Blue's Phase 2 survey dataset.

Leveraging Beyond Blue's Police and Emergency Services Study

The study is a catalyst for change. Its findings compel action and the recommended actions require dedicated and collective effort to better protect police and emergency services personnel and make a real difference to their lives.

Beyond Blue encourages governments, agencies, unions, peak bodies and other key stakeholders and families and the broader community to work together to ensure ongoing benefits based on the learnings and findings from the Police and Emergency Services Study.

Through our ongoing commitment to help all people in Australia achieve their best possible mental health, Beyond Blue will continue to support the police and emergency services community across Australia.

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Where to find more information

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🔗 beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information, advice and brief counseling, and point you in the right direction so you can seek further support.

📞 1300 22 46 36

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