Answering the call
national survey

Beyond Blue

Beyond Blue's National Mental Health and Wellbeing Study of Police and Emergency Services – Final report

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Beyond Blue acknowledges the Traditional Owners of the Land in Melbourne on which our head office is based, the Wurundjeri people, of the Kulin Nation. We pay our respects to Elders past and present, and extend our respect to all Elders and Aboriginal and Torres Strait Islander peoples across Australia.

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

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

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

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

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

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

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

The executive summary, full national report (outlining key findings from the *Answering the call* national survey for the entire police and emergency services sector and by individual sectors), and the detailed report (outlining further in-depth findings for the entire and individual sectors) are available for download from www.beyondblue.org.au/pesresearch

A confidential unit data file will also be produced and made available to the research community in 2019 to support further analysis of the survey data.

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

Foreword

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

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

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

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

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

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

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

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

Three things stand out.

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

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

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

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

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

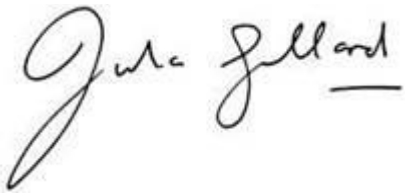
Self-stigma – a fear of what others may think or an inability to talk openly about personal feelings and circumstances – gets in the way of people seeking support and is associated with poorer mental health outcomes. But let's think about what this means. It is indicating a disparity between the way people feel about their colleagues and how they see themselves. This says a great deal about the camaraderie that exists in police and emergency services.

Answering the call provides us all with an unprecedented national picture. Beyond Blue remains committed to support the sector to further develop strategies and actions that reduce the mental health risks to police and emergency service personnel.

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

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

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



The Hon Julia Gillard, AC

Chair
Beyond Blue

Glossary

Alcohol consumption

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

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

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

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

Drug use

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

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

Mental health conditions

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

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

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

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

Mental wellbeing

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

Physical health

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

Probable Post-traumatic stress disorder (PTSD)

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

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

Psychological distress

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

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

0 –5	Low levels of psychological distress
6–11	Moderate levels of psychological distress
12–19	High levels of psychological distress
20–40	Very high levels of psychological distress

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

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

Resilience

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

Service use

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

Services

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

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

Social support

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

Stressful events

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

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

Suicidal behaviours

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

Workers' compensation claims

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

Executive summary

Answering the call

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

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

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

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

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

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

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

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

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

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

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

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

Case for action

Answering the call tells us that:

- many employees and volunteers have good mental health and wellbeing. More than half of all employees and two in three volunteers reported high levels of resilience.
- **one in three** employees experience high or very high psychological distress; much higher than just over **one in eight** among all adults in Australia (Australian Bureau of Statistics, 2015)[1]
- more than **one in 2.5** employees and **one in three** volunteers report having been diagnosed with a mental health condition in their life compared to **one in five** of all adults in Australia (Australian Bureau of Statistics, 2015) [1]
- employees and volunteers report having suicidal thoughts over **two times higher** than adults in the general population (Australian Bureau of Statistics, 2016)[2] and are more than **three times more likely** to have a suicide plan (Australian Bureau of Statistics, 2016) [2]
- **more than half of all employees** indicated that they had experienced a traumatic event that had deeply affected them during the course of their work
- poor workplace practices and culture were found to be **as damaging** to mental health as occupational trauma
- employees who had worked **more than 10 years** were almost **twice as likely** to experience psychological distress and were **six times more likely** to experience symptoms of PTSD
- **three in four employees** found the current workers' compensation process to be detrimental to their recovery
- **one in four surveyed former employees** experience probable PTSD (compared to one in 10 current employees), and **one in five** experience very high psychological distress.

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

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

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

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

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

Background

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

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

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

This comprehensive study has three phases:

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

Answering the call - research methodology

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

Scope and coverage

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

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

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

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

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

Aims

The survey aimed to:

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

Topics

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

Measures

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

Limitations

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

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

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

Police and emergency services sector — a snapshot

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

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

74% male
66% field or administrative operative
53% more than 10 years service
42% volunteered 30+ times in the past 12 months
40% spent 1-12 hours per month volunteering
77% work outside of major capital cities
Volunteers

Recommendations for government

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

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

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

Government recommendation 1 (G1): Government funding

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

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

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

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

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

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

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

Government recommendation 3 (G3): Workers' compensation reform

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

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

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

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

Government recommendation 4 (G4): Support for former employees

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

Recommendations for agencies

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

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

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

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

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

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

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

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

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

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

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

Agency recommendation 2 (A2): Address unique agency findings

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

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

Overview of *Answering the call* national findings

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

Prevalence of mental health and wellbeing

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• People working in the police and emergency services sector experience it to be both meaningful and rewarding, but stressful and demanding. • Employees in the police and emergency services sector had substantially higher rates of psychological distress and probable PTSD compared to the Australian population and workers in other industries, including the Australian Defence Force.	• 10% of employees had probable PTSD (11,800 employees). PTSD rates ranged from 6% in the state emergency services sector, to 8% in ambulance, 9% in fire and rescue, and 11% in police. In comparison, the prevalence of PTSD has been estimated at 4% in adults in Australia and 8% in the Australian Defence Force. • 21% of employees (about 24,000 employees) had high psychological distress and 9% had very high psychological distress (about 10,900 employees) – much higher than the 8% and 4% respectively among all adults in Australia, and the 9% and 4% respectively of personnel in the Australian Defence Force.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should: • establish dedicated approaches and resources to manage the high rates of psychological distress and probable PTSD and lower rates of positive wellbeing in the workforce • promote the positive and draw on stories of personnel who have been able to maintain good mental health and wellbeing • be established in collaboration with employees, volunteers, and their families, unions and peak bodies.

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Despite the higher rates of psychological distress, probable PTSD and suicidal thoughts and planning compared to the general population, many employees have good levels of positive mental health and wellbeing, resilience and low levels of distress.	• 39% of employees (about 45,200 employees) and 33% of volunteers (about 78,600 volunteers) reported having been diagnosed with a mental health condition in their life by a mental health professional, compared to 20% of all adults in Australia. • Volunteers showed lower levels of psychological distress and probable PTSD and higher levels of positive wellbeing than employees. • Volunteers in the ambulance sector had levels of psychological distress and probable PTSD and mental health and wellbeing that were generally comparable with the Australian population. However, levels of psychological distress and probable PTSD were slightly higher in fire and rescue volunteers and higher again in state emergency service volunteers. Police agencies do not use volunteers.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

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

Suicidal thoughts and behaviours

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

Individual risk and protective factors

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
• Even the most resilient police and emergency services personnel can be affected by stress and trauma related to their work, as well as other life challenges. • Employees and volunteers in the early stages of their career (less than two years) had high levels of wellbeing and very low levels of psychological distress, probable PTSD and suicidal thoughts. • Employees with a longer length of service (10 or more years) had significantly higher levels of psychological distress, probable PTSD and suicidal thoughts, as well as low levels of wellbeing and low sleep quality compared to those with less than two years' service.	• Approximately half of all employees (51%) indicated that they had experienced traumatic events that deeply affected them during the course of their work. • Rates of PTSD increased with length of service. Among employees with less than two years of service 2% had probable PTSD, which increased to 12% among employees with more than 10 years of service. • Psychological distress was almost twice as high among those who had spent 10 or more years in the service when compared to those who had spent less than two years employed in the service (32% and 17% respectively).	**G1:** Leadership and funding **G2:** Best practice interventions and programs	**A1:** The workplace mental health and wellbeing strategy should adequately address individual risk factors and promote protective factors including: • developing work practices that build wellbeing and resilience, such as promoting strong social supports, sleep quality and healthy levels of physical activity • embedding mental health and wellbeing strategies and interventions early in personnel careers and ensuring they are tailored and appropriate to the unique needs of personnel at their various career stages

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

Substance use

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

Key messages	Key findings	Relevant government recommendations	Guiding principles for agencies
	• Rates of illicit drug use were comparatively low. About 5% of employees and 13% of employees with probable PTSD reported having used illicit drugs within the past year. This compares with 16% of Australians aged 14 or older who reported using illicit drugs within a 12-month period as part of the 2016 National Drug Strategy Household Survey.	**G1:** Leadership and funding **G2:** Best practice interventions and programs	

Risk and protective factors associated with the working environment

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

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

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

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

Stigma

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

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

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

Seeking support

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

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

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

Workers' compensation

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

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

Former employees

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

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

Chapter 1. Police and emergency services sector – a snapshot

Overview

The *Answering the call* survey investigated the mental health and wellbeing of personnel in the police and emergency services sector. The scope of the survey was employees and volunteers working in ambulance, fire and rescue, police, and state emergency service agencies in each Australian state and territory. Overall there are 36 agencies in the sector, and 33 of these agencies participated in *Answering the call*. This chapter describes the demographic characteristics of employees and volunteers working in the police and emergency services sector, as reported in the survey.

Results

There were 117,500 employees and 237,800 volunteers in these agencies at the time of the survey, which was conducted between October 2017 and March 2018. Police agencies were the main employer, employing two-thirds of all employees working in the sector. More than 85% of volunteers were affiliated with fire and rescue agencies. There were more than 200,000 registered volunteers in the fire and rescue sector. Some police agencies do have a small number of volunteers, however, these police volunteers were not included in the study because of the small numbers.

Table 1.1: Number of employees and volunteers in the police and emergency services sector

Sector	Employees	Volunteers
Ambulance	18,600	6,900
Fire and rescue	17,800	207,000
Police	80,200	n/a
State emergency service	800	23,900
Total	117,500	237,800

Note: excludes employees and volunteers in agencies that did not participate in the study.

Employees

Police and emergency services agencies are often seen as career organisations. With many roles in the sector requiring specialist training and skills, many employees remain in the same agency for a substantial proportion of their career. Two-thirds of employees in the police sector and in the fire and rescue sector had been working in their agency for more than 10 years. With the exception of the fire and rescue sector, most employees were working full-time, and the majority were doing shift work or were on call. A substantial number of employees were regularly working more than 45 hours per week.

The police, and fire and rescue sectors had a higher number of male employees: with more than 80% of employees in the fire and rescue sector, and more than 60% in the police sector. The ambulance and state emergency service sectors had roughly equal numbers of males and females.

The majority of employees in the ambulance, fire and rescue, and police sectors were employed in operational roles. The state emergency service agencies are principally volunteer organisations, and the majority of operational roles were volunteer positions. Employees in the state emergency service sector were more likely to have managerial roles, and roles that combined organisational and support tasks with operational activities (Table 1.2).

Table 1.2: Demographic characteristics of employees in the police and emergency services sector, by sector

	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Sex:					
Male	53.2	83.3	62.6	45.3	64.1
Female	46.8	16.7	37.4	54.7	35.9
Age group:					
Less than 35 years	33.4	20.3	27.9	17.1	27.5
35–44 years	25.8	24.6	31.7	28.0	29.7
45–54 years	25.2	32.6	28.8	34.0	28.8
55 years or over	15.7	22.6	11.6	20.8	14.0
Role:					
Operational	74.2	64.9	62.3	15.7	64.2
Non-operational	14.2	13.5	23.2	26.6	20.3
Both operational and non-operational	11.6	21.6	14.5	57.8	15.4
Length of service in organisation:					
Less than 12 months	6.9	3.3	4.6	10.3	4.8
1–2 years	8.4	6.7	6.8	11.6	7.0
3–5 years	16.0	12.2	12.7	19.9	13.2
6–10 years	22.0	16.8	16.4	18.0	17.4
More than 10 years	46.8	61.0	59.6	40.2	57.6
Roster:					
Regular daytime schedule	20.2	22.6	31.5	60.3	28.6
Mostly daytime shifts	5.1	3.4	13.6	12.5	10.7
Rotating shift work (combination of days/nights and/or evenings)	57.8	33.1	40.6	6.3	42.0
Regular shifts and on-call at other times	10.4	12.0	5.6	15.7	7.4
Other	6.5	29.0	8.6	5.3	11.3
Usual weekly work hours:					
35 hours or less	9.8	15.2	10.8	14.8	11.3
36–40	23.8	19.1	47.7	40.3	39.5
41–45	17.1	14.5	16.5	19.1	16.3
46–50	23.2	24.0	12.3	9.0	15.7
More than 50 hours	13.1	6.5	5.4	5.6	6.8
Hours vary	13.0	20.7	7.4	11.2	10.3

	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
How often do you return to work with less than a 12-hour break?:					
Never/hardly ever	45.0	50.4	52.8	61.5	51.2
Sometimes	27.9	29.7	32.6	29.6	31.4
Often/very often	27.1	19.9	14.7	8.9	17.4

Volunteers

The demographic profile of volunteers was on average older than employees. More than one fifth of volunteers across all sectors were aged over 65 years. Many volunteers make long-term commitments to their organisations. Almost 40% of ambulance volunteers, more than half of fire and rescue volunteers, and 35% of state emergency service volunteers have volunteered for their organisation for more than 10 years.

The average time commitment to volunteer roles varied between sectors. Half of ambulance volunteers volunteered for more than 25 hours per month (more than six hours per week) over the past year. In contrast, more than 60% of fire and rescue volunteers volunteered for 12 hours or less per month (three hours or less per week). The majority of volunteers (more than 90%) in the fire and rescue sector volunteer for rural fire services or their equivalent in each state, with few volunteers attached to metropolitan-based fire services.

Table 1.3: Demographic characteristics of volunteers in the police and emergency services sector

	Ambulance (%)	Fire and rescue (%)	State emergency service (%)	Total (%)
Sex:				
Male	47.1	75.7	64.5	73.7
Female	52.9	24.3	35.5	26.2
Age group:				
Less than 35 years	11.6	11.7	14.4	12.0
35–44 years	10.8	12.2	15.5	12.5
45–54 years	22.4	22.2	20.2	22.0
55–64 years	34.6	28.9	27.8	29.0
65 years or over	20.6	24.9	22.0	24.5
Employment status:				
Not currently employed	31.9	33.5	38.4	33.9
Employed in the sector*	7.3	7.0	6.6	7.0
Employed elsewhere	60.8	59.6	55.0	59.1
Rank or role:				
Senior management	3.6	5.6	13.1	6.3
Other management	8.4	21.1	25.2	21.2

	Ambulance (%)	Fire and rescue (%)	State emergency service (%)	Total (%)
Field or administrative role	82.5	66.4	53.5	65.6
Trainee/recruit	5.5	6.9	8.2	7.0
Length of service in organisation:				
Less than 12 months	4.9	5.2	8.3	5.5
1–2 years	12.6	8.3	16.3	9.2
3–5 years	24.2	14.7	20.2	15.6
6–10 years	18.5	16.3	20.8	16.8
More than 10 years	39.8	55.5	34.5	52.9
Times volunteered in past 12 months:				
Haven't been called out or volunteered (including training)	1.1	5.9	3.5	5.5
1–5 times	5.2	16.1	12.2	15.3
6–10 times	6.3	13.8	9.7	13.2
11–30 times	21.1	24.1	21.1	23.7
More than 30 times	66.4	40.1	53.4	42.2
Average hours per month volunteering:				
0	7.9	21.6	14.3	20.5
1–12	25.3	40.5	31.7	39.2
13–24	16.9	19.7	24.7	20.1
25–40	19.3	12.8	18.6	13.6
41–60	11.6	3.5	6.0	4.0
61 or more	19.0	1.9	4.7	2.7

* working in an ambulance, fire and rescue, police or state emergency service organisation

Meaningfulness of work

Most employees and almost all volunteers across all sectors consider their work to be both meaningful and important. A lower proportion of police employees considered their work to be often or always meaningful compared with employees and volunteers in other sectors.

Table 1.4: Importance and meaningfulness of work, by sector

Is your work meaningful?	Ambulance		Fire and rescue		Police	State emergency service	
	Employees (%)	Volunteers (%)	Employees (%)	Volunteers (%)	Employees (%)	Employees (%)	Volunteers (%)
Never/seldom	5.0	1.6	4.0	2.8	11.9	3.2	3.4
Sometimes	23.6	4.3	17.6	11.4	30.5	24.5	13.6
Often/always	71.3	94.0	78.3	85.8	57.6	72.4	83.0

Summary

- There were 117,500 employees and 237,800 volunteers in the participating agencies at the time of the survey.
- Police agencies were the main employer, employing two-thirds of the employees working in the sector, while the majority of volunteers were affiliated with fire and rescue agencies.
- Most employees work full time, with the majority doing shift work or being on call. A high number have worked for their agency for more than 10 years.
- The majority of employees and volunteers in the sector were male.

Chapter 2. Prevalence of mental health and wellbeing

Overview

One of the primary aims of *Answering the call* was to establish baseline measures of mental health and wellbeing among police and emergency services personnel. The measures used in the survey included:

- Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Ng Fat et al., 2017)
- Post-Traumatic Stress Disorder (PTSD) screening scale (adaptation of the PCL-5 PTSD screening scale) (Blevins et al., 2015)
- Kessler 10 measure of psychological distress (K10) (Furukawa et al., 2003)
- Brief Resilience Scale (Smith et al., 2008)
- Ever being diagnosed with a mental health condition

In combination, these measures provide a comprehensive picture of the mental health and wellbeing of employees and volunteers in the police and emergency services sector.

Results

Mental wellbeing

The short form of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) was used to assess mental wellbeing. This scale consists of seven positively worded questions that cover both feelings and functioning. It was originally developed for use in the United Kingdom, and population reference data on the distribution of mental wellbeing is only available for the adult populations of England and Scotland. The scale was designed so the top 15% of the population would be identified as having high mental wellbeing, and the bottom 15% would be identified as having low mental wellbeing. In comparison to the reference population of England, employees within the police and emergency services had much higher rates of low mental wellbeing (31%: an estimated 46,100 employees), and lower rates of high mental wellbeing (6%: 24,000 employees) (Figure 2.1). The mental wellbeing of volunteers was much more comparable with the reference population of England (Figure 2.2)

Figure 2.1: Mental wellbeing of employees, by sector

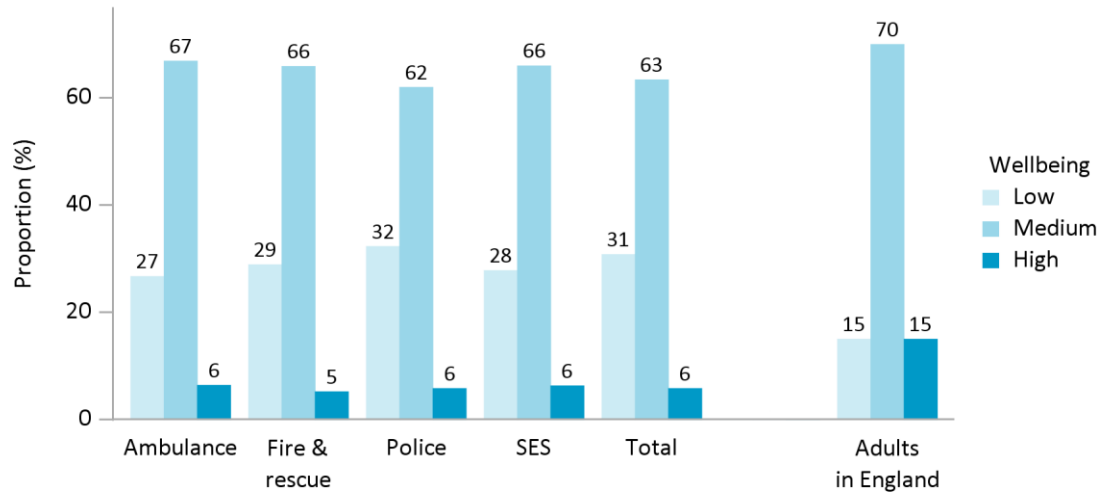
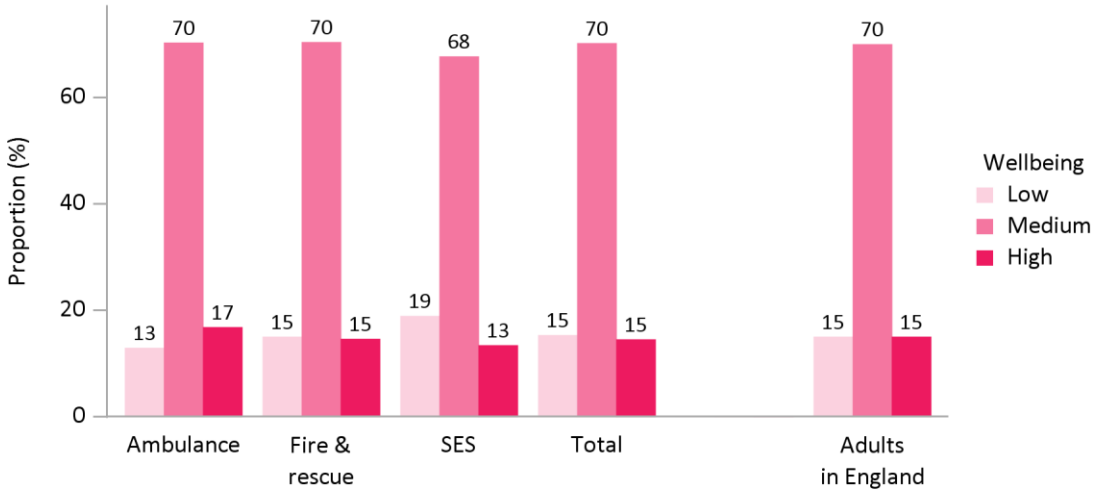


Figure 2.2: Mental wellbeing of volunteers, by sector



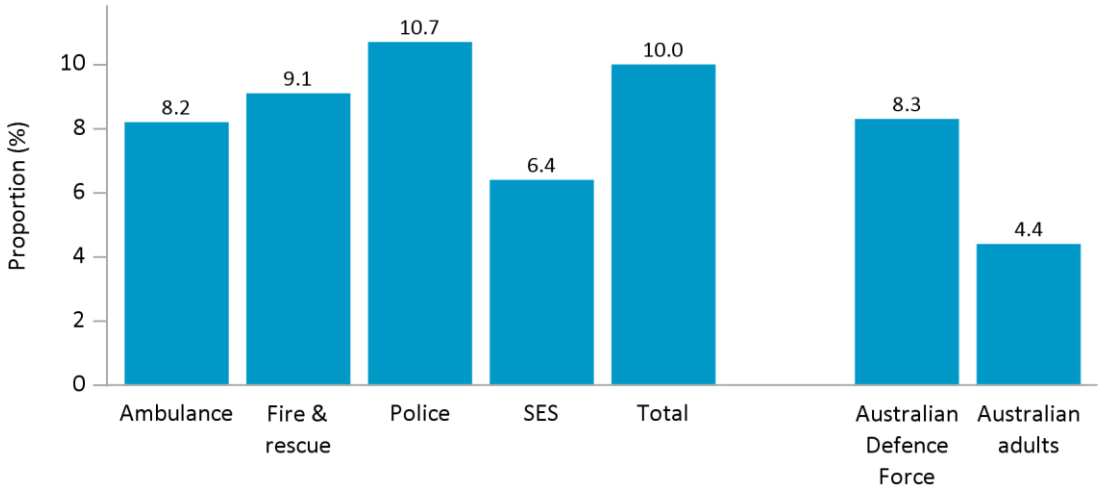
Probable Post-traumatic stress disorder

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

In *Answering the call,* probable PTSD was assessed using an adaptation of the PCL-5 PTSD screening scale (Blevins et al., 2015). The formal diagnostic criteria for PTSD specify that symptoms must last for a minimum of one month and they must be associated with clinically significant distress or functional impairment. The adapted scale included additional questions designed to assess the level of functional impairment associated with symptoms of PTSD.

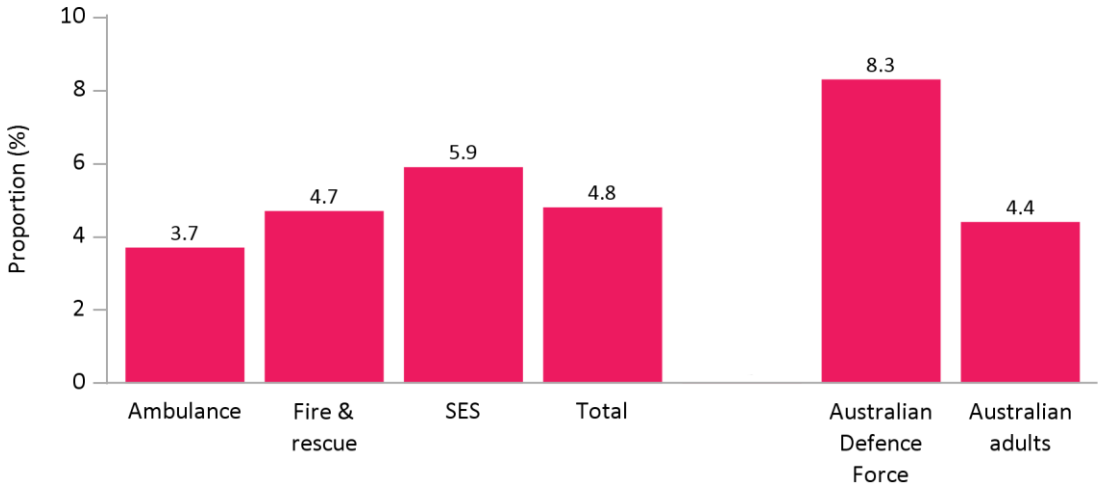
Approximately 10% of all employees had probable PTSD (11,800 employees). PTSD rates ranged from 6% in the state emergency service sector, to 8% in ambulance, 9% in fire and rescue, and 11% in police. In comparison, the prevalence of PTSD has been estimated at 4.4% in adults in Australia (McEvoy et al., 2011) and 8% in the Australian Defence Force (McFarlane et al. 2011). In the Australian National Survey of Mental Health and Wellbeing, and in the 2010 Australian Defence Force Mental Health Prevalence and Wellbeing Study, PTSD diagnosis was established through a detailed diagnostic interview. In comparison, *Answering the call* assessed probable PTSD using a screening scale administered via an online or hardcopy survey.

Figure 2.3: Proportion of employees with probable PTSD, by sector



The number of volunteers with probable PTSD in the ambulance sector (3.7%) closely matched that in the total Australian adult population at 4.4%. Compared with Ambulance employees, probable PTSD was slightly more common in volunteers in the fire and rescue (5%) and state emergency service (6%) sectors.

Figure 2.4: Proportion of volunteers with probable PTSD, by sector



Psychological distress

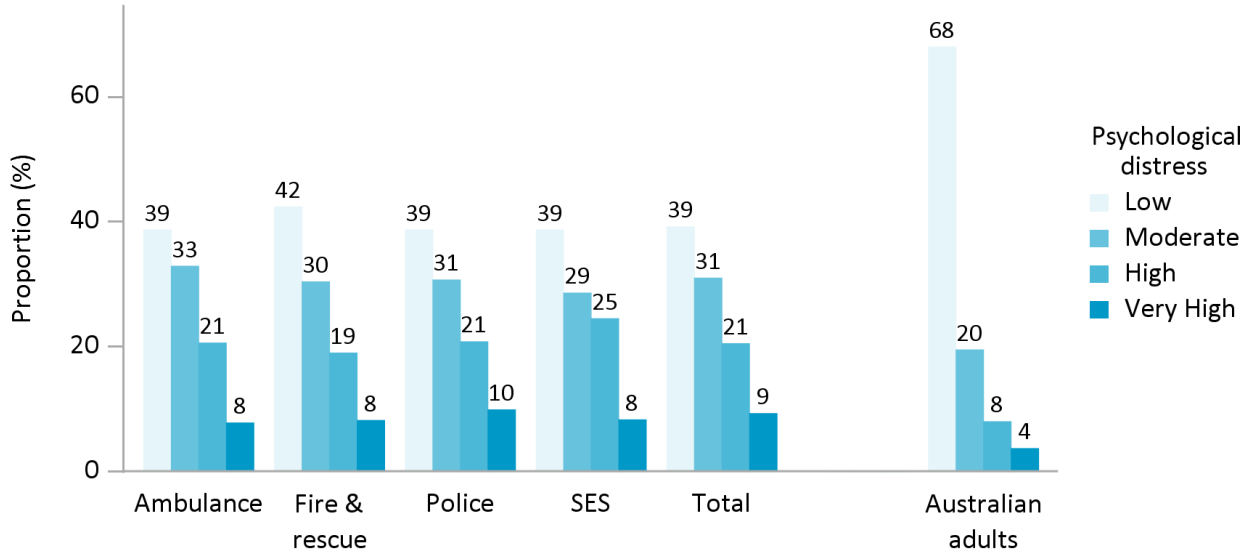
The Kessler 10 scale was used to measure psychological distress and is primarily focussed on symptoms of anxiety and depression. The 'very high' category on the Kessler 10 indicates serious functional impairment, which substantially interferes with or limits one or more major life activities. About 3.7% of adults in Australia fall into this category (Australian Bureau of Statistics, 2015). Among employed adults in Australia working in professional occupations (such as doctors, nurses and teachers), 1.5% are in the very high category on the Kessler 10 scale, and 4% of adults in Australia working in community and personal services occupations (which includes police, ambulance officers, fire fighters and emergency services workers along with others such as hospitality workers and childcare workers) are in the very high category.

Answering the call found that 8% of employees in the ambulance, fire and rescue, and state emergency service sectors and 10% of police had very high levels of psychological distress indicative of serious mental health issues. Among all employees in the police and emergency services sector,

21% (equivalent to an estimated 24,000 employees) had high psychological distress and 9% (an estimated 10,900 employees) had very high psychological distress – substantially higher than the 8% and 4% respectively among all adults in Australia.

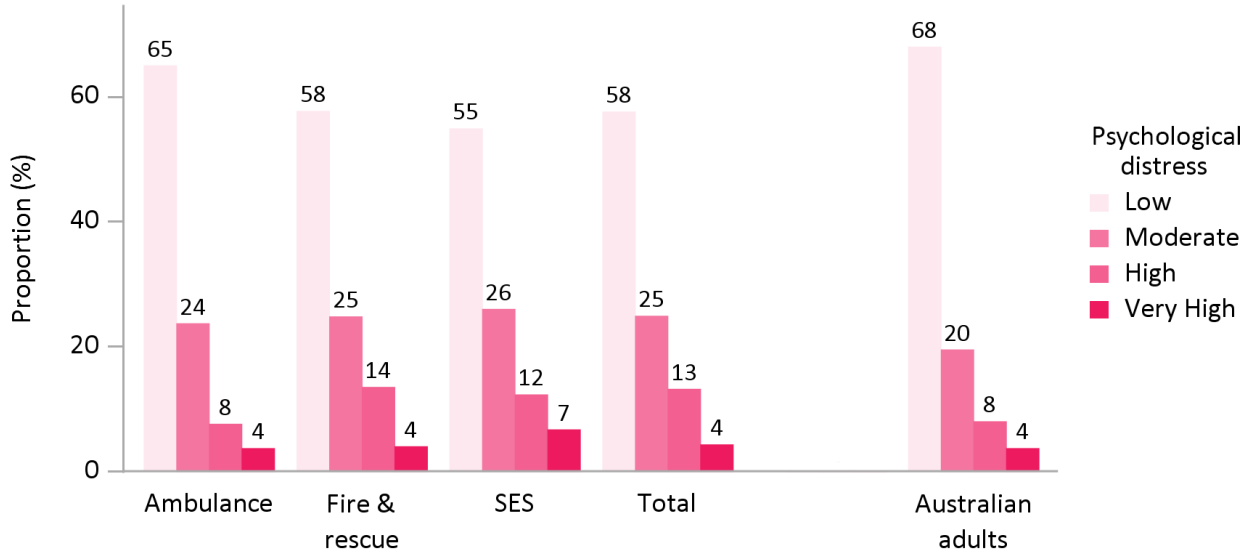
In comparison the 2010 Australian Defence Force Mental Health Prevalence and Wellbeing Study found that 9.3% of personnel in the Australian Defence Force had high levels of psychological distress and 3.6% had very high levels of psychological distress (McFarlane et al. 2011). *Answering the call* and the Australian Defence Force Mental Health Prevalence and Wellbeing Study both measured psychological distress through the Kessler 10 scale.

Figure 2.5: Employees' levels of psychological distress, by sector



Among volunteers, the distribution of levels of psychological distress in the ambulance and fire and rescue sectors (4%) were similar to the total Australian population (4%), while elevated levels of psychological distress were seen in state emergency service volunteers (7%).

Figure 2.6: Volunteers' levels of psychological distress, by sector



Diagnosis of mental health conditions

Survey participants were asked if they had ever been diagnosed with a mental health condition by a doctor or a mental health professional, and if so they were asked if they still had this mental health condition.

Across all sectors 39% (45,200) of employees and 33% (78,600) of volunteers reported having been diagnosed with a mental health condition at some time of their lives, and 22% (26,100) of employees and 17% (40,200) of volunteers reported that they currently had this condition. Among employees, 15% (17,700 employees) reported a current diagnosis of an anxiety condition (including panic disorder, social anxiety, obsessive-compulsive disorder and generalised anxiety disorder), 16% (18,600 employees) reported a current diagnosis of depression, and 9% reported a current diagnosis of PTSD (11,000 employees). In volunteers, 9% (22,200 volunteers) reported a current diagnosis of an anxiety disorder, 13% (29,900 volunteers) reported a current diagnosis of depression and 5% (12,000 volunteers) reported a current diagnosis of PTSD.

By way of comparison, the prevalence of long-term mental health conditions was collected in the 2014–15 Australian National Health Survey. Among adults in Australia aged 18 years and over, 19.6% reported having a long-term mental health condition lasting six months or more (irrespective of diagnosis by a doctor or not), with 12.6% reporting an anxiety condition, 10.9% reporting depression, and 1.3% reporting PTSD – lower than the rates experienced by police and emergency services personnel.

Table 2.1: Proportion of employees who have been diagnosed with a mental health condition by a doctor or mental health professional, by sector

Condition	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Ever diagnosed with a mental health condition:	39.0	33.7	39.4	43.6	38.5
Anxiety condition	21.0	17.5	23.8	25.1	22.4
Depression	26.5	23.9	26.2	30.1	25.9
PTSD	12.4	11.5	13.8	10.3	13.2
Other mental health condition	5.5	5.1	5.3	6.9	5.3
Currently have a mental health condition:	22.1	18.0	23.2	22.2	22.3
Anxiety condition	13.8	11.6	16.1	16.3	15.1
Depression	16.0	13.7	16.3	16.1	15.9
PTSD	8.9	7.9	9.9	6.9	9.4
Other mental health condition	4.0	3.5	3.8	4.8	3.7

Note: Participants could report more than one mental health condition.

Table 2.2: Proportion of volunteers who have been diagnosed with a mental health condition by a doctor or mental health professional, by sector

Condition	Ambulance (%)	Fire and rescue (%)	State emergency service (%)	Total (%)
Ever diagnosed with a mental health condition:	33.3	32.5	38.3	33.1
Anxiety condition	12.8	14.0	18.6	14.4
Depression	22.8	24.1	28.9	24.5
PTSD	9.1	7.7	9.3	7.9
Other mental health condition	5.6	5.3	7.3	5.5
Currently have a mental health condition:	13.3	16.7	19.9	16.9
Anxiety condition	6.6	9.1	12.1	9.3
Depression	9.7	12.3	16.1	12.6
PTSD	4.9	4.9	6.0	5.0
Other mental health condition	2.7	3.5	4.9	3.6

Note: Participants could report more than one mental health condition.

Resilience

Resilience is an important component of wellbeing and reflects a person's ability to bounce back after challenges and stressful events, and to cope with difficult times. The Brief Resilience Scale was

used to assess levels of resilience in employees and volunteers. Most employees and volunteers had high (63,900 employees) or moderate (42,300 employees) levels of resilience. Levels of resilience were higher in volunteers compared with employees.

Table 2.3: Levels of resilience in employees and volunteers, by sector

Resilience	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Employees					
High	56.2	56.4	53.5	55.3	54.4
Moderate	35.0	35.7	36.3	38.8	36.0
Low	8.7	7.9	10.1	5.9	9.5
Volunteers					
High	70.0	65.8		64.5	65.8
Moderate	26.4	28.4		30.1	28.5
Low	3.6	5.7		5.4	5.6

Summary

- The majority of employees and volunteers in the police and emergency services sector have good levels of mental health and wellbeing and resilience and low levels of psychological distress.
- Compared with the general adult population, employees in the police and emergency services sector had substantially higher rates of psychological distress, probable PTSD and lower levels of positive wellbeing.
- Across the four sectors included in the survey, police employees showed the highest level of mental health conditions and lowest level of positive wellbeing.

Chapter 3. Suicidal thoughts and behaviours

Overview

Suicide is the leading cause of death for Australians aged between 15 and 44 years. More than eight Australians die by suicide every day (Australian Bureau of Statistics, 2016). About 200 Australians attempt suicide every day. For each person who takes their own life, many more think about it (Australian Bureau of Statistics, 2016).

Identifying rates of suicide within the police and emergency services, and what factors are associated with suicidal thoughts and behaviours, is imperative to preventing suicide. This chapter examines the demographic characteristics of police and emergency services personnel who have suicidal thoughts or behaviours, and how risk and protective factors are associated with suicide risk.

Prior research has noted that diagnosis of a mental health condition, feelings of hopelessness and psychological distress are associated with higher levels of suicidal thoughts and behaviours (Dyrbye et al., 2006). Having adequate support and resilience through adversity may be important in mitigating the effects of psychological distress (Roy et al., 2011; Panagioti et al., 2014). Such factors may be exacerbated by the nature of police and emergency services work, which is explored in Chapter 5: 'Individual risk and protective factors for mental health conditions and wellbeing'.

Results

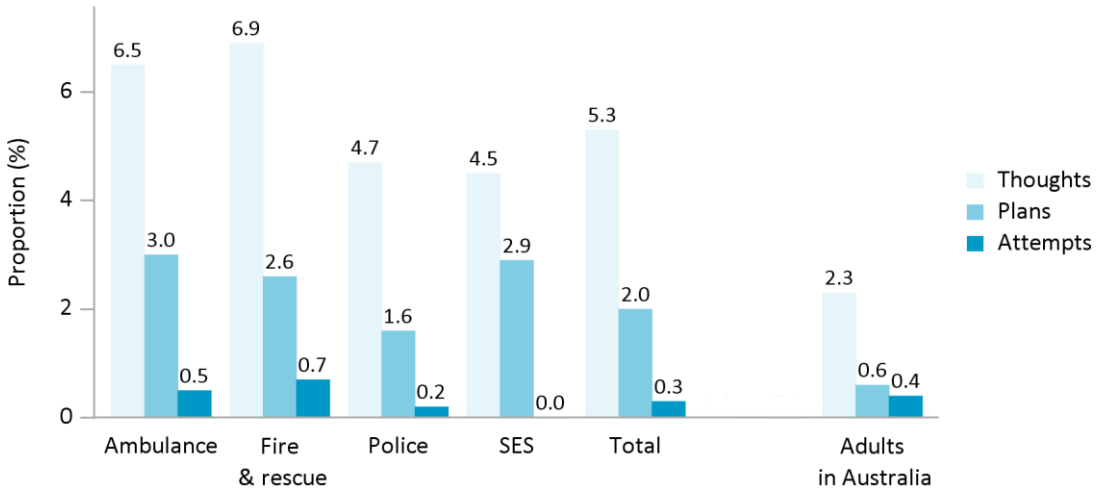
Suicidal thoughts and behaviours in the previous 12 months

Service factors associated with prevalence

A series of demographic statistics over the past 12 months were compared for each sector, operational status, location of residence, and length of service (Figure 3.1). In the past 12 months, police and emergency services employees had levels of suicidal thoughts (5%: 6,300 employees) around two times higher than the general adult population in Australia and suicidal planning (2%: 2,300 employees) around three times higher. Across all sectors, 0.3% of employees had attempted suicide in the past 12 months (350 employees). Fire and rescue, and ambulance services had the highest percentage of suicide thoughts, plans and attempts. Longer length of service was associated with significantly higher levels of suicidal thoughts, with 6% employees who had served for longer than 10 years thinking about suicide, compared to 2% of employees who had served for less than two years. There were no significant differences in suicidal thoughts and behaviours in terms of location of service and operational status.

Suicidal thoughts (6%: 13,400 volunteers) and planning (2%: 3,700 volunteers) of volunteers were significantly higher than the Australian adult population, while the rate of suicide attempts was comparable (0.4%: 920). There were no significant differences in levels of suicidal thoughts between sectors and length of service for volunteers.

Figure 3.1 Proportion of employees with suicidal thoughts or behaviours in the past 12 months, by sector



Demographic features associated with prevalence

Particular demographic factors were associated with heightened levels of suicidal thoughts and behaviours. In particular, employees who identified as LGBTI were associated with higher levels of suicidal thoughts (9%), planning (5%) and attempts (2%) compared to other employees (5%; 1%; 0.3% respectively). In terms of marital status, divorced or separated employees indicated higher suicidal thoughts and planning when compared with those currently in a relationship. No differences were evident for age and sex.

For volunteers, there were no notable differences in suicidal thoughts and behaviours between males and females or for different age groups. Volunteers who identified as LGBTI were more likely to plan suicide.

Prevalence of lifetime suicidal thoughts and behaviours

Service factors associated with prevalence

Compared with rates in the previous 12 months, a much higher number of employees reported suicidal thoughts (12%), planning (6%) and attempts (2%) at some stage in their life. These figures are comparable to all adults in Australia, of whom 13% thought about suicide, 4% planned and 3% attempted suicide, although this encompassed a broader range of older Australians (i.e. 16–85 years), who are higher in suicide risk than other age brackets. As such, it may not be a directly comparable figure.

Consistent with 12-month rates, the police sector had the lowest rates of lifetime suicidal thoughts, plans and attempts. Operational staff had a lower lifetime prevalence of suicidal thoughts (11%) than non-operational staff (15%) or both operational and non-operational combined roles (14%). In terms of service length, employees who served less than two years indicated a lower lifetime prevalence of suicidal thoughts (7%) and planning (3%). There was no notable difference in suicidal thoughts and behaviours between metropolitan and rural staff.

Volunteers had higher rates of lifetime suicidal thoughts (17%) and attempts (3%) than employees. No significant differences existed in rates of suicidal thoughts and behaviours between sectors for volunteers. Longer service periods as a volunteer were not associated with increased rates of suicidal thoughts and behaviours.

Demographic factors associated with prevalence

Older employees indicated higher levels of suicidal thoughts and behaviours. Specifically, a higher number of employees over the age of 45 years had suicidal thoughts (14%) and planning (7%) than employees under 35 years, but not attempts. Males and females indicated comparable levels of suicidal thoughts and behaviours.

Employees who were divorced or separated indicated higher levels of suicidal thoughts and planning. Employees who identified as LGBTI were associated with higher levels of lifetime suicidal thoughts (21%), planning (11%) and attempts (6%) than other employees.

For volunteers, females had the highest rates of attempts (5%), but did not have significantly higher thoughts or planning than males. LGBTI employees were associated with higher levels of suicidal thoughts (24%), plans (14%) and attempts (7%). Volunteers 55 years old and over had the lowest rates of suicidal thoughts (14%), planning (5%) and attempts (2%).

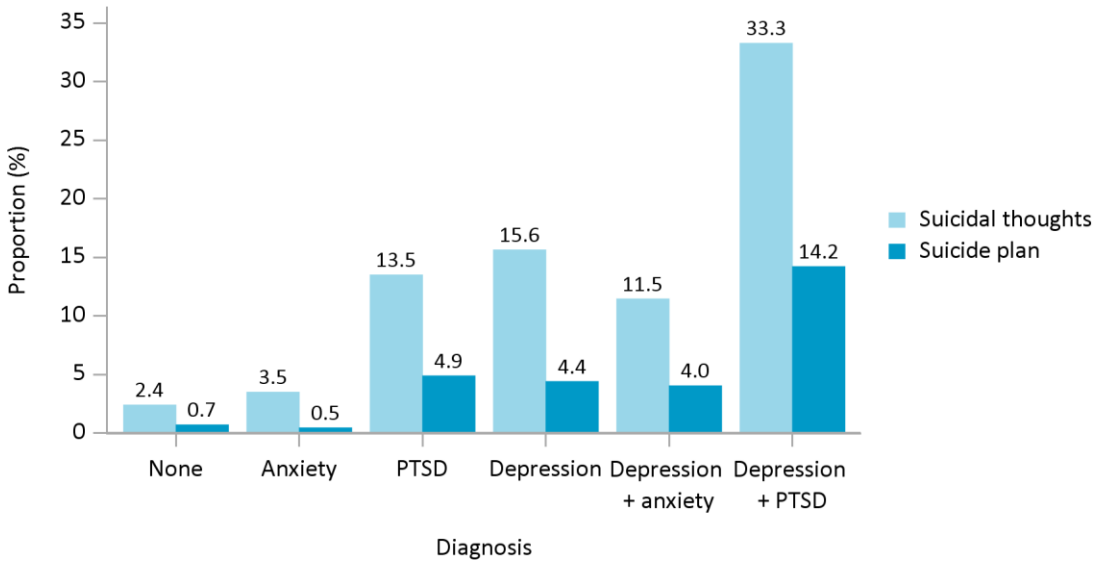
Mental health risk factors and suicide

Diagnosis of a mental health condition

A current diagnosis of depression or PTSD, but not anxiety, was associated with significantly higher levels of suicidal thinking and planning in the past 12 months than no current diagnosis, for both employees and volunteer (Figure 3.2). For employees, depression was associated with the highest levels of suicidal thoughts, as was PTSD for volunteers.

For both employees and volunteers, having more than one diagnosed mental health condition was associated with higher levels of suicidal thoughts and behaviours than experiencing one in isolation. A combination of depression and PTSD was associated with especially high levels of suicidal thoughts (33%), plans (14%) and attempts (1%) in the past 12 months for employees.

Figure 3.2: Proportion of employees with suicidal thoughts or planning in the past 12 months, by diagnosis



Psychological distress and hopelessness

Self-reported psychological distress was associated with higher levels of suicidal thoughts and behaviours. Employees (21%) and volunteers (36%) very high in psychological distress reported notably higher levels of suicidal thinking than those with lower levels of psychological distress.

Higher levels of hopelessness in general were associated with higher levels of suicidal thoughts and behaviours. Employees (47%) and volunteers (69%) who felt hopeless all the time were more likely to think about suicide, and also plan and attempt suicide.

Mental health protective factors and suicide

Social support

Higher social support was associated with lower suicidal thoughts and behaviour for employees and volunteers. For instance, roughly 20% of employees with low social support reported suicidal thoughts in the past 12 months, compared with 4% of employees with high social support. Promoting the benefits of social support both within and outside of the workplace may therefore be particularly important to ensure employees are protected from suicidal thoughts and behaviours.

Resilience

Similar to social support, higher resilience was associated with lower levels of suicidal thoughts and behaviours. Employees and volunteers with higher levels of resilience had levels of ideation, plans and attempts comparable to the general population. Workplace practices which bolster resilience, such as through providing support to staff, should be used to ensure an employee is resilient against harmful suicidal behaviours.

Protection against trauma and PTSD

Employees who experienced trauma in the workplace were more likely to report suicidal thoughts (6%) and planning (2%). However, of those who experienced trauma, having higher resilience and/or social support was associated with lower levels of suicidal thoughts and behaviours.

Of employees with a diagnosis of PTSD, those with higher levels of social support and resilience had significantly lower levels of suicidal thoughts. In addition, these rates were comparable to employees with no PTSD diagnosis and low levels of protective factors. Therefore, enhancing protective factors may be important on offsetting the effects of PTSD on suicidal thinking.

Summary

- Suicidal thoughts and planning of employees and volunteers were above the national averages for the general Australian population.
- Employees in the fire and rescue, and ambulance sectors had the highest levels of suicidal thoughts and behaviours.
- Levels of suicidal thoughts were comparable across all sectors (fire and rescue, ambulance, state emergency services) for volunteers.
- Higher levels of psychological distress, depression and PTSD were associated with higher suicidal thoughts and behaviours. A combination of PTSD and depression resulted in particularly high levels of suicidal thoughts.
- Employees with higher levels of social support and resilience reported lower levels of suicidal thoughts and behaviours, even if they had experienced trauma or were likely to have PTSD.

Chapter 4. Individual risk and protective factors

Overview

Having determined that suicidal thoughts and behaviours are associated with heightened psychological distress and lower resilience, this chapter explores how these mental health conditions are, in turn, influenced by personal factors and the nature of police and emergency services work.

Answering the call included questions regarding a range of risk and protective factors that may be associated with mental health and wellbeing, such as physical health, sleep quality and social support. Exposure to stressful events at work and outside work were also examined to determine if there were any differences in mental health and wellbeing outcomes that may be attributed to the work environment of the police and emergency services sector.

The measures used to gauge mental health and wellbeing, and their relationship to risk and protective factors, include:

- Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (Ng Fat et al., 2017)
- Kessler 10 measure of psychological distress (K10) (Furukawa et al., 2003)
- Post-Traumatic Stress Disorder (PTSD) screening scale (adaptation of the PCL-5 PTSD screening scale) (Blevins et al., 2015)
- Brief Resilience Scale (Smith et al., 2008)
- Shakespeare-Finch Social Support Scale (Shakespeare-Finch and Obst, 2011)

Results

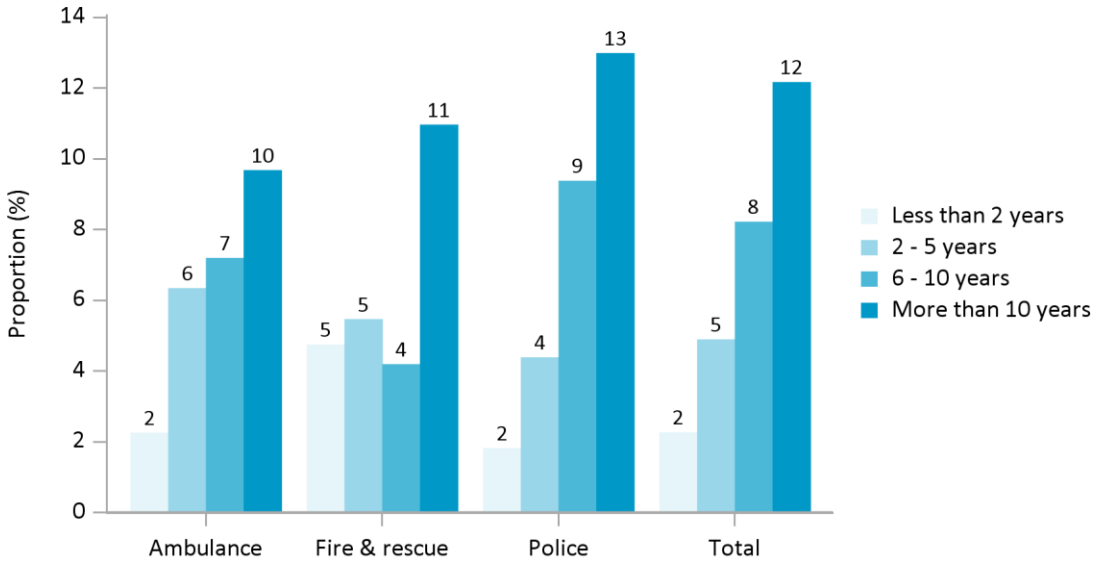
Demographic and work characteristics

Probable PTSD

A number of demographic and working characteristics were associated with mental health and wellbeing outcomes (Figure 4.1). Probable PTSD was higher among male employees compared with females, and peaked in those aged 45–54 years of age (13%). It was significantly lower among those working in metropolitan areas compared to those working in regional or rural areas (9% and 12% respectively). While operational status was not associated with prevalence of probable PTSD, length of service was, with an almost six-fold increase when comparing employees with less than two years of service (2%) to those with more than 10 years of service (12%).

For volunteers, the prevalence of probable PTSD did not vary significantly by age group, gender, area of residence, volunteer sector or length of service.

Figure 4.1: Proportion of employees with probable PTSD, by length of service and sector



Note: Numbers have not been presented for the state emergency service as numbers are too small to provide reliable estimates

Psychological distress

Thirty per cent of employees were identified to have high or very high psychological distress, which is two and a half times higher than the Australian general population (12%) (Australian Bureau of Statistics, 2015). There were no significant differences in level of psychological distress by age group. Further, contrary to Australian general population figures, there was no significant difference in the number of male and female employees with high or very high psychological distress. The prevalence of high or very high psychological distress did not vary significantly between sectors or operational status. However, psychological distress increased significantly with increasing length of service, and was almost twice as high among those who had spent 10 or more years in the service when compared to those who had spent less than two years employed in the service (32% and 17% respectively).

Like employees, there were no significant differences in levels of psychological distress between males and females, or area of residence for volunteers. There was also no significant relationship between measures of poor mental health and length of service for volunteers. In addition, younger volunteers were more likely to report high psychological distress.

Wellbeing

Approximately one third of police and emergency services employees had low levels of wellbeing and almost two-thirds (63%) had medium levels of wellbeing. However, the number of employees with low wellbeing levels was twice as high among those who had spent 10 or more years in the service when compared to those who had been in the service less than two years (34% and 16% respectively). Low levels of wellbeing were more commonly reported by those aged 35 to 64 years, when compared to younger and older employees. There were no significant differences in levels of wellbeing by gender. However, those living in regional or rural areas were more likely to report low levels of wellbeing when compared to those living in metropolitan areas.

For volunteers, there were no significant differences in wellbeing by length of service. Further, there was little variation in wellbeing with age, with the exception of those aged 65 years and over who had higher proportions of high wellbeing (15%). There were no significant differences by gender or area of residence.

Resilience

More than two thirds (69%) of employees with less than two years of service had high levels of resilience. Only half (52%) of those with 10 or more years of service had high levels of resilience. Employees under the age of 35 were more likely to have high resilience (59%) when compared with older employees. In addition, those in operational roles were significantly more likely to have high resilience when compared to those working in non-operational roles (57% and 49%, respectively).

For volunteers, high resilience was most common among those 65 years and over (79%), and male volunteers (68%). In contrast to employees, older volunteers had higher levels of resilience.

Exposure to stressful events

Employees were asked about whether they had been exposed to stressful events that had deeply affected them, either at work in the police and emergency services sector or at work outside the sector. This included traumatic events, personal injury, workplace conflict, demotion or dismissal and issues associated with management. Approximately two thirds of ambulance (67%) and police employees (65%) reported being exposed to a stressful event in the course of their work in the sector. This was significantly higher when compared to fire and rescue (60%) and state emergency service employees (48%). Roughly 40% of all employees reported experiencing stressful events only within the police and emergency services sector, while 18% indicated the event(s) occurred away from work in the sector.

Those employed in operational roles were more likely to report exposure to stressful events at work than compared with non-operational employees (70% and 42% respectively), and employees who had more than 10 years of service were seven times more likely to have experienced a stressful event at work compared to those with less than two years of service.

Prevalence of probable PTSD was four times higher among those who had experienced a stressful event at work in the sector when compared to those who had not been exposed. Importantly, PTSD rates were substantially higher for employees who experienced stressful events in the workplace (14%) when compared with those who experienced them away from work (6%) and those employees who indicated no stress (1%). Rates of probable PTSD and high and very high levels of psychological distress were substantially greater among those who had experienced a stressful event within their role when compared to those who had spent a similar amount of time in the service but had not been exposed to stressful events.

A significantly greater number of employees who had been exposed to a stressful event in the course of their work in the sector (35%) were classified as having low levels of wellbeing when compared to those who experienced stressful events away from work (25%) or were unexposed (21%).

Around half of ambulance volunteers reported experiencing a stressful event while volunteering or working in the sector. This was significantly higher than other sectors, where around one in three reported being exposed to a stressful event in the course of their role. In total, 23% indicated only experiencing a stressful event while volunteering or working in the sector, while 30% reported only experiencing stressors outside the sector and 16% experienced both.

Again, exposure to a stressful event was associated with higher rates of poor mental health, including probable PTSD and psychological distress, and lower levels of wellbeing and resilience when compared to volunteers who were not exposed. Experiencing stressful events while volunteering or working in the police and emergency services sector, and also away from work (9%) was associated with higher levels of PTSD than only experiencing stressful events away from sector (5%).

However, it's important to note that the nature of stressful events were slightly different between employees and volunteers. While a comparable proportion experienced trauma within the workplace, employees were more likely to also experience conflict with management or colleagues. This may partly account for why PTSD rates were lower among volunteers, and points to the effects of a lack of support in the development/reduction of mental health issues. There were no significant differences between employees and volunteers in the nature of stressful events away from the police and emergency services sector.

Table 4.1: Location stressful events occurred for employees, by sector, operational status and mental health issues

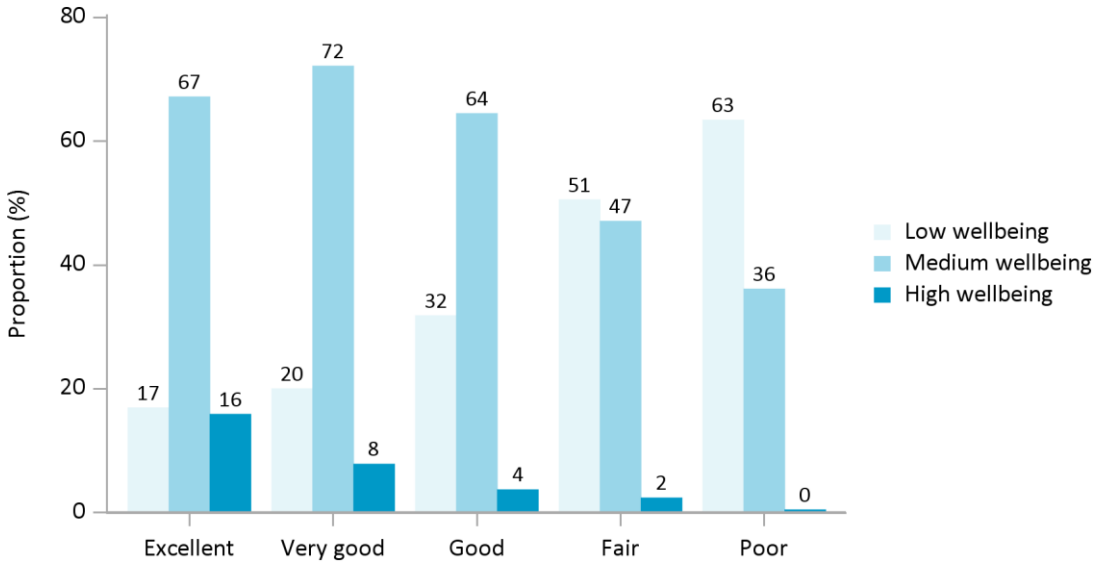
	Location stressful event occurred that deeply affected an employee			
	No stressful event	Away from work	At police and emergency services work	Both
	%	%	%	%
Sector:				
Ambulance	14.4	18.9	40.6	26.2
Fire and rescue	19.5	20.2	35.6	24.7
Police	17.1	17.7	41.0	24.2
State emergency service	14.9	37.0	26.7	21.4
Total	17.0	18.4	40.0	24.6
Has probable PTSD	0.6	6.0	13.7	13.5
High psychological distress (K10)	14.4	24.4	33.9	37.5
Low wellbeing	19.9	25.3	35.3	35.3
Low resilience	3.1	7.5	11.8	11.9

Physical health

Employees were asked to rate their physical health on a scale ranging from poor to excellent. Four in five employees rated their physical health as good or better, with the highest number in the fire and rescue sector (87%). Operational employees were more likely to report that their physical health was good or better when compared to non-operational employees (82% and 77% respectively).

The prevalence of probable PTSD, and elevated psychological distress, significantly increased with decreasing levels of physical health. Probable PTSD increased from 6% among those with excellent physical health to 28% among employees who reported poor health. Better physical health was also associated with higher levels of resilience and wellbeing (Figure 4.2). Among employees with excellent physical health, the distribution of wellbeing closely matched the general population. Among those with poor physical health, two thirds had low wellbeing, and almost none had high wellbeing.

Figure 4.2: Wellbeing among employees, by physical health status



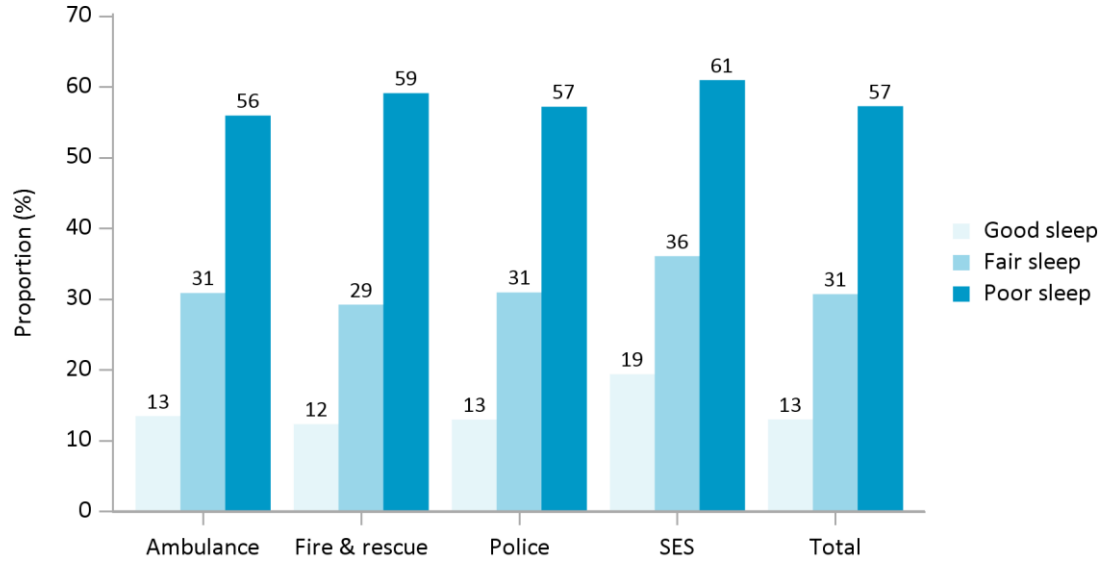
The vast majority of volunteers (84%) ranked their physical health as good or better. The prevalence of high and very high psychological distress increased significantly with decreasing physical health. Around 10% of those with excellent physical health reported high or very high psychological distress, whereas almost half (46%) of those with poor physical health had elevated levels of psychological distress. Again, high levels of physical health were associated with greater wellbeing and resilience.

Sleep quality

Sleep quality was classified as good, fair or poor. Good sleep quality peaked in those aged less than 35 years (39%) and was lowest among those aged 35–44 years (31%). Good quality sleep was more common among female employees compared with males (37% and 33% respectively). A significantly lower number of employees in the police sector reported good sleep quality (32%) when compared to employees in the ambulance (39%), fire and rescue (39%), and state emergency service (44%) sectors. The number of employees who reported good sleep quality declined with increasing length of time in the service. More than half (54%) of those who had spent less than two years in the sector reported good sleep quality, compared with less than one third of employees who had spent 10 or more years in the sector (31%). Those in operational roles were less likely to report good sleep when compared to those in non-operational roles (33% and 40% respectively).

The prevalence of probable PTSD, and high or very high psychological distress, increased significantly with decreasing levels of sleep quality. One in four employees with poor sleep quality were identified to have probable PTSD and more than half (57%) had high or very high psychological distress (Figure 4.3). In comparison, among those with good sleep quality, approximately 3% were identified to have probable PTSD and 13% had high or very high levels of psychological distress.

Figure 4.3: Proportion of employees with high or very high psychological distress, by sleep quality



More than half of volunteers (54%) reported good sleep quality. Again, the prevalence of high or very high psychological distress increased substantially with decreasing sleep quality, with about 7% of those with good sleep quality reporting high or very high levels of psychological distress. In comparison, among those with poor sleep quality, approximately half of volunteers had high or very high psychological distress.

Social support

Social support was assessed using the Shakespeare-Finch Two Way Social Support scale (Shakespeare-Finch and Obst, 2011). This scale provides a measure of the social support that an individual provides to family, friends, colleagues and the community (giving support), and the degree to which they receive social support from others (receiving support). Receiving support from others can be an important protective factor for supporting positive mental health and wellbeing and reducing psychological distress. When the ability to provide support to others is impaired, it can be an indicator of issues with mental health and wellbeing.

Most employees and volunteers in the police and emergency services sector had high levels of both giving and receiving social support. A higher number of employees experienced low levels of support compared with volunteers. Police had the lowest number of employees with high giving and high receiving social support (Table 4.2).

Table 4.2: Level of two-way social support in employees and volunteers, by sector

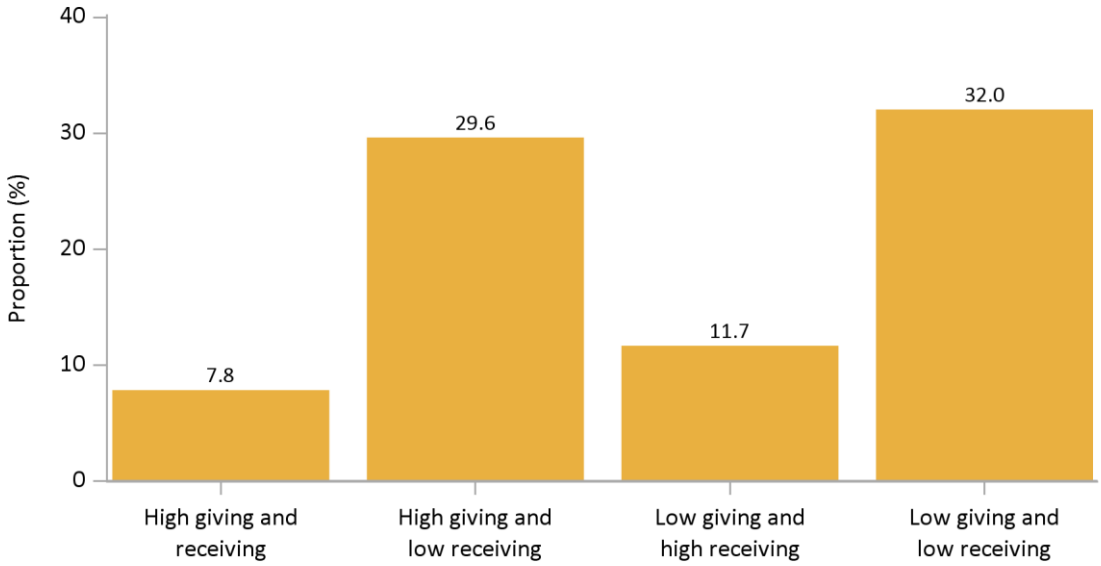
Social support	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)		Total (%)
Employees						
High giving and receiving	87.2	85.2	82.9	90.6		84.0
High giving and low receiving	5.0	5.9	5.5	4.4		5.5
Low giving and high receiving	5.7	5.9	8.5	3.7		7.6
Low giving and low receiving	2.1	3.0	3.1	1.2		2.9
Volunteers						
High giving and receiving	90.4	88.4		87.2		88.3
High giving and low receiving	4.1	3.3		6.1		3.6
Low giving and high receiving	4.5	6.7		4.9		6.4
Low giving and low receiving	1.0	1.7		1.9		1.7

The prevalence of probable PTSD and high and very high psychological distress was significantly higher among employees who received low levels of social support from others. Among those who received low levels of support, around 30% were identified to have probable PTSD. In contrast, the prevalence of probable PTSD among employees who received high levels of support was substantially lower (

Figure **4.4**). Of note, the levels of social support that an employee gave to others appeared to have relatively little impact on the prevalence of probable PTSD.

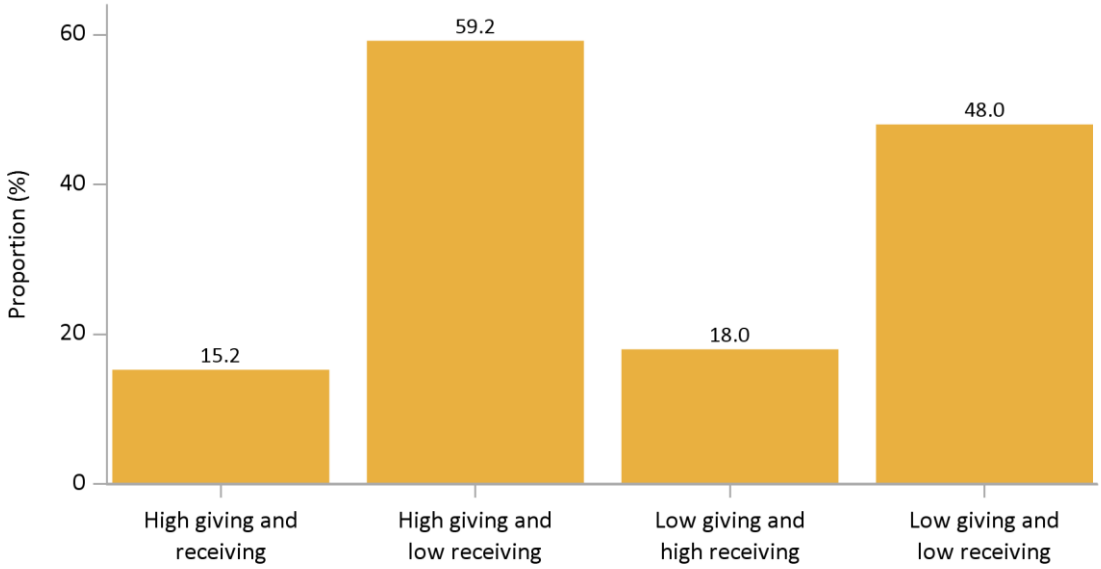
Social support was significantly associated with measures of positive wellbeing. Higher levels of resilience and wellbeing were reported among those who received high levels of social support from others.

Figure 4.4: Proportion of employees with probable PTSD, by two-way social support



The vast majority of volunteers gave and received high levels of social support. Again, the prevalence of probable PTSD and high or very high psychological distress was higher among volunteers who reported that they received low levels of support from others. Almost half of volunteers who received low levels of support from others reported high or very high psychological distress. In contrast, 15% of those who received and gave high levels of support, and 18% of those who received high levels of support but gave low levels had high or very high psychological distress (Figure 4.5).

Figure 4.5: Proportion of volunteers with high or very high psychological distress, by two-way social support



Summary

- Employees and volunteers in the early stages of their career (less than two years) had high-levels of mental wellbeing and very low levels of psychological distress, probable PTSD and suicidal thoughts.
- Employees with a longer length of service (10 or more years) had significantly higher levels of psychological distress, probable PTSD and suicidal thoughts, as well as low levels of wellbeing and low sleep quality compared to those with less than two years' service. This may represent the cumulative effects of trauma and stressful events experienced over the course of careers in the police and emergency services sector.
- Poor mental health, and lower levels of resilience and wellbeing, were associated with lower levels of physical health, poor sleep quality, and lower levels of social support.

Chapter 5. Substance use

Overview

While suicidal thoughts and behaviours (Chapter 3) and substance use are markedly different behaviours, both may represent ways to escape from the heightened psychological distress often associated with working in the police and emergency services sector. Excessive levels of alcohol consumption can have negative impacts on mental health and wellbeing. Understanding the prevalence of potentially harmful levels of alcohol and other drug use, and which factors are associated with their use, may assist in promoting more positive and effective coping mechanisms within each sector.

Alcohol use was collected using the AUDIT-C (Saunders et al., 1993) and an additional question on binge drinking. Participants were also asked about the use of illicit drugs and the use of prescription drugs for non-medical purposes. The National Health and Medical Research Council (NHMRC) specifies guidelines to reduce health risks from drinking alcohol (National Health and Medical Research Council, 2009). Short-term risk represents the increased risk of accident or injury due to alcohol consumption on any one day, while long-term harm represents the risk of developing alcohol-related diseases from regular drinking over a lifetime. Under these guidelines adults should drink no more than four standard drinks on any occasion to reduce risk of short-term harm, and no more than two standard drinks per day to reduce long-term harm. Higher risk categories were also considered, including drinking five or more standard drinks on a single occasion at least weekly (regular binge drinking), and drinking 10 or more standard drinks on a single occasion at least monthly.

As some respondents might feel uncomfortable answering questions about alcohol and drug use, the section was optional within the questionnaire, and respondents were given the option to skip to the next section. In total 5% of employees, and 5% of volunteers chose to skip this section of the questionnaire. The results presented in this section are based on the employees and volunteers who completed this section of the survey. As it's possible that people with higher levels of alcohol or drug use may have been more likely to feel uncomfortable about answering these questions and skip the section, these results may understate the full extent of alcohol and drug use in the police and emergency services sector.

Results

Employees

The survey found high rates of potentially harmful alcohol consumption in police and emergency services personnel (Table 5.1). About 50% of employees exceeded NHMRC alcohol guidelines for both short-term and long-term harm. Some 16% of employees drank five or more drinks in a single session at least weekly, and 17% had 10 or more drinks in a single session in the last month.

Table 5.1: Employees: Alcohol consumption, by sector

	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Frequency of drinking alcohol:					
Never	8.5	5.9	8.2	10.1	8.0
Monthly or less often	22.2	19.6	23.9	23.6	23.0
2–4 times a month	25.9	23.2	26.3	27.5	25.8
2–3 times a week	27.1	30.0	24.5	21.8	25.7
4 or more times a week	16.3	21.3	17.0	16.9	17.5
Five or more drinks on a single occasion:					
Never	32.4	27.2	30.2	38.8	30.1
Less than monthly	38.9	36.2	36.7	38.4	37.0
Monthly	15.2	18.0	17.1	12.5	16.9
Weekly	11.3	14.6	12.9	8.9	12.8
Daily	2.2	4.0	3.1	1.4	3.1
Drunk 10 or more standard drinks in a single session in the past 30 days	13.9	17.3	17.7	4.4	16.9
NHMRC guidelines to reduce health risks from drinking alcohol:					
Low risk	29.9	24.7	27.8	36.8	27.8
At risk of long-term harm	22.8	20.7	19.8	22.7	20.5
At risk of short-term and long-term harm	47.3	54.5	52.4	40.5	51.8

Volunteers

Levels of potentially harmful alcohol consumption were slightly lower in volunteers. Some 12% of volunteers drank five or more drinks in a single session at least weekly, and 7% had 10 or more drinks in a single session in the past month. Although lower than employees, a notable number of volunteers exceeded NHMRC alcohol guidelines for both short-term and long-term harm (34%) (

Table **5.2**). As directly comparative figures could not be obtained for the general Australian population for employees, a comparison to volunteers indicates that alcohol consumption among employees is especially risky.

Table 5.2: Volunteers: Alcohol consumption, by sector

	Ambulance (%)	Fire and rescue (%)	State emergency service (%)	Total (%)
Frequency of drinking alcohol:				
Never	19.1	11.3	13.9	11.8
Monthly or less often	22.0	19.1	26.9	20.0
2–4 times a month	21.8	22.4	22.6	22.4
2–3 times a week	22.0	23.0	20.6	22.8
4 or more times a week	15.2	24.2	16.0	23.1
Five or more drinks on a single occasion:				
Never	50.1	38.9	45.4	39.8
Less than monthly	33.3	36.2	36.0	36.1
Monthly	9.5	12.4	8.5	12.0
Weekly	4.5	9.7	7.8	9.4
Daily	2.6	2.8	2.3	2.7
Drunk 10 or more standard drinks in a single session in the past 30 days	2.8	7.2	5.1	6.8
NHMRC guidelines to reduce health risks from drinking alcohol:				
Low risk	57.5	42.4	50.4	43.7
At risk of long-term harm	17.5	22.2	21.2	22.0
At risk of short-term and long-term harm	25.0	35.4	28.4	34.3

Alcohol consumption and mental health and wellbeing

Higher rates of alcohol consumption were seen in employees and volunteers with high or very high psychological distress or probable PTSD.

One in four employees with probable PTSD drank five or more drinks in a single session at least weekly (25%), and 22% had drunk 10 or more drinks in a single session in the past month. Similarly, 22% of employees with high or very high levels of psychological distress had drunk five or more standard drinks in a single session at least weekly, and 22% had drunk 10 or more drinks in a single session in the past month.

While the rates of harmful alcohol consumption were lower in volunteers compared with employees, volunteers with probable PTSD or high or very high levels of psychological distress had higher rates of alcohol consumption than other volunteers. Some 15% of volunteers with probable PTSD drank five or more standard drinks at least weekly, and 9% had drunk 10 or more drinks in a single session in the past month. Similarly, 13% of volunteers with high or very high levels of psychological distress had drunk five or more drinks at least weekly, and 10% had drunk 10 or more drinks in a single session in the past month.

Illicit drugs

The survey collected information about illicit drug use, including the use of prescription medications for non-medical purposes and the use of illegal drugs. Around 5% of all employees indicated having used illicit drugs in the past 12 months. Yearly drug use was lowest among the police sector (1%) and highest in the ambulance sector (9%). This compares with 16% of Australians aged 14 or older participating in the 2016 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2016) who reported using illicit drugs within a 12-month period. Across the police and emergency services sector, 2% of employees used illicit drugs on a monthly basis, and 1% used illicit drugs on a daily basis, with no significant differences occurring between sectors.

There were notable differences in the types of drug use. About two thirds of employees who used illicit drugs in the past 12 months indicated using prescription drugs for non-medical purposes. In addition, more than a quarter of employees indicated using marijuana, over one in 10 used cocaine and about 9% used ecstasy.

Illicit drug use in the past year was more common in employees with probable PTSD (13%), or with high (8%) or very high (13%) psychological distress.

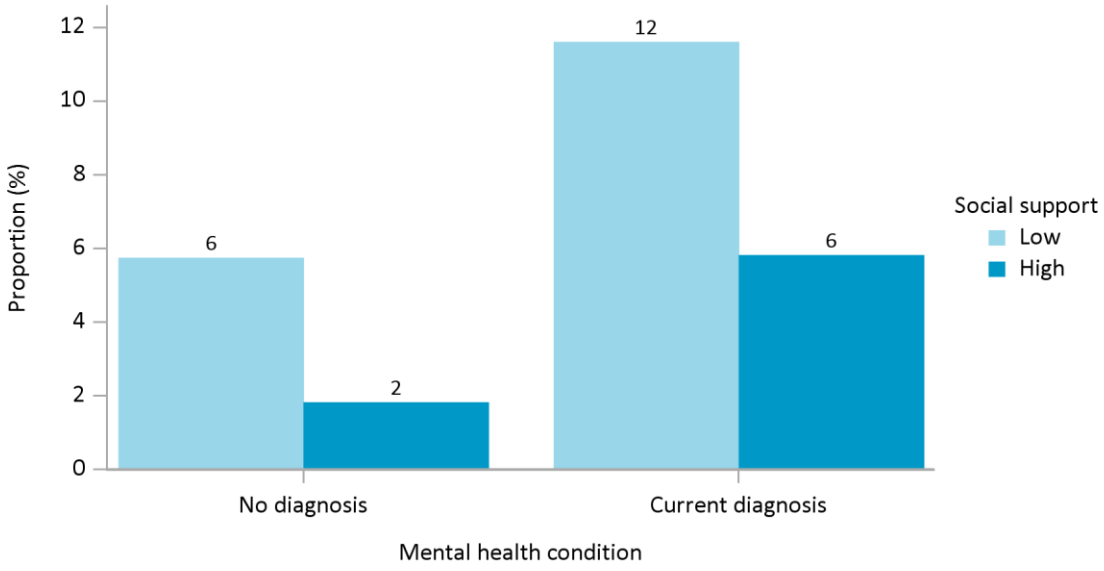
The prevalence of illicit drug use among volunteers was comparable to employees. About 3% of volunteers indicated using illicit drugs in the past 12 months, 2% used drugs monthly and 1% used drugs weekly.

Social support

While alcohol is often consumed in social settings, potentially harmful use of alcohol was more common in employees with low levels of social support.

For employees with a diagnosed current mental health condition, rates of daily binge drinking were lower among employees with high (6%) social support. In addition, the number of employees reporting daily binge drinking were comparable with employees with no diagnosis but had low levels of perceived social support (6%). Strong support networks may help assist in preventing dependence on unhealthy coping mechanisms, such as frequent high-risk alcohol consumption.

Figure 5.1: Proportion of employees reporting daily binge drinking, by mental health diagnosis and level of social support



Summary

- Employees and volunteers in the police and emergency services sector have high rates of potentially harmful levels of alcohol consumption.
- Rates of illicit drug use were comparatively low, with the highest number of employees using prescription drugs for non-medical purposes.
- Personnel with probable PTSD or high levels of psychological distress had the highest rates of harmful levels of drinking and illicit drug use.

Chapter 6. Risk and protective factors associated with the working environment

Overview

The working environment of employees and volunteers can have important effects on mental health and wellbeing, sickness and injury, stress, burnout and general quality of life. The way a workplace manages stress and social support may be particularly important in mitigating the effect of traumatic events and could prevent more harmful consequences (i.e. mental health conditions, substance use, and suicide). This chapter examines key characteristics of the psychosocial working environment (psychological and social aspects concerning work and working conditions) and how they relate to mental health and wellbeing. This chapter also reports the prevalence of assaults, bullying and discriminatory practices in the line of work, and their effects on psychological distress and wellbeing.

The psychosocial factors within a workplace are broad and can all have important influences on the mental health of employees (Kristensen et al, 2005; McCreary et al., 2006). *Answering the call* assessed the following psychosocial working environment factors:

- **Organisational support:** The level of support provided by management, such as allowing time off after a traumatic event and management recognition of work done.
- **Team cohesion:** The extent to which teams provide an inclusive environment and are available to support each other when needed.
- **Workplace stress:** The extent to which general workplace factors may cause stress, such as leadership styles, resource shortages, a negative team environment and excessive administrative duties.
- **Work influence**: The extent to which individuals can influence their workload and hours.
- **Work-life balance**: The extent to which work impacts on private life.

Learning about the environment of workplaces that are performing well on a number of mental health indicators provides some insight into how positive changes to mental health could occur. Higher and lower performing agencies for psychological distress, PTSD, wellbeing and resilience were compared. Differences were not calculated for volunteers, due to the smaller number of agencies assessed.

Both employees and volunteers who sought support for mental health conditions were also examined to see if workplace factors were associated with the likelihood of individuals seeking support when needed.

Results

Psychosocial workplace characteristics

Organisational support

A notable number of employees felt that their work was not recognised by management (36%) and that they were not being provided with time or opportunity to recover following a traumatic situation (34%). A lower number felt that they were not being treated fairly in the workplace (12%).

Between sectors there were differences in workplace factors, with more police (37%) and ambulance (33%) employees indicating inadequate time to recover compared with fire and rescue employees (21%), and state emergency service employees (12%). Time to recover may be particularly important following the experience of traumatic events in preventing future mental health conditions and could be targeted in workplace interventions to promote positive change.

Volunteers in general believed they had more support in the workplace. Only 14% of volunteers indicated not having their work recognised by management, and 6% not being treated fairly. Numbers were comparable across sectors.

Team cohesion

A high number of employees indicated perceptions of gossip in the workplace (71%), while a much lower number indicated having no-one around to open up to (18%). In addition, 37% indicated debriefs or discussions about issues experienced within the course of work were infrequent, and 32% indicated the workplace was not inclusive. Although gossip was high, there appeared to be some form of support available from the team when needed.

There were notable differences between sectors in terms of discussions of work experiences or debriefings. Some 42% of employees in the police sector indicated such discussions occurred infrequently or not at all, compared to only 22% of fire and rescue employees. Talking about emotional issues may be particularly important in minimising the effects of traumatic events on mental health.

State emergency service employees indicated the lowest level of gossip in the workplace (62%), while the police sector had the highest level (72%). Gossip may be associated with poorer mental health outcomes, and more positive working environments should be promoted.

Volunteers in general indicated a more supportive team environment, with lower levels of gossip (39%). Further, fewer volunteers indicated discussions of work events occurred infrequently (13%) and a lower number agreed that the workplace was not inclusive (13%).

Workplace stress

There were notable differences in the levels of stress associated with general workplace characteristics. For instance, 31% of employees indicated high levels of stress from staff shortages and authoritative leadership styles alike. In contrast, only 10% of employees indicated high levels of stress from not being able to talk about emotional issues with colleagues. A notable number also indicated high levels of stress from upper management (28%), unequal sharing of work responsibilities (19%), and sexual harassment or discrimination (14%). Employees in the state emergency service (35%) and police (33%) sectors tended to report higher levels of stress associated with staff or resource shortages when compared with ambulance (28%) and fire and rescue (22%) employees.

Volunteers indicated less stress from staff or resource shortages (17%), stress from senior management (19%) and authoritative leaders (21%) than employees.

Work influence

More than half of employees indicated limited influence over the amount of work assigned to them (56%), with the highest proportion evident in the ambulance sector (76%). A lower proportion of employees indicated limited influences over working hours (30%) and type of work (33%). A high percentage of state emergency service employees indicated limited influence over working hours (54%).

Volunteers indicated more influence over their work (32%) than employees. In addition, they noted more influence over the amount of work they were assigned (21%).

Work-life balance

A comparable number of employees indicated their work took up so much energy (27%) and time (24%) that it adversely affected their private life. In addition, 23% indicated limited flexibility over their work. The number of employees indicating limited flexibility over their work was lowest in the state emergency service.

A much lower number of volunteers indicated that their volunteer work took up so much energy (9%) and time (8%) that it adversely affected their private life. There were no significant differences between sectors.

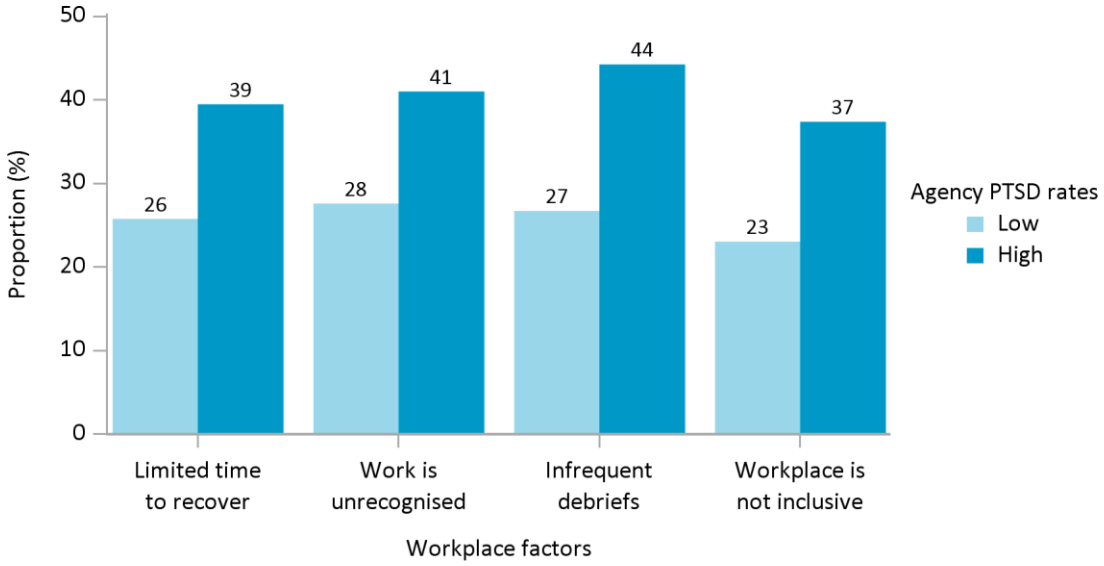
Psychosocial workplace characteristics and mental health

Psychological distress and PTSD

There were notable differences between agencies with rates high or low in psychological distress and probable PTSD with respect to certain workplace factors. Employees in agencies with higher rates of psychological distress and probable PTSD more often reported:

- limited time to recover from traumatic events
- infrequent discussions of experiences that occurred within the workplace
- non-inclusive workplaces
- work not being recognised by management
- The workplace operating in such a manner that it increased stress.

Figure 6.1: Proportions of employees with negative perceptions of workplace factors in agencies with higher and lower rates of probable PTSD

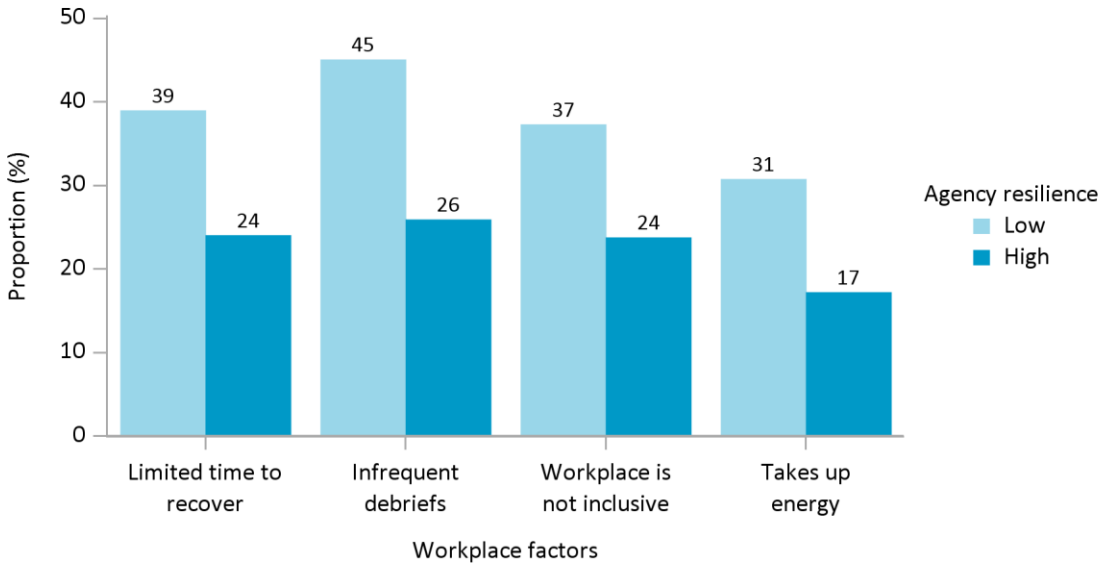


Wellbeing and resilience

In general, employees in agencies with lower rates of wellbeing and resilience indicated a poorer working environment. More specifically, employees in agencies lower in both factors more often reported:

- limited time to recover from critical incidents
- stress from unequal sharing of work responsibilities
- infrequent discussions of experiences that occurred within the workplace
- non-inclusive workplaces
- their work taking up so much energy that it negatively affected their private life
- stress from staff shortages.

Figure 6.2: Proportions of employees with negative perceptions of workplace factors in agencies with higher and lower rates of resilience



Suicidal thoughts and behaviours

Levels of suicidal thoughts and planning were relatively comparable across agencies, and as such, the following comparison is at an individual, rather than agency level. Employees who thought about or planned suicide in the past 12 months were more likely to report negative aspects of their workplace. In particular, a much higher number of those who thought about or planned for suicide indicated:

- their work taking up so much time and energy that it negatively affected their private life
- stress from upper management
- autocratic leadership (authoritarian leadership)
- no-one around to talk to.

Workplace factors and seeking support

Seeking support for mental health conditions

Of those employees who reported that they needed support for emotional or mental health issues, those who did not seek support were more negative regarding a variety of workplace factors. Employees who sought support more often reported being part of a supportive working environment, where they felt included, had someone to talk to and were able to take time off to recover from traumatic experiences occurring at work, when needed.

Whether employees were motivated to seek support because they believed they had a supportive workplace, or whether it was because they reached out to someone and found support, is unclear.

However, both situations represent positive aspects of the association between seeking support and a supportive workplace.

There was some overlap between volunteers and employees in terms of how supportive they perceived the workplace to be. A higher number of volunteers who did not seek support when needed noted they had no-one at work to talk to, and their work was often not recognised by management. In addition, they noted higher levels of gossip in the workplace.

Seeking support for a mental health condition through an employee's agency

Employees who sought support for an emotional or mental health issue were compared based on whether they sought support through their agency or not. The most notable workplace factor associated with seeking support through an employee's agency was being able to take time off after experiencing a traumatic situation at work, and to a lesser extent, having support from others in their team. This may indicate that employees who felt there was more support in the workplace were more comfortable to seek support through their organisation, or their experiences with seeking and receiving support showed them that support in the workplace is available when needed. In addition, employees who sought support through their agency also reported better sharing of work responsibilities within the workplace, which may allow them to take time off and seek support when needed.

Source of support within the workplace

Employees were asked how likely they were to receive support from a variety of sources within the workplace. Thirty eight percent of employees indicated being likely or very likely to receive support from human resources or senior management. On the other hand, almost 70% indicated being likely to receive support from co-workers. Therefore, employees indicated low levels of support from management when compared with their immediate teammates.

Volunteers indicated a higher likelihood of receiving support from human resources (67%) or senior management (64%) than employees. There were no notable differences in perceptions of how likely it would be to receive support from different sources in the workplace between sectors.

Bullying

Prevalence

Bullying was classified in terms of its frequency and the associated level of stress. About 20% of employees indicated they had some degree of exposure to bullying, with 8% experiencing moderate stress bullying (9,800 employees), 8% experiencing infrequent but high stress bullying (9,700 employees), and 3% experiencing frequent and high stress bullying (4,000 employees). There were no notable differences between sectors in the frequency and stress resulting from bullying. Employees who had served for less than two years were more likely to report no or limited exposure to bullying (93%). Females tended to report higher levels of frequent (5%) and infrequent (10%) high stress bullying than males. LGBTI employees were more likely to experience some form of bullying (26%) than employees with a straight sexual orientation (20%). There were no significant differences in terms of operational status.

In addition to other workplace factors, the volunteering working environment seemed to be more positive in terms of bullying, with 94% of employees indicating they had no or limited exposure to bullying. Around 3% (7,100) reported moderate stress bullying, 2% (4,700) infrequent but high stress bullying, and 1% (3,300) frequent and high stress bullying.

Bullying and wellbeing

Increases in the frequency and intensity of bullying were associated with decreases in wellbeing. While 26% of employees who had no or limited exposure to bullying had low levels of wellbeing, a much higher number were low in wellbeing if exposed to frequent and high stress bullying (62%).

A similar relationship between bullying and wellbeing was evident for volunteers. Specifically, 14% of volunteers who had no or limited exposure to bullying had low levels of wellbeing, while 54% of volunteers exposed to frequent, high stress bullying had low levels of wellbeing.

Assaults in the course of work

Physical assaults

Employees reported the frequency of physical and verbal assaults they encounter when undertaking work duties. Physical assaults in general were comparatively infrequent across all sectors. In total, 81% reported never or rarely being physical assaulted while performing work duties. However, 17% (20,300) of employees reported sometimes being assaulted. This is mainly accounted for by police (22%) and ambulance (12%) employees, who reported the highest frequency of physical assaults.

Numbers of assaults were lower for volunteers. A significantly higher number of volunteers indicated never being physically assaulted during the course of their work (89%). In particular, volunteers in the state emergency service (91%) and fire and rescue (90%) sectors reported higher numbers of never being assaulted.

Verbal assaults

A higher frequency of verbal assaults was evident across all sectors. Roughly half of all employees reported never or rarely being verbally assaulted. Approximately 27% (32,200) of employees indicated being assaulted sometimes, while 15% (17,700) were assaulted often and 7% (8,600) very often. Only 14% of ambulance employees and 19% of police employees reported never being verbally assaulted. Comparing all sectors, a higher number of ambulance employees indicated being verbally assaulted sometimes (37%), while a higher number of police employees were assaulted often (18%) or very often (10%). A higher number of all employees reported being verbally rather than physically assaulted, with employees in the ambulance and police services being the most likely to be assaulted verbally.

Similar to physical assaults, volunteers indicated lower numbers of verbal assaults than employees. In particular, 60% indicated never being verbally assaulted, with fire and rescue volunteers having the highest numbers (62%) and ambulance sector volunteers having the lowest number of those never assaulted (36%).

Assaults and psychological distress

Numbers of employees with very high levels of psychological distress were greater if an employee experienced physical attacks or assaults very frequently within the course of work (51%). In contrast, the highest number of employees in the low psychological distress category reported never experiencing attacks in the course of work (43%). Therefore, physical altercations may be associated with increased levels of psychological distress for employees.

In general, volunteers who were verbally assaulted more frequently were more likely to be higher in psychological distress. Of the volunteers with very high psychological distress, 20% were verbally assaulted sometimes, compared to only 6% of volunteers low in psychological distress. In contrast, 44% of volunteers very high in psychological distress were never assaulted verbally, compared to 66% of volunteers low in psychological distress. Rates of physical assault in volunteers were not high enough to explore associated psychological distress.

Incidents resulting in formal investigation

Prevalence of incidents

The frequency of work-related incidents resulting in a formal investigation and effects on the stress of employees was examined. Overall, more than half of all employees indicated they had been in an incident requiring formal investigation (52%). This was highest in the police sector (59%), and was less than 50% in each other sector.

Incidents and mental health

In general, incidents resulting in a formal investigation appeared to generate significant stress for employees, with only 3% of employees across all sectors reporting no stress at all. Some 78% of all employees reported moderate to extreme stress originating from the experience. Stress from incidents was relatively comparable between sectors. Numbers of employees with high or very high levels of psychological distress were significantly higher for those who experienced a workplace incident resulting in a formal investigation. Therefore, incidents resulting in a formal investigation were associated with poorer mental health.

Incidents resulting in adverse media attention

Prevalence of incidents

There was a significantly lower number of incidents involving media attention (21%) than formal investigation (52%). The police sector reported the greatest number of incidents (25%) when compared with other sectors.

Incidents and mental health

Like incidents resulting in a formal investigation, incidents associated with adverse media attention generated notable stress for employees. In total, 67% of employees reported moderate to extreme stress from incidents involving adverse media attention.

Summary

- There were large variations between support and stress factors in the workplace, with the most prominent factors being workplace gossip, the ability to influence workload and hours, and work not being recognised by management.
- Workplaces that had employees with better mental health tended to be higher in support and work-life balance, and lower in stress.
- While bullying was infrequent, it was associated with lower wellbeing.
- The majority of employees were not physically or verbally assaulted frequently, although when assaults did occur they were associated with high levels of stress. There was significant stress when incidents were coupled with formal investigations and adverse media attention.

Chapter 7. Stigma

Overview

People with mental health conditions may experience stigma from those around them. In addition, they may view their own mental health conditions with shame and as a burden on others. Not only does this impact personal relationships, it can also affect people at work. Perceptions of stigma within the workplace may reduce a willingness to seek support when needed, which can prolong experiences of psychological distress and mental health conditions. This chapter describes levels of stigma within the workplace, and how this relates to wellbeing and support seeking.

There are several aspects of stigma, pertaining to perceptions of one's own mental health conditions and those of others (Beyond Blue, 2015). Firstly, *self-stigma* was measured to assess employees' or volunteers' perceptions about their own mental health conditions. This included the following:

- **Shame** surrounding their mental health (i.e. embarrassed about their conditions and seeking support)
- **Burden** their mental health conditions placed on others
- **Experiences** with others, such as being treated fairly and not being avoided.

Secondly, the *personal stigma* employees or volunteers hold about the mental health of others was also assessed in two separate ways:

- **Knowledge** or ignorance surrounding mental health conditions (e.g. "If someone is experiencing anxiety or depression it's a sign of personal weakness.")
- **Burden** an individual's mental health condition places on others (e.g. "I would prefer not to have someone with anxiety or depression working on the same team as me.").

Lastly, several aspects of *workplace stigma* measured an employee's or volunteer's perceptions of the stigma within their workplace. There were as follows:

- **Perceived stigma** – the extent to which an employee or volunteer feels others in their workplace perceive mental health conditions to be avoidable and the fault of the person experiencing them, and also a burden on others in the workplace
- **Perceived organisational commitment** – whether an employee believed the organisation they were a part of was committed to and capable of enhancing the mental health of their work force
- **Structural stigma** – to what extent an employee or volunteer believes their organisation should support someone with a mental health condition.

Results

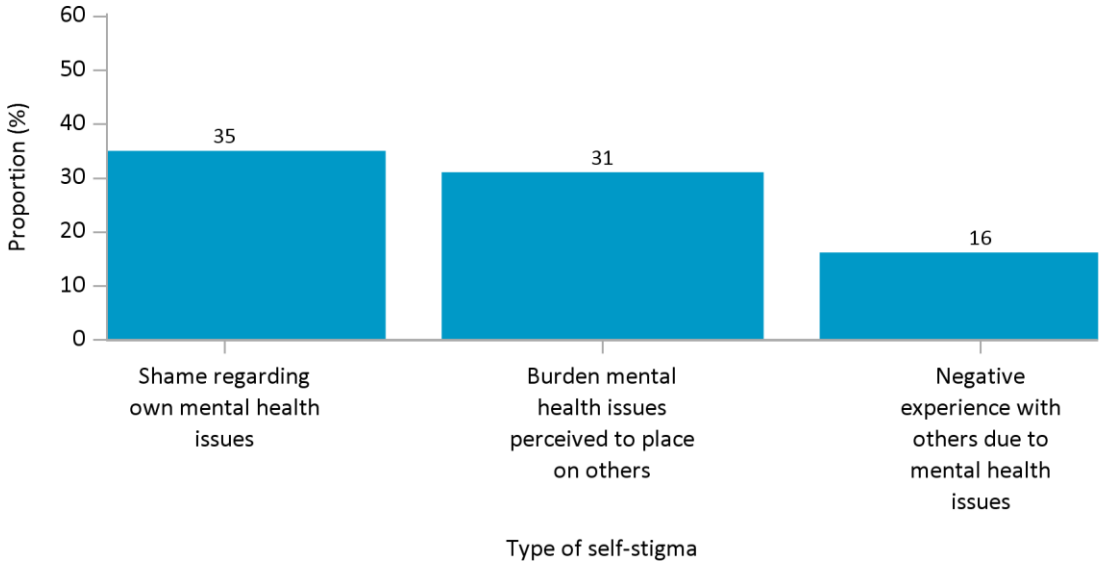
Self-stigma

Employees held notable levels of stigma surrounding their own mental health, such as the amount of shame they had about their mental health condition (33%) and the amount of burden it causes those around them (32%) (Figure 7.1). However, a lower number indicated negative experiences with others regarding their own mental health condition (17%), such as being avoided or being treated unfairly.

A high number of employees indicated they avoid telling people about their mental health condition (61%), while a comparatively lower number indicated they feel embarrassed about seeking professional support (36%). A high number also indicated they should be able to pull themselves together regarding their mental health condition (61%).

Volunteers indicated lower levels of stigma surrounding their own mental health than employees. In particular, they noted less shame (23%), burden (26%) and negative experiences with others (13%).

Figure 7.1: Proportion of employees with a mental health condition who had experienced stigma relating to their mental health



Personal stigma

Employees held considerably less stigma regarding the mental health of others when compared with their own. A very low number believed that mental health conditions are the fault of the individual experiencing them (1%). In addition, only 2% believed that mental health conditions were a burden on others. However, while only 23% of employees were neutral regarding the extent to which mental health conditions are the fault of the person experiencing them, a much higher number were neutral regarding the extent to which they were a burden on the team (47%). This may indicate a lower desire to work with someone who has a mental health condition, although they don't blame them for their experiences. Regardless, most employees held positive beliefs about the mental health of others.

Levels of personal stigma were comparable between employees and volunteers. A very low number of volunteers held beliefs that mental health conditions were the fault of the person experiencing them (1%), and a burden on the team (2%). Therefore, volunteers also held positive perceptions regarding the mental health conditions of others.

Notable aspects of personal stigma

There were some differences in aspects of personal stigma relating to the burden mental health conditions place on the team. In particular, 18% of employees indicated they would prefer to not have to work with someone who has depression, compared to 6% who indicated that it is difficult to trust what someone with depression tells you. Few employees indicated stigmatising beliefs that anxiety or depression are a sign of weakness (3%), that anxiety and depression are avoidable (5%), or that someone experiencing anxiety or depression is able to 'snap out of it if they wanted to' (4%).

Workplace stigma

There were notable differences in types of workplace stigma across sectors. Roughly a quarter of employees believed others within their organisation perceive mental health conditions as the fault of the individual experiencing them and a burden on those around them (26%). Almost two thirds of employees were neutral on the matter (i.e. neither agreed nor disagreed).

Ten per cent of employees believed their organisation was not committed to helping address stigma, and almost three quarters were neutral. Therefore, most employees were not positive regarding their agencies' commitment to supporting people with mental health conditions. This is particularly problematic as it may indicate a working environment less conducive to the wellbeing of employees and may pose a barrier to seeking support.

In terms of structural stigma, a high number of employees (91%) and volunteers (90%) indicated beliefs that their organisation should support someone with a mental health condition. Therefore, structural stigma was generally viewed in a positive manner.

Notable aspects of workplace stigma

There were significant differences in perceived and organisational stigma (

Table **7.1**). A high number of employees believed that employees within the organisation would be hesitant to disclose that they were experiencing mental health related issues (68%). The highest number existed in the police sector (72%), and the lowest in the state emergency service sector (51%). In addition, 46% of employees indicated that others in the workplace would not want to work with someone who has anxiety or depression.

A low number of employees agreed with the sentiment that when people within their organisation recover from a mental health condition, their career is unaffected (16%). A much higher number of employees across sectors believed that their immediate colleagues are supportive of those experiencing mental health-related conditions (54%) and that their organisation is committed to promoting mental health (50%).

The police sector had the highest number of employees experiencing stigma from colleagues (31%). In addition, the police sector had the highest number of employees who believed their organisation was not committed to promoting mental health (44%). Structural stigma was largely comparable across the sectors, with most believing their organisation should support employees with a mental health condition. Therefore, in general the police sector appeared to be associated with a higher level of stigma within the workplace.

Table 7.1: Employees' perceptions of workplace stigma

	Ambulance	Fire and rescue	Police	State emergency service	Total
	Proportion of employees who agree (%)				
Perceived stigma:					
Hesitant to disclose a mental health related issue	57.5	59.7	71.7	50.2	67.5
Prefer not to work with someone with depression	30.0	40.1	50.5	26.3	45.5
Someone with a mental health issue cannot be taken as seriously	14.6	19.9	30.9	17.4	26.5
Organisational stigma:					
Manager is supportive of mental health issues	51.7	58.2	47.3	55.1	49.7
Colleagues are supportive	62.0	60.9	51.0	59.8	54.3
Career is unaffected by mental health issues	19.5	20.5	14.0	12.8	15.8
Organisation is committed to making changes to promote mental health and wellbeing	59.7	59.9	44.4	54.1	49.2
Organisation has the skills and resources to make changes that promote mental health and wellbeing	52.0	49.7	38.0	42.0	42.0

Self-stigma and workplace stigma

Employees who had negative experiences with others regarding their own mental health were more likely to perceive stigma in relation to their own mental health and the workplace. Perceptions of stigma from colleagues were higher if more employees had negative experiences with others (e.g. being avoided or treated unfairly due to mental health conditions). In addition, they were more likely to perceive their organisation as being uncommitted to promoting mental health and also to hold more shame regarding their own mental health. Awareness programs may help in reducing negative experiences with others, which in turn could impact general perceptions of stigma within the workplace.

An employee was more likely to hold shame around their own mental health if they believed their organisation was uncommitted to mental health and that colleagues held stigma around mental health.

Workplace stigma and mental health

Stigma and diagnosis of a mental health condition

The stigma employees feel or experience, and perceptions of stigma in the workplace were compared between employees who have had a prior diagnosis of a mental health condition or those who believed they have an undiagnosed mental health condition. Employees with a diagnosed mental health condition were more likely to have self-stigma than employees who believe they had a mental health condition that went undiagnosed. In particular, those with a diagnosed condition indicated a higher number of negative experiences with others due to their mental health conditions (18%) and higher levels of perceived burden on others (32%). However, they also indicated lower levels of shame surrounding their mental health (33%). This indicates that some employees may be

experiencing high levels of psychological distress, but shame prevents them from seeking support for an issue which might be diagnosed by a health professional.

Employees with a prior diagnosis were more likely to hold lower personal stigma. In particular, they were more positive regarding the mental health of others, potentially due to their own experiences with mental health conditions.

In terms of workplace stigma, employees with a diagnosed mental health condition were more likely to sense that their organisation was not committed to promoting positive mental health (14%) and also sensed more stigma from colleagues (33%).

Stigma and mental health factors

Agencies with higher or lower numbers of employees with PTSD were compared in terms of the stigma they sensed within the workplace. Employees from agencies with higher probable levels of PTSD sensed higher levels of stigma from colleagues (32%) and that their organisation was not committed to promoting mental health (14%).

There were more notable differences in experiences of stigma between agencies with higher or lower average wellbeing. Specifically, agencies with higher wellbeing were associated with lower perceptions of organisational stigma (4%) than agencies lower in wellbeing (15%). In addition, 36% of employees from agencies lower in wellbeing sensed stigma from their colleagues, compared to only 10% of those higher in wellbeing.

Employees from agencies with higher levels of wellbeing had lower levels of self-stigma. In particular, 26% held shame about their own mental health conditions, compared to 38% of employees from agencies with lower wellbeing. A lower number of employees high in wellbeing also believed their mental health to be a burden on those around them. Fewer employees indicated being avoided or treated unfairly due to mental health conditions. In summary, lower rates of self-stigma and stigma in the workplace may be associated with positive mental health outcomes.

Workplace stigma and culture

Organisations with personnel reporting higher levels of stigma were identified and compared with organisations whose personnel reported lower levels of stigma. The following factors were more prevalent in workplaces where greater numbers of employees perceived stigma from colleagues and the organisation:

- Infrequent discussions of workplace experiences
- Limited time off to recover
- Non-inclusive workplace
- Staff shortages
- Poor sharing of work responsibilities.

These findings may suggest that supporting employees and minimising stress from overworking may reduce perceptions of stigma. Whether stigma is a direct effect of workplace factors, or indirect through improved mental health, is a question for future research.

Workplace stigma and seeking support

Seeking general support

Stigma-related factors were compared for individuals with a prior mental health diagnosis, based on whether they sought support for a mental health condition when needed. Employees who sought support for a mental health issue when needed were more positive about several aspects of stigma. Specifically, those who sought support had lower levels of personal and self-stigma. In addition, a lower number reported perceptions of stigma from their colleagues. Therefore, a variety of factors relating to stigma may influence a person seeking support.

Seeking support through an organisation

There were several differences in terms of stigma that were reported by employees who sought support through their organisation when needed and those who did not. Employees who did not seek support through their organisation reported higher perceptions of stigma from colleagues and lower levels of their organisation's commitment and ability to support them. In addition, they indicated higher levels of shame surrounding their own mental health. This suggests that a combination of personal and workplace factors may contribute to an employee's decision to seek support through their organisation.

Summary

- Employees and volunteers generally held more stigma surrounding their own mental health than that of others. They also tended to believe that others in the workplace held negative beliefs or a low commitment to support those with mental health conditions.
- Agencies with lower employee wellbeing, and higher PTSD rates, were associated with higher levels of stigma
- Employees were less likely to seek support generally and through their organisation if they held stigma surrounding their own mental health, and believed their organisation was uncommitted or lacking the resources to promote mental health.

Chapter 8. Seeking Support

Overview

This chapter reports on the use of health and support services by employees and volunteers experiencing emotional or mental health issues. Seeking support is important in recovering from traumatic events and heightened levels of psychological distress associated with working in the police and emergency services sector. This chapter also examines barriers that may prevent employees and volunteers from seeking support, or receiving adequate support for their level of need.

Answering the call included a broad range of questions relating to seeking support. This included:

- the perceived need for support for emotional or mental health issues
- the types of services accessed by those who felt they needed support
- barriers to seeking support
- the use of mental health related support mechanisms provided by the organisation.

Results

Perceived need for support

Employees

More than one in three current employees felt they needed support for an emotional or mental health issue in the past 12 months. There was some variation by sector, with the highest rate of perceived need in the ambulance sector (42%) and the lowest among those working in the fire and rescue sector (32%).

Mental health factors were strongly associated with a need for support. The number of employees with very high psychological distress, who identified a need for support, was more than five times higher than compared to those with lower levels of psychological distress. About four in five employees with probable PTSD (81%) identified a need for support compared with 32% of those without PTSD. The need for support increased in relation to the severity of the emotional or mental health issue, with almost all (94%) of those with severe PTSD identifying a need for support.

Volunteers

About one in five volunteers (19%) identified that they felt that they needed support in the past 12 months. The number was highest among state emergency service volunteers (24%) and lowest among fire and rescue volunteers (19%). Three in four volunteers with very high psychological distress, and four in five volunteers with probable PTSD, identified a need for support in the past year.

Sought support or treatment

Employees

If an employee indicated that they needed support for a perceived emotional or mental health issue, they were asked whether they sought support in a general manner. For instance, this could include accessing formal services, debriefs, and seeking support from friends or family. Three in four employees who reported that they needed support for an emotional or mental health issue in the previous 12 months sought support. There was no significant variation in seeking support by sector, age group, gender or length of time in the organisation. However, a higher number of those with a previous mental health diagnosis sought support compared to those without (86% and 60% respectively). Of note, there were no significant differences in seeking support by level of psychological distress or probable PTSD, and the number did not increase significantly with

increasing functional impairment associated with mental health conditions. This indicates that the majority of employees took positive steps to address their mental health issues.

More than half of employees who sought support for an emotional or mental health issue did so within one month of identifying a need. Those working in the fire and rescue sector tended to delay seeking treatment when compared to those working in other sectors. Employees with a previous mental health diagnosis, very high levels of psychological distress and probable PTSD, tended to have lower rates of treatment seeking within one month of identifying need when compared to others. Further, those with severe PTSD, or very high functional impairment due to psychological distress, were more likely to delay seeking treatment when compared to those with lower levels of severity in mental health conditions or levels of psychological distress.

Volunteers

Seventy-eight per cent of volunteers who identified a need for support subsequently sought support or treatment. Rates of treatment seeking did not vary significantly by sector, age group or gender. There was no significant difference in rates of treatment seeking by level of psychological distress, or by the level of functional impairment due to psychological distress symptoms. However, those with a previous diagnosis of a mental health condition were more likely to seek support than those without (87% and 56% respectively), as were those with probable PTSD (88% and 76% respectively).

Forty-five percent of volunteers who sought support for a mental health condition did so within one month of identifying a need. As with employees, volunteers with very high levels of psychological distress and PTSD appeared to delay seeking treatment when compared to others.

Received adequate support

Employees

About half of employees who accessed treatment for emotional or mental health issues felt that they received adequate support. This varied somewhat by sector, with a higher number of those working in the ambulance sector reporting that they received adequate support (59%) when compared to those working in the police (53%) and fire and rescue (47%) sectors. While relatively low, this figure is comparable with population figures from the 2007 National Survey of Mental Health and Wellbeing, which identified that 45% of those with a need for services considered that their needs were met (Meadows and Burgess, 2009).

A lower number of those with a prior mental health condition felt they received adequate support when compared to those with no mental health condition (50% and 61% respectively). Also, inadequate support was associated with increasing levels of psychological distress and probable PTSD. Among those with severe PTSD, 45% felt they needed a lot more support for their emotional or mental health issues than what they received.

Volunteers

Sixty five percent of volunteers who accessed support for their emotional or mental issues felt they received as much support as they needed. There were no significant differences in the perceived level of support received by sector, across age groups or by gender.

While the number of those with a prior mental health diagnosis who reported that they received adequate support was lower than the number with no prior diagnosis, these differences were not significant. However, those with probable PTSD were significantly less likely to identify that they received adequate support (45%) compared to those without probable PTSD (70%).

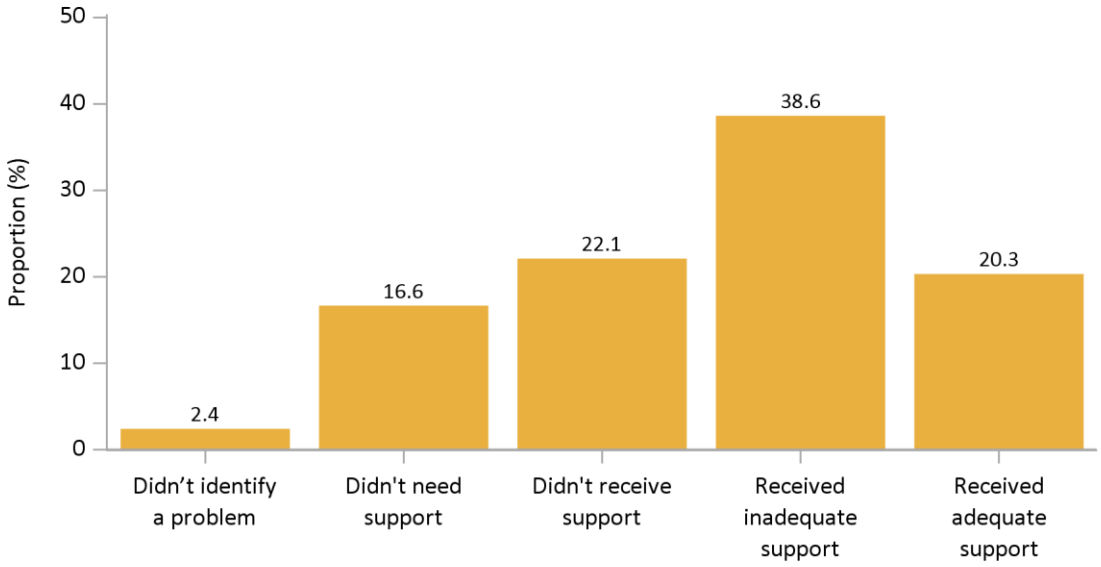
Barriers to seeking support

Employees

A primary barrier to seeking support is recognising a need. Among employees, 12% (2,900 employees) of those with high levels of psychological distress, and 2% (260 employees) of those with very high psychological distress, did not identify that they had any emotional or mental health issues. Twenty-eight per cent of those with high psychological distress (6,700 employees), and 18% with very high psychological distress (2,000 employees), identified that they had emotional or mental health issues but did not feel the need to seek treatment.

Among employees with probable PTSD, 2% (280 employees) did not identify that they had any emotional or mental health issues and 17% (2,000 employees) identified that they had emotional or mental issues but did not feel that they needed support (Figure 8.1). This suggests that some employees with mental health issues may not be aware of their mental health issues, or they may believe that they are able to manage their mental health issues on their own. This suggests lower rates of mental health literacy among some employees.

Figure 8.1: Seeking support and perceived needs for support among employees with probable PTSD



Among employees who did not seek treatment for emotional or mental health issues, or who delayed seeking treatment, the most common barrier was that they preferred to deal with their issues themselves, or with their families and friends (77%). More than half indicated that they felt people would treat them differently if they sought support (54%), and a similar number felt that seeking treatment for emotional or mental health issues would harm their career prospects (52%). Males were more likely to identify concerns about confidentiality, impact on career prospects, and not being able to do operational work, as potential barriers to seeking treatment, compared with females.

The number of employees with probable PTSD who identified barriers to seeking treatment was substantially higher than those without probable PTSD. The majority of those with probable PTSD who didn’t access services, or delayed seeking treatment, felt that they would be treated differently or be seen as weak by seeking support. More than two thirds felt that seeking support may affect their career prospects or that they would be a burden to their team or family. More than half were concerned about negatively affecting colleagues or being prevented from doing operational work as a result of seeking support for mental or emotional conditions. About one in five employees, who

did not seek support or delayed seeking treatment, indicated that they did not believe mental health treatments were effective.

Volunteers

Among volunteers, 3% of those with probable PTSD (280 volunteers) or very high levels of psychological distress (290 volunteers), and 18% with high psychological distress (5,500 volunteers), did not identify that they had any mental or emotional conditions in the past 12 months. Almost one quarter (23%) of volunteers who had very high levels of psychological distress, and one third (32%) of those with high psychological distress recognised that they had emotional or mental health issues but felt they didn't need any support for these issues. Further, one in five volunteers with probable PTSD identified that they had an issue but didn't feel like they needed support for it.

Among those volunteers who didn't seek support, or delayed seeking support for more than one year, the most common barrier was that they preferred to deal with their issues themselves or with family and friends. About one third were concerned that they would be treated differently, and a similar number indicated that they were concerned it would negatively affect their colleagues.

Organisational support type

Employees

The most commonly accessed type of support was formal or informal debriefings with a manager or work colleagues. More than one in three employees (38%) used this service (

Table **8.1**). Employees working in the ambulance sector more commonly identified using many of the types of support when compared to others. This includes formal or informal debriefings, specialist psychologist or psychiatrist services, online training/programs for mental and physical self-care, peer support programs, face-to-face training /programs for mental and physical self-care, and suicide awareness training.

While some types of support offered were not commonly accessed by employees, those that were tended to be rated as very or extremely useful by the employees who accessed them. About 65% of those who accessed specialist psychological or psychiatric services, or had a change in role to support recovery, considered the support to be quite or extremely useful.

Further, about half of employees who accessed a peer support program, debriefing, mental health first aid training, and face-to-face training or programs for mental and physical self-care found them quite or extremely useful. In contrast, 17% of employees who participated in anti-bullying training and programs considered them not at all useful. Thirteen per cent of employees who received online training or programs for mental and physical self-care, and 12% of those who accessed an employee assistance program or other employer provided counselling service, considered them not at all useful.

Table 8.1: Proportion of employees who had accessed employer-provided support programs and usefulness of support type

Support type	Accessed support	Usefulness of support type	
	Yes (%)	A bit or moderately (%)	Quite or extremely (%)
Peer support program	12.1	39.5	55.3
Formal or informal debriefings with a manager or work colleagues	38.1	39.1	56.4
Mental health first-aid training	11.4	44.8	48.7
Employee assistance program (EAP) or other employer provided counselling service	13.7	40.4	47.6
Specialist psychological or psychiatric services	8.5	29.9	65.3
Changes in job/role designed to support recovery	3.3	27.8	65.7
Anti-bullying training/program	10.2	53.7	28.9
Online training/program for mental and physical self-care	15.4	59.1	27.9
Face-to-face training/program for mental and physical self-care	7.0	45.4	48.7
Suicide awareness and prevention education/program	5.4	48.0	43.7
Chaplaincy services	5.7	38.7	51.6
Wellbeing checks or annual mental health check-ups	6.3	41.3	48.4
Substance abuse program	0.6	39.9	42.5
Anger management program	0.3	31.4	54.9
Other	0.5	26.1	67.9

Volunteers

Volunteers did not commonly access programs, services and training programs that related to improving mental health and wellbeing in the previous 12 months. The most commonly accessed type of support was formal or informal debriefings with a manager or work colleague (30%). Around one in 20 volunteers accessed peer support programs, mental health first aid training, employee assistance programs or other employee provided counselling services, and chaplaincy services. While few volunteers indicated that they made use of support mechanisms offered by the organisation, when accessed, the majority of programs appeared to be useful. Sixty-five per cent of those who made use of formal or informal debriefings found them quite or extremely useful. While not commonly accessed, more than 70% of volunteers reported that peer support programs, face-to-face training or programs for physical and mental health care, and suicide awareness and prevention programs were quite or extremely useful.

Summary

- A notable number of employees and volunteers felt they needed support for emotional issues in the previous 12 months, with more than half seeking support within a month of identifying a need.
- A high number of employees reported not accessing support due to wanting to deal with their issues by themselves or with family/friends, the harm to their career or being treated negatively.
- Not all employees who reported symptoms of a mental health condition thought that they needed support or chose not to seek support, and a large number reported receiving inadequate support.
- While the use of organisational support was relatively low – particularly among volunteers – those who did access programs rated their usefulness highly.

Chapter 9. Workers' compensation

Overview

The rate of workers' compensation claims related to mental health conditions or psychological injuries in the police, fire and rescue and ambulance sectors is about 10 times higher than in the Australian workforce overall. Mental health conditions, including PTSD, are more common in police and emergency services than the population at large, therefore, the experiences of employees and volunteers with similar workers' compensation claims were examined in *Answering the call*.

The process of lodging a workers' compensation claim, and having the claim assessed and adjudicated may be challenging for people who are experiencing symptoms of mental health conditions. To prevent symptoms worsening and to aid recovery, it's important that the workers' compensation process is as supportive and stress free as possible. This chapter explores employees' experiences with the workers' compensation claims process related to claims for mental health conditions.

Results

Number of workers' compensation claims

Approximately 14% (16,000) of employees reported having made one or more workers' compensation claims associated with psychological trauma, stress or mental health conditions resulting from workplace incidents during the course of their career (Table 9.1). The highest number of claims occurred among employees in the police sector, who were most likely to have made a claim once (11%) or multiple times (5%).

Operational employees were most likely to have made a workers' compensation claim once or more than once, which may represent their increased exposure to traumatic scenarios in the line of duty. Further, employees who had a longer length of service were more likely to report having made a workers' compensation claim. This also represents the increased likelihood of experiencing psychological trauma, burnout or stressful experiences over time. Males (5%) were significantly more likely to have made a claim more than once when compared with females (3%).

Rates of workers' compensation experiences were comparatively low for volunteers. The highest number of claims occurred for the fire and rescue sector (1.3%).

Table 9.1: Proportion of employees who have made a workers' compensation claim as a result of psychological trauma, stress or a mental health condition sustained during the course of work, by sector, operational status, length of service, and gender.

	Employees who have ever made a workers' compensation claim for mental health related factors associated with working duties (%)	
	Once	More than once
Sector:		
Ambulance	7.8	3.4
Fire and rescue	6.0	2.0
Police	10.6	4.9
State emergency service	7.1	n.p.
Total	9.5	4.2
Operational status:		
Operational	9.7	4.5
Non-operational	7.3	2.8
Both operational and non-operational	11.2	4.6
Length of service:		
Less than 2 years	1.9	n.p.
2 –5 years	2.2	0.8
6–10 years	6.4	2.4
More than 10 years	12.4	5.7
Sex:		
Male	9.8	5.0
Female	8.9	2.8

n.p. Not available for publication because of small sample size, but included in totals where applicable

Impact of the workers' compensation claims experience

For employees who had gone through the process of a workers' compensation claim related to mental health, the majority reported a negative experience associated with the process. Specifically, 61% of employees reported a negative impact on their recovery. There were no statistically significant differences between sectors in terms of experiences with the claims process. Less than 20% of employees reported a positive impact on their recovery. Overall, the general impact of the process appeared to be unhelpful or detrimental to employees' recovery.

Supportiveness during claims experience

Employees who had made a workers' compensation claim due to work-related mental health conditions or psychological injuries were asked how supportive they found the claims experience. Overall employees lodging a claim did not find the experience very supportive. Across all sectors, 69% of employees indicated no or only a small amount of support. Supportiveness through the process was generally comparable across sectors, although employees in the ambulance sector indicated a higher degree of supportiveness than the average.

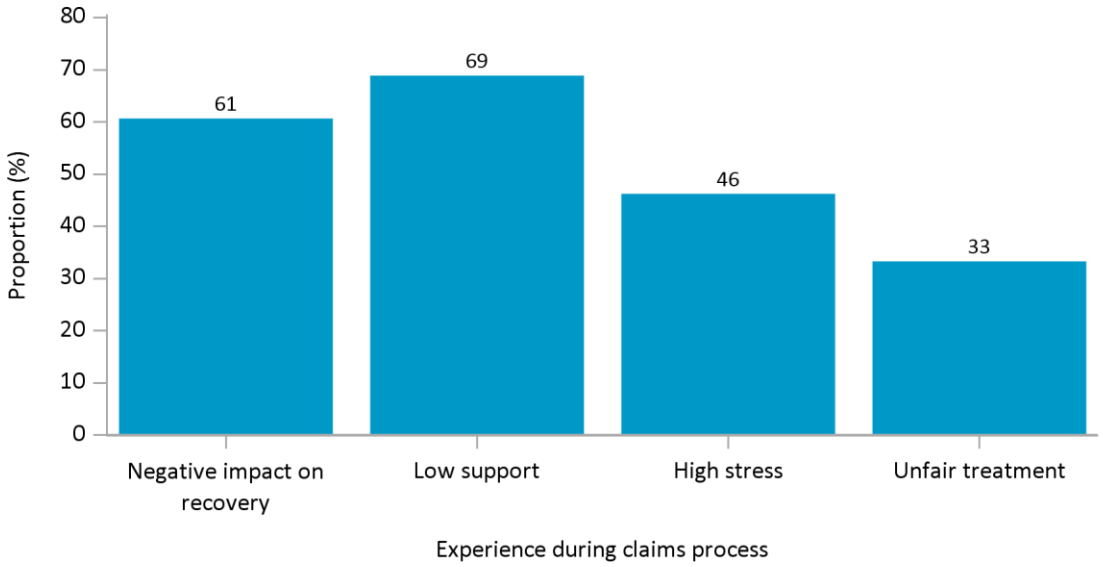
Stress during claims experience

Employees lodging a claim were asked how stressful they found the claims experience. The majority of employees (68%) lodging claims reported that they found the claims process to be moderately to extremely stressful. There were no notable differences between sectors, which suggests that overall experiences with the claims process were stressful for employees.

Fairness during claims experience

Employees who had made a workers' compensation claim due to work-related mental health conditions or psychological injuries were asked how fairly they were treated when they went through their last claims experience. Employees across each sector were more positive regarding this question when compared with their experiences of impact, supportiveness and stress. In particular, 24% of employees indicated being treated very fairly, and 43% somewhat fairly. However, a greater number of employees indicated being treated not fairly at all (33%) than being treated very fairly. Therefore, the overall perception of fairness appeared to be unsatisfactory, with 76% of employees believing they weren't treated very fairly. Results were similar across all four sectors.

Figure 9.1: Employees' experiences with the claims process across sectors

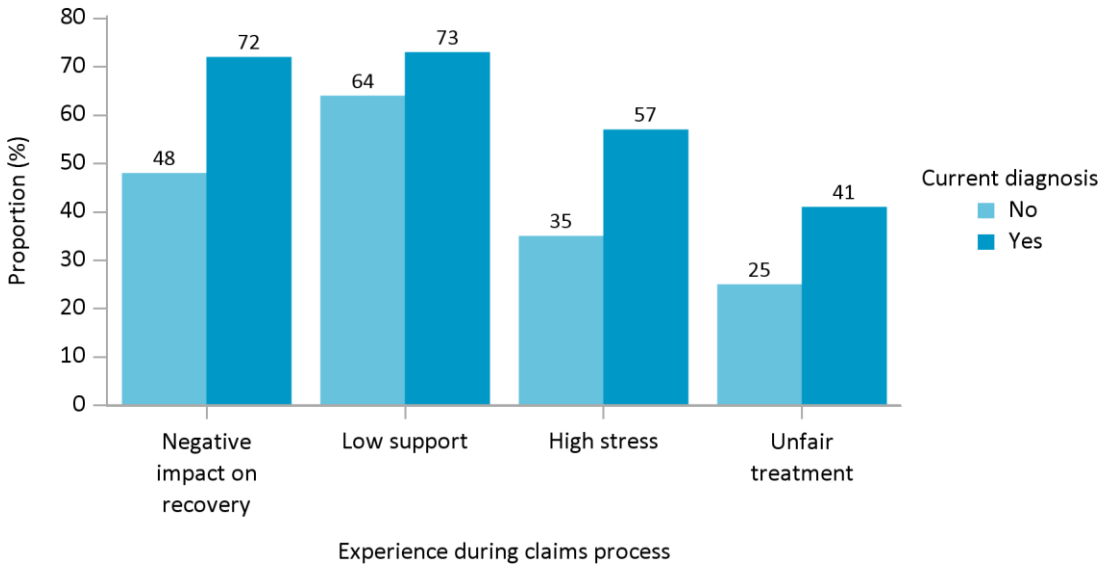


Workers' compensation claims and current mental health

Some 34% of employees with probable PTSD had lodged a workers' compensation claim related to psychological trauma, stress or a mental health condition. By level of psychological distress, the number of employees who had lodged a claim increased from 8% among those who currently had low levels of psychological distress, to 13% among those with moderate psychological distress, 20% among those with high psychological distress, and 27% among those with very high psychological distress.

Current mental health conditions were also associated with negative perceptions of the claims process – particularly for employees who had probable PTSD (Figure 9.2). Among those with PTSD, only 8% felt the claims experience had a positive impact on their recovery, while 75% felt it had a negative impact on their recovery. More than half (52%) felt that they were not supported at all during the claims experience, and 63% reported that they found the claims experience to be very or extremely stressful. Some 44% of employees with probable PTSD who had lodged a claim felt they were not treated fairly at all. Therefore, a poorly functioning and unsupportive claims process may act to hinder the recovery of employees with a mental health condition.

Figure 9.2: Employees' experiences during the claims process, by diagnosis of a mental health condition



Summary

- About 14% of employees have made a claim due to a mental health condition during their career.
- A large number of employees indicated they received inadequate support during the claims process, were treated somewhat or not at all fairly, found the process to be stressful and generally had a negative impact on their recovery.
- Employees with a current mental health condition in particular reported negative experiences with the claims process, suggesting it is not supportive toward those with a mental health condition.

Chapter 10. The resilient worker and workplace

Overview

A range of personal and workplace factors are related to positive mental health and wellbeing. This chapter looks at the factors most strongly associated with resilience, which was defined as the ability to cope with day to day ups and downs, and to bounce back from challenges an individual may experience.

This chapter identifies factors from Chapter 4 (individual risk and protective factors) and Chapter 6 (risk and protective factors associated with the working environment) which had the strongest independent relationships with resilience and subsequently mental health outcomes at an individual and workplace level. The results from this in-depth analysis (regression modelling) have been used to develop a profile of a resilient worker, a resilient workplace and investigate the relationship between these factors and support seeking.

Results

Resilient worker

Several factors had a strong relationship with personal resilience at an individual level (Figure 10.1). Most notably, stronger social supports were related to higher resilience. In addition, resilient workers more often used support programs, such as participation in mental health first aid programs, suicide awareness and peer support programs.

Physical health and sleep quality were also associated with higher levels of resilience. The better a worker's self-reported physical health and sleep, and the more often they engaged in adequate physical activity, the more likely they were to report higher resilience. It's also important to note the relationship between mental health and physical health and how they can influence and impact each other. For example, poor physical health can lead to an increased risk of developing mental health issues and poor mental health can also negatively impact on physical health. Therefore, there is a variety of individual factors that could be targeted to improve mental health outcomes, and in doing so improve the resilience of a worker.

Figure 10.1 Factors associated with a resilient worker

Resilient workplaces

To identify characteristics of a resilient workplace, factors such as team support, organisational support, workplace stress and influence over work, were assessed for their impact on resilience.

Workplaces where personnel perceived more team and organisational support from colleagues and management tended to have higher resilience. Importantly, results suggested the extent to which personnel felt they were supported was not simply by friends and family, it was the workplace environment which made a key contribution – indicating the importance of mentally healthy workplaces. In particular, team support was found to have the strongest influence on resilience, although it is likely that the culture of the agency greatly influences how a team operates.

Workplace stress was found to have an important negative influence on mental health. In particular, personnel that indicated stress due to workplace factors, such as inadequate resources and having to work additional unpaid hours, were more likely to report lower resilience. In addition, workplace stress had a direct impact on the extent to which personnel experienced psychological distress. Therefore, there are a variety of workplace stressors that could be targeted to improve mental health outcomes, and in doing so improve the resilience of the workforce.

In terms of influence over work, resilience was not strongly associated with the type and amount of work personnel undertook. However, being able to maintain a positive work-life balance was associated with higher levels of resilience, and lower levels of psychological distress. Therefore, the high paced nature of police and emergency services work may not adversely affect the mental health of personnel if it doesn't impede their private life.

Chapter 6: 'Risk and protective factors associated with the working environment' identified a list of workplace support and stress factors which were associated with positive or poor mental health (Figure 10.2). Each item was compared for its relationship with resilience at a workplace level with the strongest relationships being:

- lower emotional exhaustion from work so it does not negatively impact on a worker's private life
- equal sharing of work responsibilities
- having someone around to open up to
- low stress from upper management
- low stress from negative comments from colleagues.

These items provide further evidence that the effects of an often high paced and stressful working environment may become particularly harmful when it begins to adversely affect personnel's private lives. Providing a positive working environment may therefore be important in ensuring personnel remain resilient against adversity they may face in their work, and in doing so positively impact their life outside of work.

Figure 10.2: Factors associated with a resilient workplace

Likelihood of seeking support when needed

Seeking support when needed was associated with higher levels of resilience. If personnel felt that their agency was committed to supporting people with mental health conditions they were more likely to seek support through their organisation. However, for many reasons personnel may not seek support when needed. Support seeking was found to be diminished when personnel indicated higher levels of stigma. It was the shame or self-stigma personnel held regarding their own mental

health that was particularly detrimental. In addition, if personnel believed their colleagues held high levels of stigma regarding mental health, they were less likely to seek support, particularly through their own organisation (Figure 10.3).

Figure 10.3: Factors affecting the decision to seek support when needed

Summary

- Resilient workers were more likely to access support services, have good sleep quality and physical health, and have strong social support networks.
- A multitude of workplace factors were associated with higher resilience and lower psychological distress. A supportive team environment and leadership styles, time to recover following incidents and positive work-life balance were all associated with higher resilience.
- Higher stigma was associated with lower levels support seeking– particularly shame surrounding one's own mental health conditions.

Chapter 11. Former employees

Overview

Most of the agencies that participated in *Answering the call* do not maintain lists of former employees for their organisations. Therefore, it was not possible to select a random sample of former employees to participate in the survey. Former employees were invited to participate by advertising the survey through associations of former employees, contacts from individual agencies, and through employees who are in contact with former employees. As a result, the sample of former employees cannot be considered representative of the entire population of people who have previously worked in the police and emergency services sector. Therefore, the estimates in this section do not represent the prevalence of mental health conditions in all former employees.

Overall, 661 former employees responded to the survey. Approximately half of the respondents previously worked in the police sector (52%), followed by fire and rescue (24%), ambulance (21%), and state emergency service (2%). Former employees were assessed for a variety of mental health factors, their reasons for leaving their previous role in the sector and their experiences with stress while working.

Results

Reasons for leaving the police and emergency services sector

The highest number of former employees left their job due to retirement (38%). About one in five former employees left due to being medically discharged and 9% due to mental health related reasons. These factors may overlap, for example, being medically discharged may have occurred due to mental health reasons. A smaller number of employees left their job due to dissatisfaction with the organisation, harassment, and physical illness.

Table 11.1: Main reason why former employee left last job in police and emergency services sector

Main reason for leaving	%
Retirement	37.8
Medically retired/discharged	19.4
Mental health related reasons	8.8
Dissatisfied with organisation	7.9
Harassment, discrimination or bullying	4.1
Physical illness/injury	3.8
Other	18.2

Experience of stressful events while in the workforce

The majority (85%) of former employees reported that they had experienced a stressful event or series of events at work in the emergency services sector that deeply affected them. These stressful experiences related to their former work were much more common than similar stressful experiences at work outside the sector (17%) or away from work (35%). Three quarters of these experiences were related to traumatic events in the course of work (75%) and just over half (55%) with issues of poor management or being treated badly by managers.

In addition, about a quarter of former employees indicated stressful events were due to conflict with others they worked with, of which the highest number was with management (41%) or a combination of people at work (45%). About 29% of former employees indicated stress from personal injury in the course of work and another quarter indicated being forced out of their job.

Probable PTSD

Twenty-three per cent of former employees participating in the survey were identified as having probable PTSD, compared to an estimated 4.4% in adults in Australia, 8.3% in the Australian Defence Forces and 10.0% in current employees in the police and emergency services sector. In addition, compared to 3% of current employees, 10% of former employees were identified as having severe PTSD when considering their levels of functional impairment.

Table 11.2: Former employees: Severity of probable PTSD, by sector

PTSD severity	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
None	83.6	75.0	76.2	n.p.	77.4
Mild	6.4	8.1	8.7	n.p.	8.0
Moderate	3.6	6.3	4.7	n.p.	4.8
Severe	6.4	10.6	10.5	n.p.	9.7

n.p. Not available for publication because of small sample size, but included in totals where applicable

Psychological distress and resilience

Among all former employees from all sectors who participated in the survey, 23% had high psychological distress and 19% had very high psychological distress, compared to 21% and 9% of current employees. This was substantially higher than the 8% among all adults in Australia indicating high psychological distress and 4% indicating very high psychological distress.[5]

Most employees and volunteers have high (44%) or moderate (36%) levels of resilience. Levels of low resilience were about twice as common in former employees (20%) who responded to the survey as they were in current employees (10%).

Table 11.3: Former employees: Levels of psychological distress, by sector

Psychological distress	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Low	37.1	34.2	33.0	n.p.	34.3
Moderate	26.4	20.0	24.3	n.p.	23.6
High	20.0	25.2	22.8	n.p.	23.1
Very high	16.4	20.6	19.9	n.p.	19.0

n.p. Not available for publication because of small sample size, but included in totals where applicable

Mental health conditions

Across all sectors, 59% of former employees in the survey reported having been diagnosed with a mental health condition at some time of their lives, and 42% reported they currently have this condition. Among former employees, 23% reported a current diagnosis of an anxiety condition (including panic disorder, social anxiety, obsessive-compulsive disorder, and generalised anxiety

disorder), 33% reported a current diagnosis of depression, and 29% reported a current diagnosis of PTSD.

Half of all former employees had one or more of these mental health conditions while working in the police and emergency services. About one tenth (11%) of former employees felt that they had an emotional or mental health condition that went undiagnosed and the majority (89%) of those with undiagnosed conditions felt they had a condition that went undiagnosed while they were employed in the police and emergency services. The prevalence of all mental health conditions in former employees in the survey was two times higher than the general population, with anxiety twice as likely and depression three times more likely.[5]

For most of the former employees who had been diagnosed with a mental health condition, they had the condition while they were working in the police and emergency services sector (89%).

Table 11.4: Proportion of former employees who have been diagnosed with a mental health condition by a doctor or mental health professional, by sector

	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
Ever diagnosed with a mental health condition:	57.9	52.5	61.0	n.p.	58.5
Anxiety condition	23.6	29.4	34.6	n.p.	30.8
Depression	40.7	36.9	46.2	n.p.	42.9
PTSD	35.0	31.3	38.4	n.p.	35.8
Other mental health condition	11.4	15.0	15.7	n.p.	14.7
Currently have a mental health condition:	37.9	36.3	45.9	n.p.	42.0
Anxiety condition	15.7	21.3	27.9	n.p.	16.2
Depression	28.6	25.0	37.5	n.p.	32.7
PTSD	26.4	25.0	32.0	n.p.	28.9
Other mental health condition	8.6	13.1	13.1	n.p.	12.1

Note: Participants could report more than one mental health condition.

n.p. Not available for publication because of small sample size, but included in totals where applicable

Social support

Just over half of former employees (56%) have high levels of both giving and receiving social support. This was substantially lower than the levels for current employees, where more than 80% of employees had high levels of both giving and receiving social support. This suggests that the workplace is an important source of social support for employees, and a consequence of leaving employment in police and emergency services agencies can be loss of colleagues who shared common experiences and can support each other.

High levels of social support were less common in former employees who had a current diagnosis of anxiety, depression or PTSD. Compared to 71% of those without anxiety, depression or PTSD, only 54% of those with these conditions reported high levels of receiving support.

Table 11.5: Level of two-way social support in former employees, by sector

Two-way social support	Ambulance (%)	Fire and rescue (%)	Police (%)	State emergency service (%)	Total (%)
High giving and receiving	64.0	56.5	52.7	n.p.	56.3
High giving and low receiving	20.1	14.9	18.0	n.p.	23.6
Low giving and high receiving	7.2	14.9	12.4	n.p.	17.9
Low giving and low receiving	8.6	13.6	16.9	n.p.	11.7

n.p. Not available for publication because of small sample size, but included in totals where applicable

Suicidal thoughts and behaviours

Twenty-eight per cent of former employees had seriously thought about taking their own life. Of those, 66% felt this way while still working in the police and emergency sector and 62% felt this way after leaving the sector. Only 3% had ever considered taking their own life before working in the police and emergency services sector. Just over half (56%) of those who had seriously considered taking their own life had made a plan to do this and 35% had made a plan in the past 12 months. Of all respondents, 5% had attempted to take their own life. Of those who had attempted, 67% had done so while still working in the police and emergency services sector, 58% had attempted since leaving the sector, and 18% had attempted in the last 12 months.

Workers' compensation claims

One third (32%) of former employees had made a workers' compensation or work-related claim as a result of psychological trauma, stress or a mental health condition sustained during the course of work. Many of those making claims had negative experiences. About half (52%) reported that going through the experience had an adverse impact on their recovery, and two thirds (66%) found it very or extremely stressful. Sixty per cent of former employees described the process as not at all supportive. Additionally, only 12% thought they were treated very fairly, with 33% reporting being treated somewhat fairly, and more than half (56%) feeling they were not treated fairly at all.

Summary

- There is clearly a group of former employees who continue to experience significant psychological distress years after retirement or leaving their jobs in the police and emergency services sector.
- While most former employees left their roles due to retirement, around a quarter left due to being medically discharged or for mental health reasons.
- Former employees who participated in the survey had high rates of probable PTSD, psychological distress, and suicidal behaviours.
- Former employees had lower resilience and were much less likely to receive high levels of social support compared with current employees – particularly those former employees currently having probable PTSD or high rates of psychological distress.
- The workers' compensation experiences were generally unsatisfactory for the surveyed former employees and may have impeded recovery from mental health conditions.

Conclusion

Overview

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

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

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

Mental health and wellbeing

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

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

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

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

Individual risk and protective factors for mental wellbeing

Length of service

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

Exposure to traumatic events

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

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

Social support, sleep quality and physical activity

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

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

Alcohol consumption

The survey found high rates of potentially harmful alcohol consumption in personnel. While Australian adults have high rates of alcohol consumption in general, there are specific issues relating to the interaction between alcohol use and mental health conditions that need to be considered.

Some people use alcohol to help manage symptoms of mental health conditions that they're experiencing. Using alcohol instead of seeking appropriate forms of support can make symptoms worse and further delay support seeking.

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

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

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

Risk and protective factors associated with the working environment

Creating a mentally healthy workplace

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

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

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

Managing the working environment

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

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

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

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

Team environments

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

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

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

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

Seeking support

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

Mental health literacy

A primary barrier to seeking support is recognising a need. The survey found that many employees with high or very high psychological distress (based on the Kessler 10) and with probable PTSD (based on the PTSD scale), did not self-report that they had a mental health issue in the past 12 months. In addition, a substantial group of employees who identified that they had an emotional or mental health issue and reported significant levels of functional impairment did not feel they needed support. A further group did not seek support because they did not know what to do. These findings suggest poor mental health literacy in relation to signs and symptoms of mental health conditions among some personnel.

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

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

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

Stigma and barriers to seeking support

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

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

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

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

Receiving adequate support

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

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

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

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

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

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

Workers' compensation

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

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

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

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

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

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

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

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

Former employees

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

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

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

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

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

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

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

Summary

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

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

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

References

Australian Bureau of Statistics (2016). *Causes of Death, Australia, 2016*. Canberra: Australian Bureau of Statistics Cat. No. 3303.0. Retrieved July 2018:

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

Australian Institute of Health and Welfare. (2016). *National Drug Strategy Household Survey 2016: Detailed findings.* Drug Statistics series no. 31. Cat. No. PHE 214. Canberra: AIHW.

Beyond Blue (2018). *Strategies for healthy workplaces.* Retrieved November 2018: www.headsup.org.au/healthy-workplaces/strategies-for-healthy-workplaces

Beyond Blue Ltd. (2015). *Information Paper – Stigma and discrimination associated with depression and anxiety.* Retrieved April 2018: https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for *DSM-5* (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress, 28*, 489-498.

Dyrbye, L.N., Thomas, M.R. Shanafelt, T.D. (2006). Systematic review of depression, anxiety, and other indicators of psychological distress among US and Canadian medical students. Academic medicine. 81(4):354-373.

Furukawa, T.A., Kessler, R.C., Slade, T., Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-being. *Psychological* Medicine. 33:357-362.

Kristensen, T.S., Hannerz, H., Høgh, A. and Borg, V. (2005). The Copenhagen Psychosocial Questionnaire-a tool for the assessment and improvement of the psychosocial work environment. *Scandinavian Journal of Work,* Environment & Health. 438-449.

McCreary, D.R., Thompson, M.M. (2006). Development of two reliable and valid measures of stressors in policing: The operational and organizational Police stress questionnaires. *International Journal of Stress Management.* 13(4):494.

McEvoy, P.M., Grove, R., Slade, T. (2011). Epidemiology of anxiety disorders in the Australian general population: findings of the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, Vol 45, Issue 11, pp. 957-967.

McFarlane, A. C., Hodson, S. E., Van Hooff, M., Davies, C. (2011). *Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report*. Department of Defence: Canberra.

Meadows, G.N, Burgess, P.M. (2009). Perceived Need for Mental Health Care: Findings from the 2007 Australian Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*, Vol 43, Issue 7, pp. 624-634.

National Health and Medical Research Council (2009). *Australian Guidelines To Reduce Health Risks From Drinking Alcohol*. Canberra: National Health and Medical Research Council.

Ng Fat, L., Scholes, Sl, Boniface, S., Mindell, J., Stewart-Brown, S. (2016). *Evaluating and establishing national norms for mental wellbeing using the short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS): findings from the Health Survey for England*. *Quality of Life Research*. 26: 1129-1144.

Panagioti, M., Gooding, P.A., Taylor, P.J. Tarrier, N. (2014). Perceived social support buffers the impact of PTSD symptoms on suicidal behavior: Implications into suicide resilience research. *Comprehensive psychiatry*. 55(1):104-112.

Roy, A., Carli, V. and Sarchiapone, M. (2011). Resilience mitigates the suicide risk associated with childhood trauma. *Journal of Affective* Disorders. 133(3):591-594.

Safe Work Australia (2015). Work-related mental disorders profile. Retrieved July 2018: https://www.safeworkaustralia.gov.au/system/files/documents/1702/work-related-mental-disorders-profile.pdf

Saunders, J.B., Aasland, O.G., Babor, T.F., et al. (1993). Development of the alcohol use disorders identification test (AUDIT): *WHO collaborative project on early detection of persons with harmful alcohol consumption* — II. Addiction. 88: 791–803.

Shakespeare-finch, J., Obst, P.L. (2011). The development of the 2-way social support scale: a measure of giving and receiving emotional and instrumental support. *Journal of Personal Assessment*. 93(5): 483-90. Doi: 10.1080/00223891.2011.594124.

Smith, B.W., Dalen, J., Wiggins, K., Tooley E., Christopher, P., Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of* Behavioral Medicine. 15(3): 194-200.

Substance Abuse and Mental Health Services Administration (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52)*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

Appendix 1

Survey weights

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

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

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

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

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

Response bias

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

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

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

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

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

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

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 counselling, and point you in the right direction so you can seek further support.

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