Beyond Blue

Good practice framework for mental health and wellbeing in police and emergency services organisations

The first version of the *Good practice framework for mental health and wellbeing in first responder organisations* was developed by Beyond Blue in 2016. This revised framework has been developed from further insights gained during the Beyond Blue Police and Emergency Services Program 2017-2020.

The original framework was developed collaboratively, with input from small and large police and emergency services agencies in several states and territories. A steering group of representatives from Australian front line agencies in police, ambulance, fire and rescue and state emergency services was invaluable. A number of people with front line operational, union, legal, clinical and academic expertise also provided input into the framework. These included Blue Voices members with experience working in police and emergency services roles. Blue Voices is Beyond Blue's community of people who have personal experience of anxiety, depression and/or suicide.

Beyond Blue engaged the FBG Group to lead the consultation on, and development of, the 2016 *Good practice framework*. Since then, in collaboration with the police and emergency services sector, Beyond Blue has undertaken an extensive three-phase national study of the mental health of police and emergency services workers. A summary of the study can be found here. In 2019 Beyond Blue commissioned FBG Group to undertake the third and final stage of the study which involved working with 33 participating agencies to translate knowledge from the first two phases into practical actions for their organisation. This revised version of the *Good practice framework* incorporates learnings from across the three phases of the national study. We would like to thank the 33 police and emergency services agencies for their participation in this work.

Some of the images in this document have been provided by Victoria State Emergency Service and Ambulance Victoria.

We would like to thank everyone involved for their valuable contribution.

Beyond Blue is especially grateful to all current and former police and emergency services personnel who shared the stories of their personal mental health experiences with us.

For the purpose of this document, Beyond Blue has defined police and emergency services organisations to include:

- Ambulance services
- Fire and rescue services
- Police forces
- State emergency services (SES).

Beyond Blue acknowledges the Traditional Custodians of the Land in Melbourne on which our head office is based, the Wurundjeri people of the Kulin Nation, and pay our respects to their Elders past and present. We also extend our respect to all Traditional Owners, and Aboriginal and Torres Strait Islander people across the diverse lands of our country, their Elders, cultures and heritages. We recognise the continuing connection that land and country has to the identity, strength and wellbeing of individuals, families and communities.

Contents

Purpose of this document

This document provides police and emergency services organisations with an evidence-informed framework that provides guidance to protect the mental health of their workforces, promote wellbeing and prevent suicide. This second version of the *Good practice framework* incorporates learnings and insights from across the three phases of the Police and Emergency Services National Study 2017-2020.

Every police and emergency services agency, just like every workplace, has unique characteristics. This framework is not intended to be prescriptive. However, there are common, core actions that work, and issues that every agency can and needs to address.

The framework:

- encourages a **strategic and integrated approach to mental health**
- offers an **evidence-based framework** of preventative measures, as well as supportive interventions for police and emergency services personnel in the field
- emphasises a **positive approach to mental health**, by encouraging organisations to actively promote wellbeing as a core part of business
- highlights the need for **shared responsibility**
- identifies **key principles for creating mentally healthy workplaces** that are high performing and enable each police and emergency services personnel to achieve their best
- provides practical **guidance on how to develop or check an existing strategy** to promote the mental health and wellbeing of a police and emergency services workforce
- presents a comprehensive set of **actions across the police and emergency services personnel's career** to assist each organisation to examine their approach to mental health and wellbeing
- offers guidance about **support that can be provided to police and emergency services personnel who develop a mental health condition**
- gives practical **suggestions about how to use this resource.**

Introduction

Every workplace has a responsibility to ensure that the mental health of their workers is protected, promoted and supported. This responsibility is heightened for police and emergency services organisations, given their unique and often challenging work environments.

The nature of emergency services work means police and emergency services personnel are likely to be regularly exposed to potentially traumatic events, which may or may not impact their mental health. Like other workers, they may also experience common workplace stressors, such as excessive workloads, inadequate support and bullying.

Answering the call — Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services found that police and emergency services workers are more than twice as likely to experience high or very high rates of psychological distress compared to the general population.[1]

Encouragingly, it found many employees and volunteers have good mental health and wellbeing with more than half of all employees and two in three volunteers reporting high levels of resilience. However, 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 post-traumatic stress disorder (PTSD).[2]

That is why a key recommendation from the study was for each police and emergency service agency to develop an organisational mental health and wellbeing strategy.

Being productive and making a contribution not only protects mental health, but also helps with recovery from a mental health condition.

Workplace culture plays a significant role in how workers respond to challenges whether they relate to the workplace or life outside of it. There are many protective cultural and other factors in police and emergency services that have a positive impact on wellbeing. For example, there is often a strong sense of community and camaraderie in police and emergency services environments. Workers are spending more time at work than ever before.

There are also elements of culture that present a risk to mental health and wellbeing. Stigma, and potentially discrimination, regarding mental health conditions is still prevalent. Many people still worry about talking about suicide and lack the confidence to approach someone about it because they are afraid of doing harm or saying the wrong thing. In many police and emergency services organisations, there are concerns about the confidentiality of support services as they may be perceived to be linked to line management, career development and performance management. These concerns may deter workers from seeking help for mental health difficulties and remain significant barriers to promoting mental health.

Tackling these barriers is an ongoing journey requiring a cultural shift. This will only be achieved if everyone in an organisation is committed to working together to improve mental health and wellbeing and prevent suicide.

Individual qualities and skills also play a role in how people respond to stressful situations, at work or in their personal lives. Most police and emergency services personnel manage the challenges of the job well, and have the ability to withstand, adapt to, and recover from the stress and adversity associated with their role. Yet even the most resilient people can be impacted by confronting situations or poor workplace cultures. For example, there is evidence that repeated exposure to critical incidents can have a cumulative impact on a person.[3] As a result, mental health is a shared responsibility for all people, at all levels, in the workplace. Police and emergency services personnel have a responsibility to look after their own mental health and develop a range of skills to build resilience and cope with the demands of the job. Organisations have a responsibility to prevent risks to mental health and support people with a mental health condition.

A minority of police and emergency services personnel will experience mild, moderate or even severe symptoms of a mental health condition either temporarily, or on a recurrent/ongoing basis. Some of the more common conditions include anxiety, depression, substance misuse and post-traumatic stress disorder (PTSD). However, it is important to note that a person with a mental health condition can perform just as well as their colleagues if they have the right support from family, friends and their workplace.

Organisations must be aware of their risk profile, and have strategies in place to manage mental health, wellbeing and suicide risks arising from their work.

The nature of these strategies will, in some instances, be constrained by the availability of resources and other barriers. However, many initiatives (e.g. actions to reduce stigma) can be implemented with minimal cost and are part of good management and business practices.

The key to promoting police and emergency services personnel's mental health and wellbeing is to ensure that employers, workers and worker representatives act together to plan and implement an overarching strategy.

Investing in mental health also makes good business and operational sense. Workplaces with a positive approach to mental health and safety have increased productivity, improved worker engagement and are better able to recruit and retain talented people.[4] They also have reduced absenteeism, risk of conflict, grievances, turnover, disability injury rates and performance or morale problems.[5] Research has shown a potential return on investment of $2.30 for every one dollar organisations invest in creating mentally healthy workplaces.[6]

This resource aims to provide a tailored framework for police and emergency services organisations to address the challenges discussed above and create and maintain high-performing, mentally healthy workforces. It draws on findings from the three phases of the Police and Emergency Services Study:

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

Figure 1: *Answering the call* key findings

Mental health and suicide

Understanding mental health

Everyone's mental health varies during their life. Mental health exists on a broad continuum or range, from positive, healthy functioning at one end through to severe symptoms or conditions that impact on everyday life and activities (see Figure 2 below).

Figure 2: Adaption based on Corey Keyes mental health continuum model.[7]

At the green end, people tend to show resilience and high levels of wellbeing. This doesn't mean they never experience any challenges to their mental health. Rather, they draw on a range of coping mechanisms and supports to effectively manage any difficulties as they come along.

People at this end are likely to proactively look for ways to develop their resilience and enhance their knowledge and skills about their own self-care. In some cases, people who experience potentially traumatic events are able to draw on these experiences to develop even greater resilience than they had before. This concept of post-traumatic growth is different to a traditional illness-focused approach to mental health and raises interesting possibilities for people such as police and emergency services personnel, and their employers.

People sitting in the yellow section, through to the red, are likely to experience increasingly severe symptoms and greater difficulties coping with daily life. Symptoms may range from short-term responses such as mood fluctuations, feelings of agitation and restlessness, poor sleep, appetite and decreased energy, through to more persistent symptoms such as excessive emotional outbursts, feelings of hopelessness and worthlessness, regular misuse of alcohol or other drugs, or complete social withdrawal. As people move further towards the red, their intentions to seek help often decrease as they begin to feel more overwhelmed and become more afraid of burdening those around them. The likelihood of suicide risk also increases along the continuum, starting with thoughts of self-harm and progressing through to more active plans and suicide attempts.

Mental health conditions are common, distressing, potentially disabling and can be associated with poorer physical health and the risk of suicide. Common mental health conditions such as anxiety and depression, may be caused by a range of factors including individual factors (e.g. genetics, personality, life experiences) and environmental factors (e.g. grief and loss, relationship difficulties, financial problems, job stress). Like other health conditions, anxiety and depression can be prevented by interventions that focus on changing the balance between risk and protective factors.

Mental health is not fixed or static. A person can move back and forth along their own personal range over time, in response to different stressors and experiences. Each person's knowledge and skills in promoting their own wellbeing (self-care) will also influence their mental health at any point in time.

It is important to note that the mental health continuum does not necessarily reflect the presence or absence of a diagnosed mental health condition. For example, a person with a diagnosed mental health condition may achieve high levels of mental health and wellbeing, if the condition is managed effectively. Equally, someone may be experiencing a range of symptoms and/or facing major life stressors such as a relationship breakdown or job stress — that severely affect their mental health, but not be experiencing a mental health condition.[8]

Understanding suicide

Suicide is a complex phenomenon with no single underlying cause. Suicidality also occurs on a continuum, starting from thoughts of life not being worth living, through to more active suicidal thoughts, plans and attempts. In Australia, three-quarters of all deaths by suicide are men.[9]

People who contemplate suicide often genuinely feel that people in their lives would be better off without them, which can reduce the likelihood that they will actively seek help. They may view suicide as a way to end both their intense emotional pain and perceived burden on others. These feelings of distress may be due to an accumulation of experiences or circumstances, including negative life events which can act as triggers for suicidal thoughts or behaviour. Some mental health conditions are also associated with an increased risk of suicide. However, not everyone experiencing a mental health condition will experience thoughts of suicide, and not everyone who has suicidal thoughts has a mental health condition.

Some of the factors associated with an increased risk of suicide include:

- previous suicide attempts; or recent death or suicide of a family member or close friend
- history of mental health conditions — e.g. depression, bipolar disorder, substance use disorders, post-traumatic stress disorder (PTSD)
- social isolation; lack of fulfilling, genuine close relationships and not feeling accepted by others
- belief that one is a burden on others or on society
- reduced fear of death, which can be magnified through exposure to traumatic life experiences
- access to harmful means, such as medication or weapons
- severe life stressors — e.g. loss of job, high job stress, legal or disciplinary problems
- long-term problems associated with exposure to abuse or trauma
- chronic pain and/or illness
- loss, feelings of failure
- financial hardship
- alcohol and/or substance abuse
- physical disability.[10]

Findings from the *Answering the call* study indicate that compared to the general population, police and emergency services workers are twice as likely to have suicidal thoughts and three times more likely to have a plan for suicide.[11]

It's important to note that many of the warning signs for suicide are common to the symptoms experienced when someone moves through to the yellow and red sections of the mental health continuum. A person who is feeling suicidal may not directly express these thoughts, but instead may say they feel useless, worthless, hopeless, that things are "pointless", they've "had enough" or are "over it". If you're worried someone is experiencing thoughts of suicide, the best way to find out is to ask directly.

Research shows you can have a positive influence on someone who may be considering suicide by initiating a conversation with them and guiding them to seek support. You don't need to be a clinician, a GP, or a nurse to check-in with someone you are worried about.

For more information on suicide, including possible warning signs and how to talk about it visit www.beyondblue.org.au/suicide

Mental health and the workplace

In all occupations there are both protective and risk factors to the physical and mental health and safety of workers.

Risk factors are the negative things that are detrimental to someone's mental health. Protective factors are the positive things that help build someone up and provide the skills and support to deal with challenges.[12]

Workplace influencers such as design of jobs, relationship and group processes, and organisational systems, can have a substantial impact on the mental health of individuals.

Personal factors can also affect people's mental health at work. For some workers, daily life pressures can accumulate and develop into severe stress. For others, specific life events such as sudden financial loss or the breakdown of a relationship can act as a trigger and result in severe difficulties functioning at work.

A mentally healthy workplace is one that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the individual, organisation and community.

Factors contributing to a mentally healthy workplace

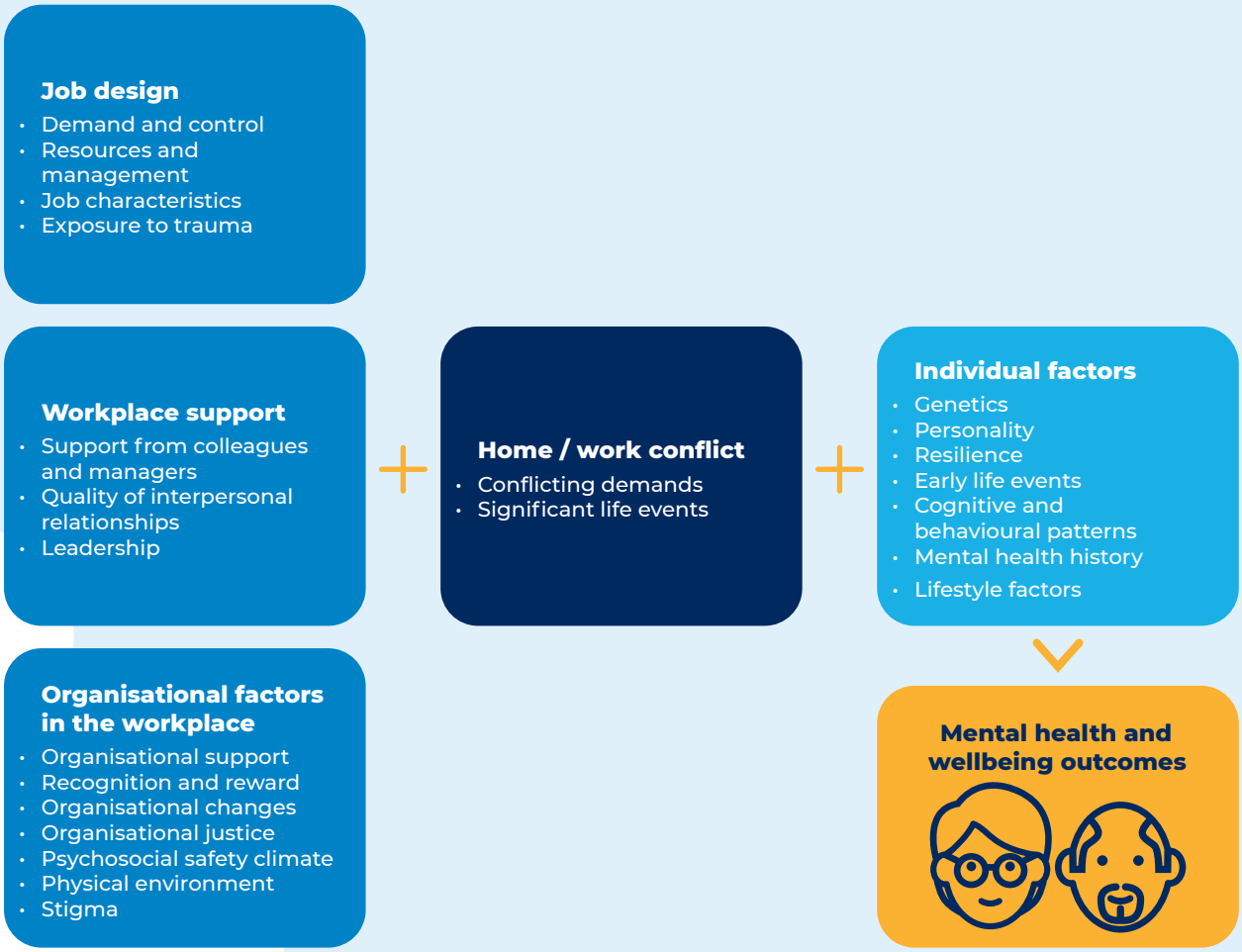

Figure 3: Factors contributing to a mentally healthy workplace. Source: Harvey et al (2014)[13]

An integrated approach to mental health and wellbeing

Workers with high levels of mental health and wellbeing are not only happier and healthier, but also more productive and likelier to stay in the workforce despite any challenges life may throw at them. Protecting the mental health of workers is an important part of managing any organisation, and employers have legal responsibilities to provide a workplace that is mentally safe and healthy.

Forward-thinking organisations are increasingly realising the benefits of adopting an integrated approach to mental health and wellbeing, as they develop a greater understanding of the relationship between their workers, the work environment they provide and high performance for the organisation.

An integrated approach to mental health combines initiatives that protect, promote and support.

Evidence indicates that an integrated approach to mental health and wellbeing in the workplace will lead to the greatest benefits for organisations and workers. Integrated approaches draw on the following three key areas of focus:

1. **Protect** — protecting mental health by reducing work-related risk factors for mental health conditions and increasing protective factors.
2. **Promote** — promoting mental health and wellbeing by developing the positive aspects of work as well as workers' strengths and capabilities.
3. **Support** — addressing mental health difficulties and conditions among workers, regardless of whether the workplace was a contributing factor.

Research suggests that these three approaches are complementary, and together they are an effective, comprehensive approach to mental health and wellbeing.[14] The integrated approach forms the foundation of the 2016 *Good practice framework for mental health and wellbeing in first responder organisations.*

Figure 4: An integrated approach to mental health and wellbeing[15]

Mental health in the police and emergency services setting

The mental health of police and emergency services personnel

The mental health of police and emergency services personnel may be impacted by any of the common workplace risk and protective factors described in the previous section. In addition, there are unique aspects of police and emergency services personnel roles that can also have a positive or negative affect on a worker's mental health.

Given the challenging nature of police and emergency services work, it may be that naturally resilient people are more likely to choose to go into these roles in the first place. Additionally, police and emergency services organisations have positive attributes that may help protect the mental health of workers and contribute to their wellbeing. A culture of camaraderie and loyalty is common in police and emergency services organisations, and many workers feel a strong sense of purpose and connection with the community in their role. Findings from *Answering the call* showed that workers with higher levels of social support had lower levels of psychological distress.[16]

On the potentially harmful side, the nature of police and emergency services work means personnel are likely to be exposed to difficult situations and potentially traumatic events. They may be repeatedly exposed to death, violence, natural disasters, at risk of harm to themselves or their colleagues, or exposed to other challenging situations that may potentially cause indirect trauma. These experiences greatly increase the risk of developing a mental health condition, or can make an underlying issue worse.[17]

In addition, roles in police and emergency services come with a range of organisational stressors. Police and emergency services personnel regularly work long hours on shift-work schedules, and are rostered to work at times that others usually spend with family or friends, such as weekends, public holidays, birthdays and Christmas. This can significantly impact their ability to access the support and interaction they need outside of work. This can lead to social isolation and relationship difficulties, which can pose a significant threat to a police and emergency services personnel's mental health.

Physical health is closely linked to mental health. Police and emergency services personnel can have prolonged periods of low activity or sitting, have trouble 'switching off' or experience inconsistent sleeping patterns. They may also have difficulty eating healthily due to the demands of their work making it difficult to take consistent breaks. All of these factors can contribute to poor physical health. There is an expectation that, because of the nature of their work, police and emergency services personnel are likely to be physically fitter than other workers. This can vary depending on their role and the resources available within their organisation. It is important to discuss physical and mental health and wellbeing together as part of an overall health management plan.

Like any other person, police and emergency services personnel are not immune to developing a mental health condition. While the specific risk profile for each police and emergency services organisation is slightly different, personnel are most commonly at high risk of burnout, stress-related anxiety and depression.[18] Without help, these ongoing conditions may lead to risky behaviours, such as substance misuse or self-harm. If not addressed and managed, these conditions can increase a person's risk of suicide.

Given the complex range of factors that can influence the mental health and wellbeing of a police and emergency services personnel, each organisation must take the time to develop a clear understanding of their specific risk profile and management strategy.

Preventing suicide in police and emergency services personnel

Suicide prevention needs to be one of the ultimate objectives of any mental health and wellbeing strategy. Between July 2001 and December 2016, death by suicide was attributed to 197 police officers, paramedics and fire-fighters in Australia, highlighting the need for serious action to prevent suicide.[19]

For police and emergency services personnel, there are specific factors that may increase the risk of suicide. Some of these risks have been mentioned in the section 'Understanding suicide'.

The World Health Organization has established that having access to the means to carry out suicide (e.g. weapons, drugs), is a major risk factor for suicide.[20]

It is essential for organisations to consider the stigma surrounding suicide as part of their organisation's risk profile. Suicide is undoubtedly a worst-case scenario. Yet if good mental health and wellbeing are broadly promoted in an organisation, this will have a positive impact on reducing the risk of suicide. Suicide prevention starts with recognising the warning signs and taking them seriously. Having open conversations can make a real difference. It can be particularly powerful to encourage police and emergency services personnel who have experienced self-harm, suicidal thoughts and/or behaviours, and recovered, to share their stories with others. Encouraging these kinds of conversations is a powerful tool to reduce the fear and silence surrounding suicide and ultimately prevent deaths by suicide in the workforce.

Preventing suicide in police and emergency services personnel is embedded in all sections of this framework.

The police and emergency services personnel's career

Across the course of their career, police and emergency services personnel will be faced with experiences that can strengthen or challenge their mental health.

Issues may surface at any point in a person's career, from their first weeks on the job to when they are promoted to a position of greater responsibility, or when they transition to retirement.

The actions and initiatives in this framework are mapped onto the three key phases of a person's career:

1. **Recruitment**

   This phase includes all the processes involved in hiring the police and emergency services personnel, such as assessment, selection, induction and training.

   Importantly, this phase also includes the process when a person is promoted and starts in a new role. Internal recruitment is a key opportunity to build a worker's skills and confidence, to promote a mentally healthy environment, and increase a new manager's capacity to demonstrate healthy behaviours and lead by example.

2. **Operational service**

   Most of the police and emergency services personnel's career will be focused on 'business as usual', active service. Programs and practices to promote mental health and wellbeing should be integrated into the everyday work routine of the organisation, focus on preventative approaches, and offer police and emergency services personnel a choice in how they access support if needed.

   In addition to 'business as usual', most police and emergency services personnel will, at least once in their career, respond to a critical incident or crisis event. *Answering the call* findings indicate that 51 per cent of personnel had experienced a traumatic event in the course of their work that had deeply impacted them and 10 per cent of respondents had markers for probable PTSD.[21] There are additional requirements for promoting mental health in the context of critical incident response, which will differ across organisations depending on specific needs and preferences. The response strategy may incorporate a range of activities such as pre-incident education and post-incident 'check in', and draw on several sources of support, including colleagues, family and friends, chaplains or external health professionals.

3. **Leaving the service and post-service**

   The transition to retirement or a new career can be a very challenging process for police and emergency services personnel, as their identity can be deeply linked to their role in the community. It is important for police and emergency services organisations to assist workers to prepare and make this transition safely.

   Some police and emergency services personnel leave active service with an undiagnosed mental health condition, while many others experience a profound sense of isolation or loss. Police and emergency services personnel encounter situations that may continue to affect them long after they have left active duty. Findings from *Answering the call* indicate that almost 1 in 4 former employees (23 per cent) had probable PTSD, 23 per cent had high psychological distress and 19 per cent had very high psychological distress.[22] Well-managed organisations are increasingly realising the importance and benefits of supporting police and emergency services personnel who are leaving the service. It demonstrates to all staff that they are valued, and that the organisation is making a genuine, long-term commitment to their career and wellbeing.

Volunteers and rural police and emergency services personnel

It is important to note there are a number of unique groups within police and emergency services organisations that face additional challenges when it comes to mental health. For example, the large volunteer and rural workforces across the country can experience additional mental health risks due to their volunteer status and their distance from support. Those living and working in regional or rural areas are more likely

to report low levels of wellbeing when compared to those living in metropolitan areas.[23] Often volunteers are not full time and operate from rural or remote areas. This can lead to both social and geographical isolation.

Additionally, police and emergency services personnel who work in remote or small communities are more likely to personally know the client or victim they come into contact with. Police and emergency services personnel living in regional or rural areas are more likely to be exposed to trauma when compared to those living in metropolitan areas.[24] This can be very stressful at times, especially if the outcome of the call or situation is negative. On the other hand it can also be rewarding to know they have assisted people in their own community.

Volunteers and remote police and emergency services personnel may not be included in regular systems and databases. This may result in them not being identified for risk of developing a mental health condition or suicide. They are less likely to receive the same level of training and access to organisational initiatives and services that other police and emergency services personnel receive as part of their employment.

As a result, any efforts to promote their mental health should take into consideration the unique challenges of certain groups, such as volunteers and rural police and emergency services personnel. Organisations need to take extra steps to ensure the specific needs of these groups are identified and included in the strategy.

Non-operational workers

It is also important for organisations to recognise the specific factors influencing the mental health of non-operational workers and include them in the organisation's mental health and wellbeing strategy. While non-operational workers are not front line responders, they can also be exposed to highly stressful and potentially traumatic events. For example, call operators are usually the first point of contact with a distressed member of the public. Support staff are also at risk of indirect trauma, for example by listening to or reading accounts of potentially traumatic events experienced by front line workers. A comprehensive mental health and wellbeing strategy should take all workers into consideration (see Modifying risk and protective factors on page 15).

The role of family and social supports

The role of family and social supports in the mental health and wellbeing of police and emergency services personnel should not be underestimated. *Answering the call* found that social support was significantly associated with measures of positive wellbeing. Higher levels of resilience and wellbeing were reported among those who received high levels of social support from others.[25] Social support was also found to be associated with lower levels of suicidal thoughts. For example, roughly 20 per cent of employees with low social support reported suicidal thoughts in the past 12 months, compared with 4 per cent of employees with high social support.[26] The demands of roles are likely to impact on family life and personal relationships. Family members are often the first people to notice signs their loved one may be struggling. Families can be a positive influence, particularly on support-seeking. Having strong family and social connections outside of work is a significantly important protective factor and a potential mechanism to combat fatigue and other risk factors.

Police and emergency services organisations can support staff by incorporating the participation of families, friends and the broader community in their mental health and wellbeing approaches. For example:

- Consider how the organisation can help to encourage a broader support system for workers and prepare them for potential stresses they will encounter.
- Include family, friends, and community members to be part of the development, implementation and ongoing improvement of the organisation's mental health and wellbeing strategy.
- Provide family members with information about what to expect in the police and emergency services work context to help them understand the positive role they can play and how to best support their loved one through difficult times.
- Invite family members to be part of social activities to encourage the development of social supports.
- Invite family members to be part of mental health promotion and education activities at work.

Good practice model for mental health and wellbeing in police and emergency services organisations

The model below provides a framework for promoting the mental health and wellbeing of police and emergency services personnel and preventing suicide.

It reflects an integrated approach to taking action across the police and emergency services personnel's career, which combines the strengths of promotion, protection and support (see page 10). Four key principles — shared responsibility, an integrated, holistic approach, modifying risk and protective factors, and a strengths-based culture guide the implementation of all mental health and wellbeing actions outlined in the framework.

The framework itself consists of five core areas of action and a complementary suite of actions. These are structured across the police and emergency services personnel's career. As part of developing and implementing an overarching strategy, each organisation should consider their specific risk profile to determine which actions are best suited to their situation.

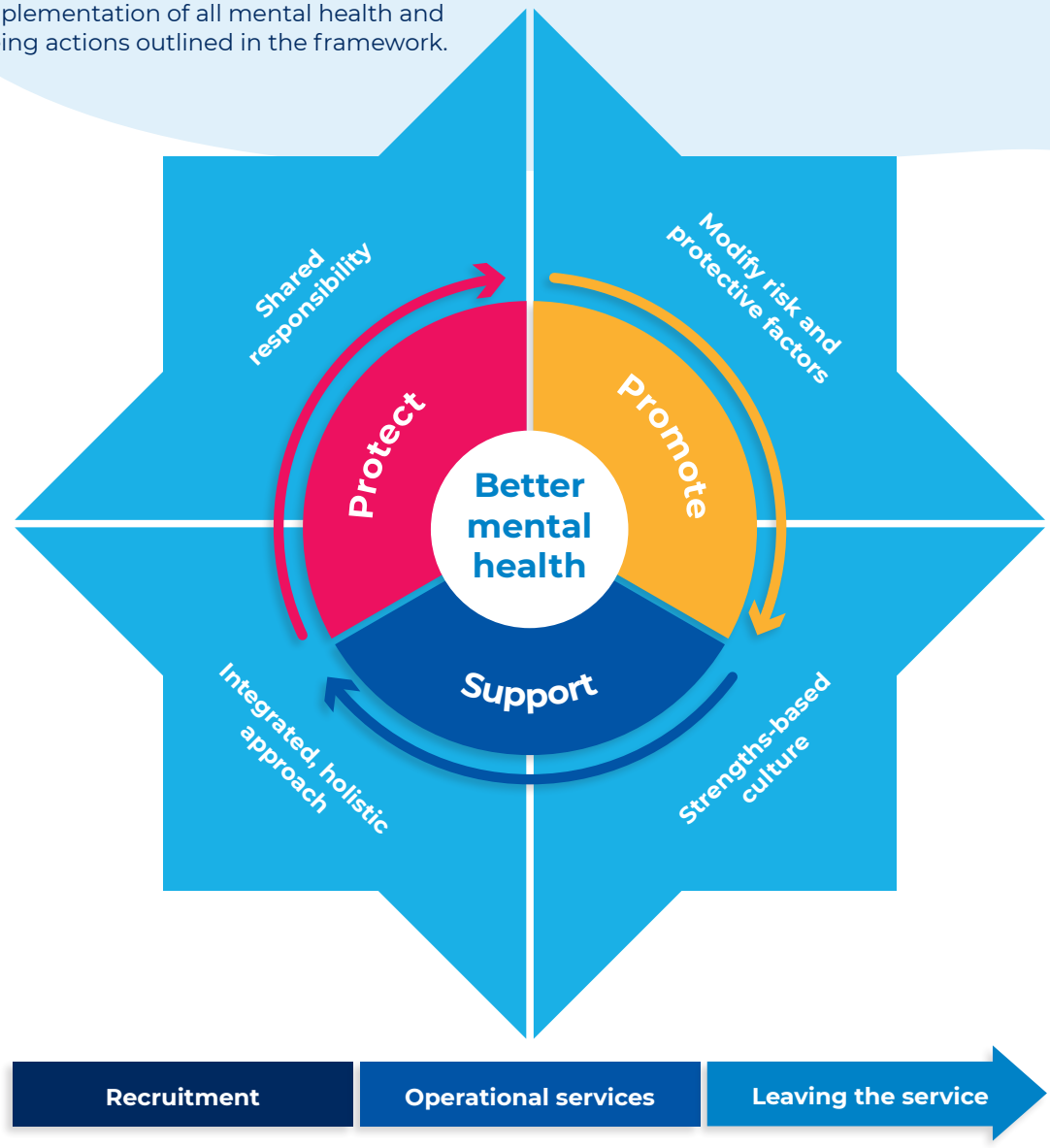

Figure 5: Good practice model for mental health and wellbeing in police and emergency services organisations

Key principles of good practice

Shared responsibility

A strong organisation is a shared responsibility

A shared, collaborative approach to mental health and wellbeing is fundamental to the health of any organisation. Promoting good mental health and preventing suicide is everyone's business from senior leaders, managers, line supervisors, unions, colleagues, and between workers themselves, through to mental health and health professionals working with the organisation.

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. They also have integrated organisational structures that reflect the multi-faceted nature of delivering an effective mental health and wellbeing strategy. Sharing responsibility across the organisation ensures knowledge is retained and continuity of the approach is maintained, even when specific individuals move on from their roles.

Modifying risk and protective factors

Take action at the organisational, team and worker level

Police and emergency services organisations need to consider strategies to modify risk, and incorporate protective factors at the organisational, team and worker level.

This is particularly important considering some stressors (e.g. exposure to trauma) are an inherent part of the police and emergency services personnel's role. Strengthening protective workplace factors, particularly at the organisational level, should be a priority. This reduces job stressors where and when they occur and can promote mental health and wellbeing on many levels. Directing actions at worker level that aim to modify how workers respond to job stressors (and therefore increase their protective factors) is an important part of an integrated approach.

Strengths-based culture

Build organisational resilience

Mentally healthy police and emergency services organisations take active steps to create and maintain a culture that focuses on worker and organisational strengths. Police and emergency services leaders are educated about the benefits of mentally healthy workplaces and contribute to a strong culture by demonstrating positive behaviours and leading by example. Through their words and actions, leaders show commitment to learning about mental health and wellbeing across their career and that they value all workers, including those who put their hand up to say they are struggling. They build the skills of supervisors and managers to look after the wellbeing of their people, so everyone develops strong working relationships based on trust and integrity. They know this focus on strengths and positive relationships helps to build organisational resilience and overcome the challenges that will undoubtedly arise.

Integrated, holistic approach

A broad focus to promote mental health

An effective, integrated approach promotes the mental health of all police and emergency services personnel. Doing so helps prevent the development of mental health conditions, which is equally as important as providing support and/or treatment to people with a mental health condition and/or at risk of suicide.

Organisations adopting a holistic approach recognise that poor mental health affects organisational productivity and performance, regardless of whether the workplace was a contributing factor. They therefore consider a broad range of risk factors for mental health (organisational, operational, non-work related), common mental health conditions (i.e. anxiety, depression, PTSD) experienced by police and emergency services personnel, and multiple complementary strategies (promotion, prevention, and support; organisational and worker directed strategies; and suicide prevention).

A truly effective police and emergency services organisation acknowledges the complexity around mental health. It has visible leadership who are engaged in a range of ways to promote mental health and wellbeing within the organisation to help workers thrive.

Commitment to continuous improvement

Recognition that improving mental health and wellbeing is a long-term commitment

Improving mental health and wellbeing within an organisation can include 'quick wins' but ultimately requires a long-term commitment. Mental health strategies need to be imbedded within a culture of organisational learning and development with staff (both paid and voluntary) at the centre of it.

Answering the call recommends that agencies develop a workplace mental health and wellbeing strategy that has sustained and authentic commitment, where workplace mental health is seen to be as important as other health and safety business improvements. Specifically:

- long-term, visible and authentic commitment by organisational and senior leaders
- strong levels of leadership endorsement and engagement that are characterised by visible action such as role modelling behaviours that create wellbeing outcomes
- decision-making that prioritises mental health and creating systemic change that has flow on effects for improved mental health
- commitment to continuous improvement and ongoing evaluation to identify potential enhancements to existing programs, services, and to fine-tune organisational mental health and wellbeing strategies.

Core areas of action

This section identifies five key action areas relating to mental health and wellbeing that every Australian police and emergency services organisation needs to address.

Each area draws on a strengths-based approach to mental health and wellbeing. They aim to create a strong workplace culture and effective systems that enable each police and emergency services organisation to achieve their best. Each area is relevant and important at every stage of the police and emergency services personnel's career. Many of the actions identified in this section are simply good management practices that will be in place in any effective organisation.

A strong workplace culture and effective systems can enable each police and emergence services personnel to achieve their best.

Image supplied by Ambulance Victoria

1. Adopt a systematic approach to risk management

A systematic approach to risk management should examine the impact of the community, the organisation, systems within the organisation and individual factors, to build the organisation's risk profile. This involves looking at the context and systems of the organisation (e.g. male-dominated workforces, hierarchical structures) as well as the characteristics of the job (e.g. access to weapons and drugs, exposure to death and violence). The management of risks to physical and mental health and safety is a requirement of work health and safety legislation.

For police and emergency services organisations, a risk management strategy should have a broad focus that includes actions to reduce stigma, develop management capability, monitor exposure to trauma, and build a strengths-based culture.

Actions

- When identifying sources of potential harm to workers in your organisation, adopt a systematic approach that considers the following broad range of risk factors that affect the mental and physical health and safety of workers:
  - » organisational (e.g. work demands, low levels of control, poor support, bullying, harassment, lack of communication and consultation)
  - » operational (e.g. life-threatening situations, attending traumatic road accidents, occupational violence)
  - » environmental (e.g. extreme temperatures when carrying out duties, crowd control and response at public events, hazardous chemicals such as drugs)
  - » individual (i.e. that people respond to stressors at work in different ways).
- Establish processes to specifically monitor exposure to trauma. Consider screening of workers for PTSD and other mental health difficulties that may potentially arise from exposure to trauma.[27]
- Identify and draw on a broad range of sources to assess risks and develop mitigation strategies. This includes information and data on productivity, rates of absenteeism, separation rates/ turnover, exit interviews, staff engagement/morale, feedback from the public/clients, peak/ seasonal demands, analysing incident reports, reviews, de-identified information on claims and Work Health and Safety (WHS) service usage.
- Consult directly with workers and middle/senior managers through surveys, formal consultative processes, regular team meetings, and focus groups to identify and assess risk and discuss and develop solutions. The outcome should be a clear picture of the greatest risks to the health of your organisation or workplace, and a clear understanding of the factors that influence each risk — i.e. your organisation's risk profile.
- Develop a plan to control the risks identified in your organisation or workplace as much as reasonably practicable, that consists of interventions aimed at:
  - » Primary intervention — addressing the workplace factors that are risks of psychological injury and promoting protective factors (e.g. enhancing leadership capability, increasing job control, enhancing organisational justice, building an environment of positive social and emotional wellbeing.[28]
  - » Secondary intervention — minimising the impact of stress on workers by responding to warning signs and intervening early.
  - » Tertiary intervention — implementing safe and effective rehabilitation and return to work plans.
- The control measures chosen will be influenced by operational circumstances and available resources. Take account of legal obligations to ensure (so far as is reasonably practicable) the health and safety of all workers.[29]
- Monitor and review the effectiveness of risk management measures to ensure they are working as intended. Managing work-related risks to mental health and wellbeing is not a one-off exercise but rather a core component of effective 'business as usual' management of any organisation. Information about your organisation's risk management strategy should be regularly provided to senior leaders and should feature in their decision-making.
  Monitoring and reviewing measures involve the following:
  - » Stating clear objectives which are future oriented and outcome focused
  - » Setting targets and performance indicators that provide measures of progress

  - » Monitoring and reviewing implementation by providing regular reports to senior management or a relevant reference group
  - » Reviewing the effectiveness of measures, including the short and longer term impact of the activities implemented
  - » Using the review findings to inform refinements and improvements to the measures or future people management, organisational and leadership development or health and safety initiatives.[30]
- Ensure someone within the senior management team of the organisation is responsible for implementing and managing the risk management approach. Ensure this person reports on progress to the board or governing body of the organisation.
- Define, document and communicate to all levels in the organisation their specific health and safety responsibilities, authority to act and reporting requirements.
- Ensure managers are held accountable for their health and safety responsibilities.

Psychosocial factors are elements that impact employees' psychological responses to work and work conditions, potentially causing psychological health problems. Psychosocial factors include the way work is carried out (deadlines, workload, work methods) and the context in which work occurs (including relationships and interactions with managers and supervisors, colleagues and co-workers, and members of the community). The factors are interrelated and therefore influence one another; positive or negative changes in one factor are likely to change other factors in a connected manner.

Psychosocial factors can be viewed as risks but they can equally be seen as areas of opportunity, especially the opportunity to improve mental health by implementing targeted actions and solutions that minimise negative effects, lift wellbeing, and build positive workplaces.

A well-established, evidence-based and widely adopted psychosocial risk framework is the *Guarding Minds at Work*[31] model developed by the Mental Health Commission of Canada. The 13 Psychosocial Factors of the model were determined via a grounded theory approach, which involved a thorough review of relevant literature and extensive consultation with employers, unions and employees. These factors are relevant to all organisations and workplaces, whether large or small. The factors are:

- **Psychological support** — A work environment where co-workers and supervisors are supportive of employees' psychological and mental health concerns, and respond appropriately as needed.
- **Organisational culture** — A work environment charaterised by trust, honesty and fairness.
- **Clear leadership and expectations** — A work environment where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organisation, and whether there are impending changes.
- **Civility and respect** — A work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public.
- **Psychological competencies and requirements** — A work environment where there is a good fit between employees' interpersonal and emotional competencies and the requirements of the position they hold.
- **Growth and development** — A work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills.
- **Recognition and reward** — A work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.
- **Involvement and influence** — A work environment where employees are included in discussions about how their work is done and how important decisions are made.
- **Workload management** — A work environment where tasks and responsibilities can be accomplished successfully within the time available.
- **Engagement** — A work environment where employees feel connected to their work and are motivated to do their job well.
- **Balance** — A work environment where there is recognition of the need for balance between the demands of work, family and personal life.
- **Psychological protection** — A work environment where employees' psychological safety is ensured.
- **Protection of physical safety** — A work environment where management takes appropriate action to protect the physical safety of employees.[32]

From an analysis of assessed performance against these factors, an agency can identify both the organisational risks as well as potential solutions to mitigate the risks. It should however be noted that these factors do not stand alone or exist in isolation. For example, leadership is very closely connected to (amongst other factors) psychological support. Psychological protection (for example, from exposure to traumatic experiences) is linked to psychological competencies. Engagement is linked to involvement and influence. In addition, factors may be working together to create a certain level of risk for a particular role, business unit or organisation. Therefore, a simple 'checklist' approach to psychosocial risk factors is simplistic and may miss complex interactive factors.

Police and emergency services agencies are encouraged to review their performance in relation to psychosocial risk factors, and to understand how these factors are interacting to create an overall level of risk. Solutions also need to be multi-faceted and aim first to prevent or mitigate risks, and if that is not possible to manage the psychological impact of those risks.

2. Develop and implement a mental health and wellbeing strategy

Ensuring that promoting mental health and wellbeing becomes a normal part of organisational activity begins with thinking about it as a strategic activity. Equally, translating that strategy into practical aspects of organisational life (operational procedures, communication, learning and development, risk management and quality improvement, etc.) connects strategy from the executive to the front line.

Developing and implementing a strategic plan to create a mentally healthy workplace is a fundamental, proactive step. Integrating the plan into daily work activities, reviewing and learning from it, will bring the plan to life and enable consistency and continuity over the long term.

The preventative measures, treatment guidelines, and practice suggestions in this framework are based on the best available data. Likewise, effective organisations need to collect, assess, measure and respond to data about their efforts to promote mental health in the workplace. Doing so leads to more informed decision-making and can strengthen proposals to help secure more funds for further worker-focused initiatives.

Establishing a culture of continuous self-reflection and improvement can also contribute to increased worker engagement and morale.

Actions

- Develop a clear and overarching strategy based on an integrated approach to mental health and wellbeing, incorporating policies, programs and practices that address your organisation's specific risk profile.
- Ensure front line workers are involved in the planning, development, implementation and evaluation of the strategy. A top down approach with no worker input will not be successful.
- Aim to include worker representatives in the development of the strategy.
- Within your overarching strategy, develop and communicate policies, programs and practices to promote mental health and wellbeing at each phase of the police and emergency services personnel's career. These may be standalone mental health and wellbeing policies or may be integrated into wider operational policies. They should address areas such as work health and safety, equal opportunity, bullying, privacy, stay at/return to work, educating and preparing the workforce at all stages and levels, responding to workers at risk, organisational values and code of conduct, suicide in the workforce and critical incident response, etc.
- Incorporate mental health into the regular risk assessments undertaken across the organisation.
- Identify a champion/sponsor from senior management to be responsible for the strategy and report regularly to senior management on its implementation.
- Clarify roles and accountabilities for the implementation of each part of the mental health and wellbeing strategy, ensuring organisational knowledge is maintained amongst multiple people so that momentum is maintained when staff move into other roles or leave the organisation.
- Conduct regular evaluations of the initiatives being implemented by the organisation. Ensure these include measures with a preventative focus (such as reduction of risk factors to mental health, audits and training) as well as traditional measures (e.g. worker's compensation claims and costs). Feed the findings into regular review and improvement cycles of the overall strategy.
- Consider how collaborations or partnerships may be beneficial. External research organisations can provide specialist expertise in evaluation, while other agencies may offer useful learnings.
- Consider how families and other social supports can be included.

Working together

Working together is a critical element of developing and implementing a successful strategy. Insights from phase three of the Police and Emergency Services Study showed organisational structure, task force implementation and addressing continuity all contributed to development and successful implementation of the mental health and wellbeing strategy.

A. Organisational structure

Implementing a strategy and initiatives to elevate mental health as an organisational outcome requires a sophisticated level of coordination, collaboration and integration across an organisation. This approach also increases the likelihood that initiatives will permeate many organisational systems and practices.

The way in which the 'people' specialists — Human Resources, Organisational Development, Learning and Development, Occupational Health and Safety, and Health and Wellbeing teams — are structured in agencies can either facilitate or create an unintended barrier to achieving mental health and wellbeing outcomes. If they are structured by integrating these teams, the capacity to create leading practice mental health and wellbeing outcomes can be much improved. As an example, elevated levels of mental health and wellbeing often come from improved leader capability to conduct mental health conversations and nuanced performance management. The best programs that achieve this improved leader capability often come from a collaboration between the Health and Wellbeing team and the Learning and Development team, as well as drawing on the input and perspectives of operational leaders.

Related to this is the operation of agency culture, with improved mental health outcomes linked to a culture of collaboration and coordination. This includes knowledge sharing across organisational areas to encourage different disciplines and business units to have a common understanding of the fundamentals of particular knowledge domains linked to mental health and wellbeing.

B. Task force implementation

Some agencies have had success in implementing an organisation wide mental health and wellbeing task force. This includes representatives from across the service such as Senior Executives, operational leaders, Health and Wellbeing, People and Culture, Learning and Development, unions and other key stakeholders including families and the broader community.

These task forces identify opportunities and make recommendations in response to a range of contemporary issues and input including:

- implementation of a mental health and wellbeing strategy
- national and international research
- national peak body activity
- internal metrics
- emerging trends
- specific challenges such as stigma, and
- any other relevant information.

In turn, the task force develops initiatives and recommendations, and assigns responsibility and intended outcomes, with the status of these outcomes communicated back to the taskforce to ensure a central high level point of governance and accountability. This also provides a foundation to examine current gaps or opportunities for improvement. Developing a collective approach also supports continuity and reduces key person risk. When individuals move on from their role the work can continue, maintaining historical knowledge and implementation momentum.

C. Continuity

The ongoing retention of knowledge is a challenge for many organisations. This is no different in the domain of mental health and wellbeing within the police and emergency services sector. Internal staff working on mental health and wellbeing strategies and initiatives bring knowledge to the role, and acquire knowledge throughout their tenure including from external experts in the field. Often that knowledge resides in a few or maybe only one person in the organisation and inevitably those individuals move on to other roles either within or external to the organisation. Unfortunately, when this happens, organisations often find that they have not put in place mechanisms for the transfer of that knowledge from past to new incumbents.

When organisations find themselves in these situations, they often start the knowledge acquisition process again. A new incumbent may be asked to 'take a fresh look' at the subject matter potentially covering the same ground as before.

To maintain continuity in your organisation it is recommended that:

1. As much as possible avoid single point dependencies with mental health and wellbeing content knowledge. For a mental health strategy to be successful, multiple people need to be in key positions tasked with gaining the buy-in of the workforce and using the same messaging. Therefore, it makes sense that the knowledge resides in several people.

2. Establish a knowledge centre for key organisational mental health priorities, including a history of research and key evidence documents that support the priorities and activities undertaken to date including staff engagement and feedback. This ensures that anyone who picks up the portfolio at any stage can take forward all of the work that has been completed to date including previous reports and analysis.
3. Build a culture:
   a. Of knowledge sharing across organisational divides to encourage different disciplines and business units to have a common understanding of the fundamentals of particular knowledge domains pertaining to mental health and wellbeing.
   b. That consistently uses evidence to inform design and implementation of the organisation's programs, strategies and initiatives.
   c. That embeds learning into organisational practice.
   d. That respects and builds on previous work.

Evaluation and benchmarking

The first question that needs to be answered with any evaluation is *why?* Reasons for evaluation are important in determining the most appropriate evaluation methodology.

Ideally an organisation will want to evaluate their strategy to find out if they are improving the mental health of the workforce as a result of the strategy. To do this they must first select a measure of mental health and wellbeing. The easiest measure of this is individuals' self-reported mental health and wellbeing. This can be done by asking each employee to complete a valid mental health and wellbeing questionnaire that facilitates this self-reporting. The questions will ideally assess where the employee is sitting across the entire mental health continuum and allow for data to be de-identified and aggregated to an organisational level.

To properly evaluate the impact of the organisation's mental health and wellbeing strategy on employee mental health, the questionnaire would need to be undertaken before the strategy is implemented and then at a second point after implementation. It is important to give sufficient time for the strategy activities to make a difference to employee mental health and wellbeing. There is a challenge in determining whether the strategy caused any shift in employee mental health and wellbeing or whether the change was a result of other factors. So some assumptions will need to be made about causality.

Whilst the most accessible measure of employee mental health and wellbeing is from a self-report questionnaire, the organisation could employ a range of existing metrics. Examples may include data from employee opinion surveys and other HR and people metrics that can be drawn together to create a consolidated set of wellbeing indicators. However, care must be taken in selecting metrics to ensure they are valid mental health and wellbeing metrics.

An alternative approach to evaluation could be taken where the organisation seeks to compare its strategy against leading practice. In this case ascertaining whether the strategy is improving the mental health of the workforce is not the prime consideration. Another approach is to undertake benchmarking activities.

Benchmarking of organisational performance in relation to mental health and wellbeing is an emerging area, with a variety of levels and approaches available and no single standardised method. Examples of practical options range from:

- informal exchange and comparison of general approaches between staff in comparable roles in other agencies
- participation in the use of benchmarking tools or staff wellbeing surveys potentially promulgated by sector based peak committees, or led by one particular agency
- comprehensive and data informed processes arising from partnering with a specific other agency or agencies under an agreement to robustly and transparently share detailed information with a view to promoting shared learning.

Another readily available benchmarking opportunity includes comparing staff survey data against overall *Answering the call* data baselines.

As outlined above, it is important to think carefully about the organisation's reasoning for benchmarking. Some of the time organisations look for benchmarks within their industry with the aim of determining if they compare favourably to others and to set a target to aspire to. However, it is important to choose organisations that have evidence-informed practices in place and are also performing well in similar strategy areas.

Image supplied by Victoria State Emergency Service

3. Develop leadership engagement and capability

Organisational leadership is critical to promoting a mentally healthy culture at work. Leadership and management practices strongly influence how workers cope with and manage operational demands.[33] Proactive leadership and management practices increase worker morale, which buffers them against the impact of work-related risk factors.

Good leaders know their people and can detect any signs that a team or individual may be struggling. With the right training, they can gain confidence and skills to recognise warning signs early, have difficult conversations, and know how to manage situations effectively.[34]

Actions

- Develop the leadership capability of leaders and managers by providing mandatory career progression training focusing on people management skills and mental health in the workplace (e.g. creating mentally healthy workplaces, preventing mental health conditions in the workplace, identifying workers at risk and supporting those with mental health conditions).
- Focus training and development on positive, proactive leadership practices such as:
  - » providing constructive feedback on worker strengths and areas of improvement
  - » giving clear direction and advice and clarifying role requirements and expectations
  - » dealing with difficult situations (including conflict) proactively, decisively, promptly and objectively
  - » offering formal and informal opportunities for learning and development
  - » providing positive direction and assisting workers to identify opportunities during times of change
  - » promoting trust, honesty and fairness by making fair and just decisions as transparently as possible
  - » promoting a sense of belonging and social wellbeing at work
  - » enhancing the meaningful aspects of work by promoting the organisation's mission statement and communicating how workers' roles contribute to the organisation's mission and purpose.[35]
- Provide training to ensure managers (particularly middle management and front line supervisors) and leaders have appropriate skills and training to address workplace bullying including:
  - » modeling appropriate behaviour
  - » identifying risks to the occurrence of workplace bullying
  - » resolving issues at the start or early on
  - » ensuring they can intervene without making the situation worse or increasing the chance of repercussions (e.g. legal issues).[36]
- Provide support and training specific to leaders to manage their own mental health. This establishes it as part of normal work life and enables them to demonstrate good practices and lead by example.
- Ensure leaders are aware of their roles and responsibilities, including legal obligations (e.g. work health and safety, discrimination, privacy), regarding mental health in the workplace.
- Set workplace targets for managers/leaders for mental health in the workplaces (e.g. workplace safety, stay at work/return to work performance).
- Provide managers with information on how their workplaces are performing in relation to mental health targets and other indicators (e.g. incidence and cost of workers' compensation claims).
- Ensure leaders and managers are accountable for the mental health of their workers. Recognise leaders who do the right thing, in ways that are appropriate for the police and emergency services environment.

Leadership engagement

Leadership support is key for mental health in any workplace, but in agencies with such high respect for seniority and rank, senior level endorsement and accountability for effective mental health and wellbeing outcomes is a critical ingredient for success. Higher ranking officers and Executive leaders signal what is important, and what they do strongly influences the actions of others. If senior leaders endorse mental health and related actions as a priority, and both 'talk and walk' mental health and wellbeing, it is more likely that many others will follow suit.

Strong levels of leadership endorsement and engagement are characterised by visible actions such as role modeling behaviours and direct involvement in implementation activities that create and support wellbeing outcomes, making decisions (including resourcing allocations) that prioritise mental health and communicating these to the organisation, and promoting systemic changes that have flow on effects for improved mental health.

Success strategies include to:

- Assign accountability for the agency's mental health and wellbeing strategy to a high-ranking senior officer, for example at Deputy Commissioner or equivalent level. Organisational performance in the area might also be attached to the Key Performance Indicators for the role. This communicates the priority given to the mental health and wellbeing of people across the agency and provides an impetus for actions and deliverables to be achieved.
- Ensure senior ranking officers and Executive leads are involved in the launch and ongoing communication of a new or updated mental health and wellbeing strategy, or of major mental health and wellbeing initiatives. Visibility in delivery of activities or initiatives is another way to show ongoing involvement.
- Enable senior operational staff participation in coordinated agency wide committees, task forces and processes that plan and monitor the implementation of a mental health and wellbeing strategy. This can ensure senior staff are also regularly considering incorporating a wellbeing lens when making operational decisions.
- Design mental health and wellbeing leadership training that is specially targeted at and designed for Executive and high-ranking staff and focus on objectives and interventions that follow the promote/protect/support model for strategic wellbeing transformation.

4. Take action to reduce stigma

Tackling stigma is a fundamental step in promoting mental health and wellbeing in a police and emergency services organisation. The stigma associated with experiencing mental health difficulties often deters people from seeking assistance. Results from *Answering the call* found that very few workers held stigmatising beliefs about mental health (e.g. it is a sign of weakness), yet 18 per cent of workers said they would prefer not to work with someone with a mental health condition.[37]

If left untreated, mental health difficulties can escalate and become more severe with potentially long-lasting consequences for the worker as well as impacting the organisation.

Many stigma-reduction initiatives cost nothing and simply require courage. Direct contact approaches (i.e. direct contact with people who have experienced a mental health condition and are in recovery) have proven to be the most effective strategy for reducing stigma.[38] These should be targeted to workers, managers and leaders, provided locally and regularly, and with people who are in recovery and from a similar occupation (i.e. police and emergency services).

Actions

Include stigma-reduction activities within your organisation's risk management strategy and mental health plan. Examples include the following:

- Invite people (ideally other police and emergency services personnel) with a personal experience of recovery and management of mental health conditions, self-harm and/or suicide, to share their stories in the workplace. Ensure this is part of a structured activity and appropriate supports for the speaker and audience are in place.
- Encourage senior leaders and line managers to speak openly about mental health in the workplace.
- Ensure senior leaders actively endorse and participate in activities aimed at reducing stigma.
- As much as practically possible, ensure a clear separation of roles between supervisors/managers, work health and safety officers and professional development or promotional decision-makers. This can encourage police and emergency services personnel to feel comfortable disclosing any mental health difficulties they may be experiencing, without fear their right to privacy will be breached or career prospects harmed.

- Have zero-tolerance for discrimination against police and emergency services personnel who seek assistance for a mental health difficulty or have been diagnosed with a mental health condition. Set clear expectations that behaviour which reinforces stigmas and stereotypes is not acceptable and outline how the organisation will respond.
- Establish a track record of supporting police and emergency services personnel with mental health conditions to stay at or return to work by providing reasonable adjustments (as required under anti-discrimination legislation).
- Provide information resources (e.g. websites, flyers, booklets) which challenge inaccurate stereotypes about mental health conditions and replace them with factual information about mental health conditions, prevalence, signs and symptoms.
- Regularly and through multiple channels, provide information to staff about available services and supports. Ensure volunteers and family members know where to access this information.
- Provide mental health literacy training to staff, managers and leaders, which incorporates the personal experiences of people with mental health conditions.
- Promote events such as R U OK? Day, World Mental Health Day and Movember, to affirm mental health is an important part of the workplace and encourage open conversations.
- Regularly update all staff on what the organisation is doing to promote mental health and wellbeing.
- Demonstrate visible, active commitment to mental health in the organisation (e.g. conduct regular worker surveys, promote work-life balance where possible, encourage social events that promote wellbeing and strengthen the culture of the workplace).
- Raise awareness about the importance of mental health via presentations at academy training, university courses and all-staff events.
- Consider how family members can be included in all the above initiatives, including inviting them to attend events.

5. Educate your workforce

Providing ongoing professional development, education and access to resources that promote positive mental health ensures each police and emergency services personnel's skills and practices are up to date. It also keeps mental health front of mind and assists in creating a mentally healthy workplace culture. There are a wide range of known risks and likely events that can occur in police and emergency services roles. Preparing workers for the impact of these situations and providing information and guidance about how to respond effectively is an essential part of developing confident and capable police and emergency services personnel and protecting mental health.

Mental health training and education programs should be underpinned by an understanding of the mental health continuum and emphasise how positive mental health can be developed no matter where one is on the continuum. Workers should be encouraged to take proactive steps to enhance their mental health as a way of improving their job satisfaction, performance and career.

Mental health and wellbeing training should be designed and delivered according to the following principles:

Context: In the delivery of any training, context matters a lot. Mental health is no exception. Understanding mental health is critical for achieving outcomes in specific sub-areas. For example, a module on 'resilience' may miss the mark if it is not grounded in an understanding of the mental health continuum and the Protect, Promote and Support Framework.

Evidenced based content: The content of any mental health training should be based on relevant and current research and leading practice.

Avoid duplication: Mental health training is often segmented into narrowly defined topics. However, these topics may be highly interrelated. As such there is often the potential for considerable repetition of content. Programs should be designed in a way that demonstrates the interrelated nature of concepts but avoids duplication.

Relevant: Audiences want information that is directly relevant to their role. As an example, off-the-shelf 'Mental Health First Aid' training often includes a significant amount of detailed information about diagnosed mental illness and would be most relevant for certified first aid officers. However, neither employees nor managers are involved in the diagnosis of disorders and as such this information is largely irrelevant. In a time poor environment, training should be confined to highly relevant material.

Tailored: Audiences want information that is tailored to their challenges and learning needs. Theory and research should be explained in regard to its application to real scenarios the audience experience.

Capability: Training is not the end game. Capability or competence is the end game. Training is merely one vehicle and it will, in almost all cases, not achieve capability on its own. Training should be delivered with the intent of participants reaching the desired capability levels at some stage in the future, and be reinforced by behaviours and discussion occurring in the course of daily work.

70:20:10: 70 per cent of learning occurs through application of skills in real settings. 20 per cent comes from learning with the assistance of others (e.g. coaching) and 10 per cent comes from classroom training. As such opportunities need to be created for employees to apply the skills and knowledge they learnt in training in their role. Even better is when the application of skills is observed by an 'expert' who can provide directed feedback to identify further opportunities for improvement.

Gaining buy-in: Achieving lifts in capability is far more likely when learners want to come to training as opposed to being told it's mandatory. The 'What's In It For Me' (WIIFM) factor is critical. Participants who see how the training will benefit them will want to attend and will engage because they want to learn and develop the relevant capabilities.

Refreshers: Content needs to be delivered and applied multiple times before learning takes place. As such it is important that training is not seen as a one-time event. How often refreshers occur is often a budget and resource issue. It should not be so infrequent that original learning is lost.

Holistic solution: Capability development can be enhanced or undermined by other organisational systemic and psychosocial factors. An organisation that has developed a true learning culture, where it's the norm for employees to initiate learning beyond classroom training, will be better positioned to elevate capability levels.

The following outlines recommended education subject matter to be delivered at each of three broad levels of the organisation — employees, managers and senior leaders. Those at each level have different needs and responsibilities related to mental health and wellbeing, and training should be aligned accordingly. Senior leaders have a primary responsibility to oversight the mental health and wellbeing of the organisation. Manager's primary responsibility is the mental health and wellbeing of their direct reports. Employee's primary responsibility is their own mental health and wellbeing.

Content developed to address the issues following will ensure those at all levels of the organisation are well-informed and that a consistent culture is established across the organisation.

Education subject matter for employees, managers and senior leaders

Employees

Understanding mental health
- A strategic approach to creating mental health
- Protect, Promote and Support Framework
- The mental health continuum

Personal risks and protective factors
- Psychosocial risk — assessment and control
- Dealing with potentially traumatic incidents/stimuli
- Strategies for mitigating psychosocial risk

Improving your own mental health
- Emotional awareness and control
- Re-framing
- Identifying signs, symptoms and triggers
- Strategies to maintain your wellbeing

Supporting colleagues
- Impacting a wellbeing culture — reducing stigma
- Identifying signs of stress and distress in others
- Applying psychological first aid

Managers

Understanding mental health

- A strategic approach to creating mental health
- Protect, Promote and Support Framework
- The mental health continuum

Managing organisational mental health and wellbeing risks

- Legal obligations and risks
  - » Managing mental health and performance issues
  - » Lawful and unlawful discrimination on mental illness
  - » Managing risk of suicide or self-harm
  - » Reasonable adjustments
  - » Exposure risk
- Psychosocial risk
  - » Assessment and control
  - » Responding to critical incidents

Creating a mentally healthy team and organisation

- Strategies to create a mentally healthy workplace — systemic issues
- Creating a wellbeing culture — reducing stigma
- Impact of policy decisions on mental health — e.g. fitness for duty
- Having wellbeing conversations
- Managing individuals at different points on the mental health continuum

Improving your own mental health

- Identifying signs, symptoms and triggers
- Re-framing
- Emotional awareness and control
- How to best support the mental health of others

Senior leaders

Understanding mental health

- A strategic approach to creating mental health
- Protect, Promote and Support Framework
- The mental health continuum
- Current state of mental health and wellbeing issues and trends
- The business case for mental health and wellbeing

Improving your own mental health

- Identifying signs, symptoms and triggers
- Re-framing
- Emotional awareness and control
- How to best support the mental health of others

Oversight of organisational mental health and wellbeing risks

- Workplace obligations and responsibilities
- Workplace manslaughter laws
- Individual and collective liability
- Lawful and unlawful discrimination on mental illness
- Managing risk of suicide or self-harm
- Managing mental health and performance issues
- Exposure risk

Prioritising a mentally healthy workforce

- Strategies to create a mentally healthy workplace — systemic issues
- Creating a wellbeing culture — reducing stigma
- Impact of policy decisions on mental health — e.g. fitness for duty
- Response to trauma including leading practice critical incident management

Promoting mental health and wellbeing across the police and emergency services personnel's career

The following pages outline initiatives that are considered good practice in mental health promotion in police and emergency services organisations. These are not prescriptive and each organisation should establish their specific risk profile, needs and resources. It is important to note that the initiatives outlined below build upon and assume the core actions have been considered and implemented where appropriate. Each initiative should be regularly reviewed to ensure it is effective in achieving the desired outcomes.

Recruitment

Early engagement and establishing positive attitudes and practices around mental health are critical to achieving the best mental health outcomes for police and emergency services personnel. This begins with ensuring candidates are carefully selected and appropriately trained and prepared for their career. It also includes how workers are selected for promotions and professional development.

1. Screening and assessment

There is limited evidence that pre-employment screening is effective in identifying people who may be vulnerable to developing a mental health condition in the future.[39] However, screening and assessment are important in identifying candidates with appropriate capacity for a police and emergency services personnel role.

Organisations considering using screening and assessment of candidates need to balance the benefits of screening against the potential for discrimination and increasing stigma.

Actions

- Consider including mental health assessments as part of the broader recruitment process. It is important to note that screening and assessment results are not perfect. Always use them in conjunction with other data and information.
- Engage psychologists or suitably qualified and accredited providers, to administer psychological screening assessments. Ensure they have appropriate understanding of and experience in emergency services.
- Use the psychological assessments, in conjunction with other screening and assessment methods, to determine suitability of potential recruits. These should be aligned with the organisation's competency framework and risk profile.

2. Induction and recruit training

Early in a police and emergency services personnel's career it is critical to set the foundations for a positive attitude towards mental health at work and minimise the impact of stigma. Induction and recruit training should have components dedicated to mental health and wellbeing.

Actions

- Review the organisation's recruit training programs to determine whether mental health is sufficiently incorporated. Given the variability within the police and emergency services sector, there are no universal guidelines as to the minimum amount of training that should be delivered. Each organisation needs to allocate a proportion of its induction and training program to mental health and, as a suggestion, consider it equal to that of physical health education.
- Induction should cover:
  - » the physical and psychological impacts of a role in a police and emergency services organisation in equal amounts

- a range of mental health topics (e.g. resilience and self-care, stress management, recognising warning signs, positive and negative coping strategies, suicide awareness, organisational culture, benefits of seeking assistance early and available mental health supports).
- Induction training should be available to all police and emergency services personnel new to the organisation, irrespective of the person's stage in their career.
- Introduction to the organisational mechanisms that are in place to support staff through critical incidents (e.g. case coordination).

3. Pre-incident education and training

Providing focused education to recruits before their first exposure to potentially traumatic incidents is a core part of managing exposure.

Controlled training experiences that expose new recruits to realistic situations they will likely face in their daily work, can prepare them for the stresses and challenges unique to the field of emergency response work.

Action

- Profile the situations most common or relevant to the organisation that are potentially traumatic.
- Decide on a small number of key situations and determine a clear protocol for how to conduct pre-incident training and/or managed exposure events. Situations should include what would be a 'realistic preview' of the work environment for example in the policing environment, a personal, moderated account from a serving member of their first job involving a fatality.
- Following induction, provide new police and emergency services personnel with the opportunity to experience controlled situations they are likely to face in the daily line of work. This should be supported by appropriately trained, senior staff.
- Incorporate an operational debrief process as part of each pre-incident education activity.
- Include pre-incident education as part of the organisational risk profile.
- Use feedback about pre-incident education and training to inform the induction and broader training programs.

4. Promotion and development

Promotion to a people-management role is an important opportunity to ensure managers are building the skills needed to fulfill the requirements of their role. It is important to ensure newly promoted managers receive training and development to help them transition into their new role, and develop their skills to become proactive leaders who contribute towards a positive workplace culture.

The actions outlined below build on the third core action area, 'Developing leadership capability'.

Actions

- Consider including mental health knowledge and skills as a criteria for promotion.
- Provide new managers with training and development to build their skills and confidence in people management, promoting mental health in staff, and role modeling positive behaviours. Training may include (see 'Develop leadership engagement and capability' on page 23):
  - proactive leadership
  - how to have regular feedback and performance management conversations
  - effective communication including conflict management
  - implementing a zero-tolerance approach to discrimination
  - identifying workers at risk and implementing high risk case coordination
  - supporting workers with mental health conditions
  - managers' roles and responsibilities in creating mentally healthy workplaces, including legal obligations.
- Encourage newly promoted police and emergency services personnel to incorporate mental health promotion skills into their professional development plan and provide opportunities for further learning.

Operational service

Actively thinking about mental health and wellbeing should be embedded as a normal part of the everyday work routine. Just as looking after physical health and wellbeing is integrated into daily life, initiatives that promote mental health must be widely and visibly available to reduce stigma and encourage early help-seeking.

1. Communication and marketing of initiatives and services

It is all very well to develop an integrated approach to mental health and wellbeing at work, but if workers are unaware of the organisation's strategy and available supports, they cannot participate, contribute or even benefit.

Organisations must ensure their approach to mental health is clearly communicated and promoted to all workers to ensure everyone is aware of the role they are expected to play in contributing to a mentally healthy workplace.

This gives life to the principle of mutual responsibility. Promoting the mental health strategies, initiatives and supports available to all workers, including volunteers, and/or their families, is a key step in normalising conversations about mental health, and will help to reduce stigma in the long term. It is also important for ensuring that wellbeing behaviours are embedded into the organisational culture so that enhanced wellbeing becomes a consistent and repeatable outcome.

Actions

- Organisations should develop a clear communication plan for promoting the organisation's mental health and wellbeing strategy and the full range of actions, initiatives and services that sit within it. The plan should include:
  - » A focus on how the mental health and wellbeing strategy will be explained and the key messages that will be used. The mental health and wellbeing strategy needs to be communicated as a long-term approach that will change the way the organisation does things, not as a wellbeing program with a menu of options. It must be clear that the mental health and wellbeing strategy aims to embed positive mental health into the fabric of the organisation so that wellbeing levels are elevated for the long term.
  - » A design for an initial launch or update of the mental health and wellbeing strategy that confirms its formality and its intent as an organisational priority that will drive behaviour and become a key lens through which organisational decisions are made.
  - » Mechanisms by which the organisation will seek buy-in to the mental health and wellbeing strategy across workers in all roles. Whilst organisations should aim to ensure the workforce is fully aware of the mental health and wellbeing strategy and the initiatives and supports available, it should aim for more than just awareness. Workers need to see how they can contribute, and understand and believe in the strategy and the benefits it can bring to them and the organisation as a whole if they are to fully realise their role in making the strategy come to life and achieving its aims.
  - » A clear explanation of the expected roles of senior officers, Executives, managers and employees in delivering the aims and objectives of the mental health and wellbeing strategy.
  - » Emphasis on the confidential nature of specific support services, to increase confidence of workers in accessing the services.
  - » Guidance on the use of different communication mediums and platforms, frequency of communication, and what and how information is presented. For example, posters in tea rooms and offices, direct email communication, text message reminders or newsletters.
  - » Ensure communications include staff who may not be on regular staff lists, such as volunteers.
  - » Include a plan for communicating initiatives and services to family members such as how they can access services for their loved one or encourage them to seek their own support.

2. Job design

It is not only the nature of emergency services work that can pose a risk to mental health — organisational and job design factors, such as long working hours and shift work, also present their own challenges.

Job design is one of the more difficult things to modify in a police and emergency services environment, but all organisations have a legal responsibility to identify and manage the specific risks that can impact on worker mental health.

Organisations need to examine solutions to worker dissatisfaction with job design, which can contribute significantly to worker stress and anxiety.[40]

Actions

Some of the solutions can include:

- Ensure workers have role clarity, including an up-to-date role or position description, which includes the role purpose, reporting relationships and the key duties expected of them.
- Regularly review workloads and work demands and assess and re-assess priorities during regular meetings (e.g. a station meeting) or through an informal check-in with the supervisor. Ensure workers have sufficient resources (in terms of skills, time, or equipment) to be able to perform tasks effectively.
- Ensure opportunities for the worker to develop their skills and to find meaning and stimulation from the work.
- Encourage flexible work arrangements where possible and as much as reasonably practicable, let police and emergency services personnel have a say in how their work is organised rather than imposing direction. Allow them to have input on:
  - how job tasks should be completed
  - how problems should be tackled
  - the pace of their work.
- Foster a culture of innovation that provides opportunities for workers to contribute to continuous improvement.
- Provide enough information to enable workers to perform tasks competently, including adequate support and resources for decision-making, particularly when there are negative consequences to decisions they have had to make.
- Promote a work-life balance wherever possible and encourage workers to take annual leave or holidays when they are due or when necessary to support maintenance of an individual's wellbeing.
- Ensure sufficient cover for workers who are on extended leave (e.g. maternity leave, long service leave) or extended absences.
- Review rostering practices for equity and fairness.
- Identify opportunities for rotations (e.g. transfers of location or roles) to enable skills development, job variation and provide workers with breaks from highly demanding roles and exposure to trauma.
- Ensure communications systems enable everyone to have access to accurate and timely information and feedback to meet the requirement of their role.
- Identify and develop meaningful roles and tasks that can constitute 'reasonable adjustment' or alternative duties within a well-managed treatment plan for those experiencing a major wellbeing or mental health issue.

3. Suicide awareness and prevention

Suicide is a result of a complex combination of factors. Someone who is thinking about suicide will usually give some clues or signs to people around them, though these may be subtle. Suicide prevention starts with recognising the warning signs and taking them seriously. For more information about suicide visit www.beyondblue.org.au/suicide.

Specific suicide prevention initiatives help reduce the stigma associated with suicide. They also build capability across the workforce to recognise suicidal behaviours early and intervene, and to create a culture that encourages help-seeking.

Actions

- Promote mentally healthy workplaces that address risk and protective factors, prioritise mental health and safety, destigmatise mental health conditions and encourage help-seeking.
- Invite people (ideally other police and emergency services personnel) with a personal experience of recovery and management of self-harm and/or suicide, to share their stories in the workplace. Ensure this is part of a structured activity and appropriate supports for the speaker and audience are in place.
- Conduct suicide awareness and prevention campaigns to highlight the warning signs and the key resources available to workers at risk, or for colleagues looking out for one another.
- Provide specific suicide prevention training to all staff. This training should form part of induction, as well as regular refresher courses. Training should include mental health first-aid, warning signs of suicidal behaviour and knowing what to do and how to respond to colleagues at risk. This training may be provided in-house, or by an external provider.
- Ensure leaders have received comprehensive training in suicide prevention and intervention, as they must have the skills and capability to actively support those at risk of suicide. This should include training in the organisation's policies and protocols regarding suicide and self-harm risk.
- Make suicide counseling services available if a death in the workforce occurs. It is important that workers are provided with support following the death of a colleague to help them with their grief and provide advice on how to manage the impact it may have on them at work.

4. Critical incident management

A critical incident management plan or strategy provides a systematic approach to managing critical incidents, in order to mitigate risks — including mental health risks — arising from a serious and potentially traumatic incident.

Critical incidents need to be managed in a way that reduces psychological risks to the greatest extent possible. In developing the strategy, organisations must take into account their specific risk profile and requirements (both legislative and operational) for record keeping and mental health support for those involved.

The way critical incidents are managed should take into consideration the potential impact of the incident on the police and emergency services personnel, with mental health and psychological safety as a top priority, while respecting the worker's confidentiality and privacy.

Actions

The critical incident management strategy should include:

- Reference to relevant research related to: trauma including mental health trajectories following a critical incident; natural recovery and resilience; stepped care including the involvement of professional help in recovery; debriefing; the potential impact of secondary and vicarious trauma, and time-frames for monitoring the emergence of possible mental health issues. These are important to establish a sound foundation for the strategy.
- Processes to ensure that responses after a critical incident are respectful of the individual variability of reactions to the same event, tailored to individual needs, and support processes of natural recovery.
- Reference to the role of managers of those involved in a critical incident to monitor the mental health of individual workers and be proactive in identifying the strategies and supports that will best protect and promote mental health.
- Direction as to the organisational structures and supports that need to be set up in advance such that when a critical incident occurs managers and those involved are clear on their roles and what supports they can access to best protect and promote mental health. This should include a stepped care model that allows for the right level of support to be provided to the right people at the right time.
- Training for employees and managers on relevant research and leading practice related to trauma and critical incident management, roles and responsibilities in protecting and promoting mental health, and what can be expected in the form of procedures that will be implemented as part of a critical incident response.
- Alignment and integration with other systems and processes such as the risk management plan, operational debriefing processes and data collection/record keeping.
- Processes to ensure learnings are taken from critical incidents to reduce future risks. For example, incorporating case studies into induction and training, or conducting operational debriefs to explore learnings.

5. Debriefs

Operational debriefs are important learning tools. They provide an opportunity to explore lessons learned about what happened during a critical incident, what worked well and what could be done differently to improve systems and future operational outcomes.

The current international and national evidence states that psychological debriefing (group or individual) should not be offered routinely, and may do more harm than good, impeding rather than facilitating recovery.[41]

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.[42]

Actions

- Have a clear protocol for when and how operational debriefs are to be conducted and recorded. Include the steps the debriefer will take to avoid any negative psychological impacts that should be implemented and followed. The protocols should outline which events or situations require an operational debrief (usually initiated by a manager), and the time-frame within which they are to be conducted.
- Operational debriefs should be led by relevant staff who have been supported by appropriate debriefing training and who have a detailed knowledge of the applicable operational policies and processes particular to the organisation.
- Operational debriefs should occur promptly after an event, and done without blame, intending instead to establish learnings and to clarify and resolve any questions or information about an event or the conduct of an operation.

6. Ongoing screening

Evidence suggests that cumulative experiences of trauma can contribute to the development of mental health conditions,[43] so it is important to assess how people are traveling over time. Some people also develop problems after exposure to one single traumatic incident.

Screening helps to proactively detect mental health risks. By identifying workers at risk, organisations can implement targeted intervention strategies before the worker develops a clinical condition.

Actions

- Implement a system for information monitoring/data collection to track exposure to repeat trauma over time, in order to identify workers at high risk.
- Screening processes should incorporate the following principles:
  - » Aim to reduce stigma by applying screening across the whole organisation.
  - » Account for a potential history of exposure to trauma.
  - » Consider that high-risk groups may acclimatise to trauma and under-report symptoms.
- Consider that the emergence of mental health conditions after a traumatic event may be delayed, so annual screening and an initial follow up may be appropriate.
- Target workers showing direct or indirect symptoms of PTSD that persist for more than two weeks after a potentially traumatic event.[44]
- Integrate early screening strategies with the worker database to enable a holistic and integrated risk management approach. The system should be able to track exposure to significant events, incidents, and issues as a police and emergency services personnel moves through their career.
- Use screening results to identify high risk workers. Provide proactive support to these workers by 'checking in' following significant events and offering follow-up or referral if required.
- Implement regular proactive screening strategies, such as wellbeing assessments, across the workforce to identify workers at risk of developing mental health conditions.
- Ensure the tracking system manages privacy within the workers' right to confidentiality. Workers should be informed about how their privacy is managed within the context of the screening system.

7. High risk case coordination

The systematic approach to risk management includes processes for response and escalation where information indicates that the psychological safety and/or mental health and wellbeing of a person may be significantly compromised or at risk.

Leading practice for such cases utilises a high-risk coordination committee approach involving people leaders, human resources, health and wellbeing staff, and mental health professionals. The role of the committee is to consider and evaluate the risk, and develop a safety plan to manage the risk and support the immediate safety and wellbeing of the person concerned.

Actions

Considerations for the operation of such processes are:

- Establishment of a high-risk coordination committee. This may be a standing group considering active high risk cases with input from line supervisors with input from line supervisors. They can also be convened on a case by case basis involving relevant parties plus central corporate support and a subject matter expert in the form of a mental health professional.
- Have clear indicators of thresholds for mobilisation/referral (and standing down).
- Be mindful of privacy and confidentiality, within the context of the risk and duty of care, allowing some sharing of information but only for a legitimate purpose, in strictly controlled ways, amongst restricted and specified parties, and limited to relevant details.
- Keep a confidential record, including most importantly the safety plan steps and who is identified to do what and when.
- The responsibility for actions that ensure safety should be shared across multiple parties rather than residing solely with a single supervisor/line manager. This is an extension to a leading practice agency framework to support staff experiencing mental ill-health. The framework should also be based on the principles of containment, promoting safety, and supporting recovery.
- Include mental health professionals routinely. Preferably these should be sourced internally if available.

8. Stay at work/return to work

Many people experiencing mental health difficulties can function productively at work without any changes to their role. However, at some point in their career modified duties may be needed to enable a police and emergency services personnel to stay at or return to work.

Employers are required to make 'reasonable adjustments' under anti-discrimination legislation, provided a worker can meet the core requirements of the job. Ensuring police and emergency services personnel remain connected to the workplace and their colleagues promotes recovery and better outcomes for the worker and the organisation. Extended leaves of absence increase the likelihood of highly-skilled police and emergency services personnel not returning to the workplace.

It is important for organisations to manage these situations well if they want to help police and emergency services personnel to stay well and thrive, and are genuine about reducing the stigma that surrounds mental health.

Returning to work can be a very positive step, however the environment needs to be supportive. Stigmatising attitudes and non-supportive cultures can be stressful, upsetting and barriers for police and emergency services personnel returning to work — particularly if they are recovering from a mental health condition.

Actions

- Police and emergency services personnel with a mental health condition may require extra support to stay at or return to work. Any stay at work/return to work plan should be tailored to the worker's needs, incorporate any reasonable adjustments to their job, and be developed in collaboration with the worker. Parties responsible must first understand the worker's abilities at this point in time and the requirements of the job. With the worker's permission, their treating health professional can provide valuable assistance with these discussions.
- Ensure managers are familiar with organisational protocols regarding training requirements upon returning to work, for example, inductions, re-training or refresher courses, or rostering with a supervisor. These can help people return to work more effectively.
- Promote a culture of recovery where improvement is considered likely in most cases, and temporary adjustments are highly unlikely to become permanent.
- Prepare an agreed return to work plan to provide clarity around expectations and time-frames.
- Provide flexibility, where possible, regarding work hours and tasks for people returning to work. This may include allowing time off to attend appointments and providing reduced work hours. A graduated return to work approach allows a person to transition carefully, while they prepare for the role/or move to the next phase of their working life.
- Identify opportunities for non-operational/alternative duties to reduce exposure to trauma, where this is a contributing factor.
- Ensure the manager of a police and emergency services personnel, who has a stay at work or return to work plan, regularly checks in to ensure any workplace stressors are being addressed properly and appropriate supports provided.
- The organisation should actively manage police and emergency services personnel who have been suspended or are on extended periods of time away from the workplace. This should include referrals to appropriate services and maintaining regular contact. Where a case management approach is adopted, the primary contact with responsibility for these activities should, as much as practically possible, be independent from the governance structure which determines the outcome of the police and emergency services personnel's suspension or long-term leave arrangements.

9. Alternative duties

The provision of alternative duties means making available short-term non-operational roles to injured operational staff. Organisations are increasingly aware that when workers take time off after psychological injury, the return to work process can be complicated and lengthy and where workers' compensation claims are involved this process may have a negative effect on the staff member's mental health. This points to the importance of retaining psychologically injured workers in the workplace, and the need to accommodate alternative duties.

Embracing the ideology that retaining injured staff in the workplace as part of a 'stay at work' philosophy is clearly important. However, it can be challenging to identify systems/processes and roles that would support such a model.

As a preventative measure, it is prudent to reduce operational staff's consistent exposure to psychosocial risk, by periodically rotating them out of distressing and traumatic front-line duties for an appropriate period of time.

Actions

- Strategic and implementation considerations for approaches to alternative duties:
  - » Recognition that retaining the psychologically injured worker at work is core to the strategy.
  - » Promoting a collaborative, early intervention approach to Workers' Compensation, aimed at reducing antagonism and inherent conflict in the process.
  - » Identifying meaningful roles that would constitute 'reasonable adjustment' or alternative duties within a well-managed treatment plan.
  - » Enhancing collaboration between supervisors and relevant treatment practitioners in the development of the return to work plan.
  - » Developing the capability of front-line supervisors (in particular Station Managers/Senior Sergeants) to enhance workplace support.
  - » Workforce planning to accommodate likely backfill or additional capacity across roles for when a worker needs time away from the front line on alternative duties.
  - » Educating new members from induction, and at all possible opportunities, about the benefits of a proactive approach to the management of mental health and wellbeing.
  - » Increasing emphasis on preventative wellbeing initiatives that support early intervention and mitigation of psychosocial risk (such as proactive wellbeing supervision, and role re-design to engineer out unnecessary exposure to distressing material).
  - » Mindfulness of industrial relations issues that may arise from changes to workforce structure and benefits.

10. Access to a range of support options

Social support from colleagues/peers, managers, the broader organisation, family and friends reduces stress, protects mental health and promotes wellbeing. Clinical support options are also important for police and emergency services personnel who may be experiencing mental health difficulties, conditions, or be at risk of suicide.

Organisations should provide a range of options for police and emergency services personnel to access mental health support — including clinical treatment — as part of everyday life at work. Some police and emergency services personnel prefer to access programs provided by the organisation, while others may feel more comfortable confiding in someone external or on a more informal basis. Providing multiple choices encourages workers to seek help and manage their mental health and wellbeing.

Actions that focus on reducing stigma are essential to making sure services are actually used, and deliver benefits to the organisation and workers. The confidentiality of support services needs to be upheld so that workers are confident that personal information will not be shared with line managers and unfairly affect career progression or performance reviews.

Actions

- Provide access to varied support, including internal mental health professionals, an Employee Assistance Program (EAP), internal psychologists, welfare staff, HR, chaplaincy, or peer supporters, to provide advice, education and assistance for workers as required or where appropriate.
- Promote the benefits of social support inside and outside the workplace and provide information about activities and groups where police and emergency services personnel can connect with others (e.g. volunteering, sporting clubs, online forums).
- Effectively communicate the range of mental health programs and resources (internal and external) available and encourage workers to access these as early as possible.

External support:

- To complement the initiatives offered internally by the organisation, police and emergency services organisations should also provide an option to access independent, external support.
- Research the scope and suitability of external support services to identify one that suits the organisation.
- The external service must provide suitably qualified and experienced mental health professionals, preferably with specific emergency services experience or expertise.
- Ensure the external service provides a confidential service with face-to-face counseling and after-hours support when it is required.
- Encourage early intervention and help-seeking for clinical issues by providing direct access to the external service without the need for internal referral.
- Provide clear communication to workers about the confidentiality of the service and the very limited circumstances under which personal information may be disclosed (e.g. only in cases where someone is at immediate risk of harming themselves or someone else, or if required by law).
- Consider ways to develop the external service's expertise and knowledge of the issues affecting police and emergency services personnel (e.g. by conducting briefing meetings or providing them with copies of staff communications).
- Make the external service available to all police and emergency services personnel, including managers, volunteers and rural workers. It should also be available to immediate family members.
- Agree on standards of service including quality measures, reporting, response times, etc.
- Monitor the use and effectiveness of the external service to determine how many workers use the service. Seek feedback from workers to determine if the program really suits the organisation and their needs.
- Consider an EAP as one source of external support. An EAP is a confidential, external counseling service offered to workers. EAPs aim to assist with the early detection and management of work and/or personal problems, including mental health conditions, which may impact on a worker's performance or wellbeing.

Peer support:
Peer support is worker support provided by a trained group of fellow workers, as part of a formalised peer support program. The relationship is not intended to be a therapeutic one. It is a contact, support and referral service with an emphasis on brief, practical interventions.

A dedicated steering committee and regular professional development for peers are critical to the success of the program.

In order to develop a leading practice peer support program, organisations should:

- Develop a formal set of documents that clearly describe the program including its intent, evidence base, scope, methodology, operational model, and roles and responsibilities. This includes a program policy and framework, steering committee terms of reference, peer position description, and user FAQs. The position description should provide role clarity and set expectations for peers with regard to managing boundaries, confidentiality and privacy, participation in professional development and supervision, and escalating issues.
- Establish a recruitment and selection process for peers that ensures, as much as possible, that only those with the capacity (applicants who can make themselves available and who are mentally healthy), capability (managers and colleagues can vouch for their experience and skills) and commitment (are motivated to develop themselves and be part of the wider peer support team) are selected for these unique roles.
- Provide comprehensive, high quality training for new peers, with regular refresher training. The content of the training should include research and leading practice informed content. Training should cover, but not be limited to, the role of the peer, psychological first aid, essential skills of an effective peer, and peer self-care. It should also include a range of peer support scenarios that require peers to discuss and apply (through role plays) their learning to real world situations.
- Provide peers with access to regular supervision to ensure that peers can discuss and receive feedback about challenging interactions and gain support for maintaining their own mental health and wellbeing.
- As much as possible establish a peer support group that is representative of the workforce (it has a diverse membership) and that workers in any part of the organisation can reasonably access it.
- Consider carefully whether it is necessary for peers to maintain records of activity. Such record keeping can interfere with the natural rapport building of a peer-worker interaction and there are often better ways of measuring the effectiveness of a peer support program including user feedback.
- Establish a peer re-commitment process every two years that provides the steering committee and peer with an opportunity to make mutual decisions about the peer's continued involvement in the program.
- Ensure the program has access to 24/7 clinical support to ensure peers and those they are supporting have immediate access to help in a mental health crisis.

11. After a suicide

The death of a serving or former police and emergency services personnel by suicide is a tragic event and has a widespread impact on family, friends, colleagues and the broader police and emergency services community. High quality and consistent support at this stage is particularly critical, as suicide-bereaved individuals are more likely to experience thoughts of suicide and suicidal behaviours themselves.[45] As such, initiatives after a suicide not only provide support for those grieving, but also serve as an important suicide prevention strategy.

Dealing with the aftermath of suicide is difficult and sensitive, and the process will differ across organisations and situations. However, the overarching purposes of an organisation's response after a suicide are to provide containment, promote safety, prevent contagion and support recovery.

Leaders play a critical role in relation to all of these. Being present, remaining calm, using measured language, offering organised and practical assistance, and emphasising support for staff are key priorities for leaders.

Actions

A comprehensive suicide response system includes the following elements:

- A guiding organisational framework. This includes policies and protocols that specify a clear suicide response process and accountabilities, recording and monitoring systems, training for leaders, and development of suicide bereavement-specific resources.
- A range of accessible support services, including individual and tailored responses. Services, support and interventions may span a wide range of activities including information provision, informal discussions, wellbeing check-ins, peer support consultations, referrals for psychological support, and formal professional intervention.
- Implementation and communication plans. Consideration needs to be given to *who* receives *what* information and *when,* both about what has happened, and what support is available. This may vary and will need to be determined depending on the circumstances, and on the target individuals or group.
- Language protocols. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language used to describe what has happened. Discussion of the method of suicide is not recommended. In addition, there may be legal, coronial, family and privacy issues pertinent to determination and disclosure of the cause of death, meaning explicit use of the word 'suicide' is often not feasible in the immediate period afterwards.
- Support for those providing support. Consideration must be made in supporting senior leaders, managers and peer supporters themselves following a suicide, as they may also be affected or have had a relationship with the person who has died, or be impacted by the responsibilities of advising and supporting others in relation to the situation. All those involved or affected, including those offering direct support and response, should be monitored for distress, compassion fatigue and safety.
- Family, friends and the broader police and emergency services community. Family and friends of the person who has died may be significantly impacted by a suicide. As a broader strategy, organisations are encouraged to establish relationships through communication with close family members of police and emergency services personnel. They are usually trusted supporters during their loved-one's time of service and in the tragic event of a suicide, steps to support them in their loss might be considered. The broader police and emergency services community might also be considered at such times.

Leaving the service and post-service

Police and emergency services personnel leaving the service, either for a career change or for retirement, face specific challenges. The loss of self-identity tied to their police and emergency services life can be very difficult. Depending on their reason for leaving there may also be a host of other stressors impacting on their mental health. Unfortunately, there is often little support available to police and emergency services personnel at this point of their career. Taking action in this area may simply mean making the initiatives available to serving police and emergency services personnel, also available to those leaving the organisation.

1. Advisory services

Leaving active service can present a big life change for workers who have spent a career as a police and emergency services personnel. This can particularly be the case if they have left the service following an experience of a mental health condition, physical injury or a disciplinary process. Providing advisory services can help police and emergency services personnel with this transition.

Actions

- Identify opportunities to provide professional advisory services for police and emergency services personnel transitioning out of active service. This may include financial services, career advice or retirement planning.
- Develop relationships with experienced external organisations to provide these services if internal service provision is not possible.
- Consider offering pre-retirement seminars/education to prepare police and emergency services personnel for the transition to retirement and the potential impacts on their mental health.
- Consider inviting family members to participate in the above activities.

2. Pre-retirement screening

Retirement, or a career change, can be an intensely difficult transition and may trigger mental health difficulties. Screening police and emergency services personnel before they leave the service can help identify and lessen some of the risks associated with this transition.

Actions

- Conduct proactive pre-retirement screening assessments, to identify police and emergency services personnel at risk of developing a mental health condition.
- Use the results of screening to identify high-risk workers and provide targeted mental health resources.
- Use the results of screening to inform mental health promotion and training initiatives for established police and emergency services personnel.

3. Access to mental health support

Organisations should consider continuing to provide mental health supports for police and emergency services personnel once they have left the service, or for a period of time following their transition out of the service.

Actions

- Review the organisation's approach to supporting police and emergency services personnel leaving the service.
- Consider providing EAP services to former personnel.
- Extend the peer support program to include former personnel.
- Consider making additional mental health supports available to former personnel for a period of time once they have left the service, including internal psychologists, welfare staff or chaplaincy.

Next steps — what can you do?

Next steps

Every police and emergency services organisation is different, so there is not a one-size-fits-all approach to promoting mental health and wellbeing.

While this framework is intended to be a practical, evidence-based tool to help you develop and implement a mental health and wellbeing strategy for your organisation, it is recognised that every organisation will be at different stages of development.

Many organisations may have already undertaken significant work in this area and so their ongoing focus will vary in response to individual undertakings, commitments, existing programs and services.

For those organisations that may be at or near the beginning of their journey, haven't done very much work in this area or acknowledge there is room for improvement, the following high level suggestions will help you to get started.

Step 1. Gain leadership support

Gain support within the leadership of the organisation to the principle of improving workplace mental health outcomes. Set about establishing an organisation-wide commitment to the objective.

- Build your business case.
- Identify workplace champions and establish governance structures.
- Create a task force to develop and implement a strategy. Members should be drawn from across the organisation and potentially include union representatives and other key stakeholders including families and the broader community.
- Commit financial, human and other resources.

Step 2. Identify needs

Develop an understanding of the current position in the organisation by conducting a 'situational analysis'.

- Identify existing policies, programs, supports and practices.
- Review and analyse existing data and research.
- Consult with staff and other stakeholders to identify issues and seek feedback on the current approach.

Step 3. Develop a plan

Having assessed the current situation, it is then time to move to developing a plan that will help take your organisation where it needs to be.

- Establish desired outcomes and set goals
- Identify any necessary collaborations and external expertise
- Develop a realistic, achievable action plan
- Implement actions

Your plan should focus on actions that address the three core elements of the integrated approach (see page 10):

- Protect
- Promote
- Support

Likely broad goals will be:

- Improve understanding of mental health
- Address workplace risks
- Foster an anti-bullying culture
- Combat stigma
- Promote positive mental health and wellbeing
- Prevent suicide
- Support employees living with mental health conditions, regardless of cause.

Step 4. Monitor, review and improve

Monitoring and evaluating your action plan, as it unfolds, is vital to the credibility and sustainability of your strategy. Setting up the measurement techniques at the outset is important.

- Monitor implementation and uptake of initiatives
- Seek feedback from staff on implementation and effectiveness
- Collect data to compare with your baseline and measure progress against goals
- Review strategy and goals

Creating and maintaining a mentally healthy workplace requires ongoing attention and re-assessment. This four-step approach will also be a valuable guide as your journey continues.

Assistance with making a start

There are many resources available to help you on the Heads Up website including *Developing a workplace mental health strategy: a how-to guide for organisations*. This publication provides a comprehensive approach to creating and implementing a strategy and templates to assist you with the process.

Glossary of terms

Anxiety Anxiety disorders, such as panic disorder, social anxiety disorder, and generalised anxiety disorder, are the most common mental health conditions in Australia. While each condition has its own specific symptoms, anxiety conditions have a number of features in common including: fear/worry about something bad; avoidance of situations linked to the fear/s; and physical agitation, restlessness, tension and/or panic attacks.

While many people may experience stress or anxious feelings that are a common and often normal reaction to a specific event, anxiety conditions are different and are characterised by anxious feelings which are ongoing, continue even after a stressful event, or arise without any particular reason or cause. If left untreated anxiety can be a serious condition that can impact on daily life.

Critical incident (individual) An event, or series of events, that has a stressful impact sufficient enough to potentially overwhelm the usually effective coping skills of a person or group.

Critical incident (organisation) An event, or series of events that interrupts the normal flow of activities of the organisation in a way that impacts psychological health and safety.[46]

Debrief An operational debrief explores what happened during a critical incident, what worked well and what could be done differently to improve systems and future operational outcomes. A psychological debrief (group or individual) is intended to be a supportive discussion following a critical incident that allows people to talk through and process their experience, to lessen the psychological impact of the event.

Depression Depression is a common mental health condition, characterised by prolonged sadness (greater than two weeks), loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. Depression can be one-off, recurrent or ongoing. Active depression can substantially impair a person's ability to function at work or school or cope with daily life.

Early intervention Specialist services and support in the early stages of a potential mental health condition, which focus on assessing and dealing with social, emotional or behavioural issues to improve mental health outcomes by preventing or reducing adverse consequences.

Employee Assistance Program (EAP) A confidential, external counseling service offered to workers. EAPs aim to assist with the early detection and management of work and/or personal problems, including mental health conditions, which may impact on a worker's performance or wellbeing.

Good practice A term used to describe an activity, policy or practice that is up to date, and has research-based evidence to support it.

Good practice framework In this context, a practical resource outlining evidence-based programs and practices for effectively promoting mental health and wellbeing and preventing suicide among Australian police and emergency services personnel.

Indirect trauma A trauma response that a person may experience as a result of repeated exposure to traumatic imagery and/or their empathic engagement with trauma victims/survivors. It results from prolonged exposure to second-hand trauma; stemming from empathising with those going through the trauma and indirectly living their experiences, thoughts and emotions.

Managed exposure A controlled training experience that exposes police and emergency services personnel to realistic situations they will likely face in their daily work. Usually involving experiences 'in the field', managed exposure aims to prepare people for the stresses and challenges unique to the field of police and emergency response work.

Mental health Mental health is a positive concept related to the social and emotional wellbeing of people and communities. The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfillment of goals and potential, and a sense of connection to others.[47]

Throughout this document the term 'mental health' should be interpreted as a broad concept that includes mental wellbeing, and exists on a continuum from positive, healthy functioning to severe impact on functioning.

Mental health continuum The mental health continuum reflects the fluid nature of mental health. The continuum ranges from positive, healthy functioning through to mental health symptoms to severe conditions that impact on

functioning. People can move back and forth along this continuum in response to different stressors and experiences over time.

Mental health condition A mental health condition is a clinical condition (such as anxiety, depression or post-traumatic stress disorder - PTSD) diagnosed by a mental health professional that significantly interferes with a person's cognitive, emotional or social abilities (to varying degrees of severity).

Mental health professionals A term that refers to qualified and registered health and mental health practitioners such as GPs, psychiatrists, psychologists, mental health nurses, mental health occupational therapists, social workers and counselors who are trained in the assessment and management of mental health conditions.

Mentally healthy workplace A workplace that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the worker, organisation and community.

Peer support Peer support is an avenue of worker support provided by a trained group of fellow workers, as part of a formalised peer support program. The relationship is not intended to be a therapeutic one. It is a contact, support and referral service with an emphasis on brief, practical interventions.

Police and emergency services organisation Organisations that provide emergency services and law enforcement to the community, including police, ambulance, fire and rescue, and state emergency services.

Police and emergency services personnel People who serve the community in emergency response or law enforcement as part of their role within a police and emergency services organisation. This includes employed front line workers as well as volunteers all of whom are required to respond to situations that are often stressful and require a specially skilled and professional response.

Post-traumatic growth A positive change that a person experiences as a result of the struggle with a traumatic event. This shift typically involves personal growth and the development of new skills and coping strategies for future challenges.[48]

Post-traumatic stress Individual reactions after exposure to a traumatic event. In most cases, someone's personal coping strategies and established support networks will allow these initial responses to gradually settle down and an emergency services worker will be able to return to their normal level of functioning.

Post-traumatic stress disorder (PTSD) A serious response that can occur following exposure to a single, or multiple, traumatic event. Symptoms can include re-experiencing some or the entire traumatic event; avoidance behaviour; negative thoughts and mood; and arousal symptoms, including insomnia and irritability.

PTSD used to be classified as an anxiety condition but is now categorised as a set of reactions that can develop after someone has been through a traumatic event.[49]

Psychological first aid A humane, supportive response to a person who is suffering and may need support. It is not professional counseling or debriefing.[50]

Self-harm Deliberate injury or harm to oneself. It is usually done in secret and on parts of the body that may not be seen by others.

Stigma Stigma marks a person as 'different'. The World Health Organization (2001)[51] defines stigma as "a mark of shame, disgrace or disapproval which results in a person being rejected, discriminated against, and excluded from participating in a number of different areas of society."

Stress A response to an event or situation which can be positive or negative. Stress is common in daily life and may be associated with work, family or personal relationships. It usually means that something is happening that's challenging our coping mechanisms and affecting how we are thinking and feeling.

Suicide The act of intentionally causing one's own death.

Suicide intervention A direct effort to prevent someone from attempting to take their own life intentionally.

Suicide prevention An umbrella term for targeted efforts to reduce the incidence of suicide.

Treatment An intervention delivered by a mental health professional to assist someone with a mental health condition. Treatment can take many forms, including psychological and/or medical, and exists alongside workplace support and personal coping strategies.

Wellbeing A state of being comfortable, healthy or happy to feel good and function well. Broader than just mental health, a state of wellbeing is where a person is considered to be flourishing in both mental and physical health.

Workplace culture A system of shared assumptions, values and beliefs, which influences, and is influenced by, how people behave in organisations. Often known as 'the way things are done around here'.

Resources

For police and emergency services personnel

Beyond Blue Support Service

1300 22 46 36
www.beyondblue.org.au/get-support

Access free, confidential support from a trained mental health professional. Beyond Blue's Support Service is available by phone (24 hours/7 days a week), web chat (3pm–12am AEST/7 days a week) or email (response within 24 hours).

Beyond Blue online forums

www.beyondblue.org.au/forums

Access free, anonymous peer support around the clock from Beyond Blue's online forums. The forums are a group support space where people with experience of anxiety, depression and suicidal thoughts share tips and advice on what works during the tough times. Also includes a Trauma section for discussing PTSD and first responder experiences.

Lifeline

13 11 14
www.lifeline.org.au

Lifeline provides 24/7 crisis support and suicide prevention services.

MensLine Australia

1300 78 99 78
www.mensline.org.au

A free, nationwide, 24-hour professional telephone and online support and information service for men in Australia.

SANE Australia

1800 18 SANE (7263)
www.sane.org

SANE Australia provides a helpline by telephone or online chat to speak with a mental health professional, weekdays 10am–10pm AEST. Online forums with information, advice and support are also available.

StandBy – Support After Suicide

www.standbysupport.com.au

Established in 2002 to meet the need for a coordinated community response to suicide, StandBy is now recognised as a leading suicide post-vention program dedicated to assisting people and communities bereaved or impacted by suicide.

Suicide Call Back Service

1300 659 467
www.suicidecallbackservice.org.au

A free, nationwide 24-hour professional telephone and online counseling service for anyone affected by suicide.

Everymind

www.conversationsmatter.com.au

A practical online resource to support safe and effective community discussions about suicide.

Post traumatic stress disorder treatment

www.blackdoginstitute.org.au/resources-support/post-traumatic-stress-order/treatment

A range of treatments are available for PTSD including psychological therapies, physical treatment (medications), and exercise, mindfulness and self-help strategies. Often a combination of these work best.

Relationships Australia

1300 364 277
www.relationships.org.au

Relationships Australia is one of Australia's largest community-based organisations providing relationship support to people regardless of age, religion, gender, cultural or economic background.

For organisations

Heads Up

www.headsup.org.au

Heads Up is an initiative by the Mentally Healthy Workplace Alliance and Beyond Blue that aims to give individuals and businesses the tools to create mentally healthy workplaces. The Heads Up website is a one-stop-shop offering practical advice, information and resources to take action and covers all areas of workplace mental health. There is a wide range of resources available including fact sheets, brochures and online learning programs. All Heads Up resources are free to download.

Phoenix Australia - Centre for Post-traumatic Mental Health

www.phoenixaustralia.org

Three in four Australians will, in their lifetime, experience an event that can cause psychological trauma. That's nearly 19 million people living in Australia today. Phoenix Australia is a not-for-profit organisation that promotes recovery from trauma by providing fact sheets and videos and through work with high-risk organisations to implement initiatives that promote mental health.

The Black Dog Institute

www.blackdoginstitute.org.au or www.wmh.unsw.edu.au

The Black Dog Institute focuses on the development and dissemination of the knowledge needed to understand, prevent and treat the significant mental health challenges facing the world. Black Dog has a specific research program focusing on emergency services.

Blue Light Programme (UK)

www.mind.org.uk/news-campaigns/campaigns/blue-light-support

Mind has developed the Blue Light Programme to provide mental health support for emergency services staff and volunteers from police, fire, ambulance and search and rescue services across England. The website contains a number of useful resources.

Crisis Intervention and Management Australasia (CIMA)

www.cima.org.au

CIMA is a not-for-profit foundation dedicated to the prevention, mitigation and effective management of critical incident stress and trauma for personnel in emergency services, police, corrections, health, welfare and related services.

Expert Guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers

www.blackdoginstitute.org.au/wp-content/uploads/2020/04/ptsd_guidelines_2018.pdf?sfvrsn=4

Expert guidelines released by the Black Dog Institute for the diagnosis and treatment of post-traumatic stress disorder in emergency service workers.

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Beyond Blue

Where to find more information

Beyond Blue

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.

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