



Queensland Audit Office
better public services

Managing the mental health of Queensland Police employees

Report 2: 2017–18



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Front cover image is an edited photograph of Queensland Parliament, taken by QAO.

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Audit cost

This audit cost \$320 000.

Reference to comments

In accordance with section 64 of the *Auditor-General Act 2009*, we provided a copy of this report to the Commissioner of the Queensland Police Service. In reaching our audit conclusions, we have considered his view and represented it to the extent we deemed relevant and warranted when preparing this report.

We received a response from the Commissioner of the Queensland Police Service. The response is in Appendix A.

Your ref:
Our ref: 2016-P9149



10 October 2017

The Honourable P Wellington MP
Speaker of the Legislative Assembly
Parliament House
BRISBANE QLD 4000

Dear Mr Speaker

Report to Parliament

This report is prepared under Part 3 Division 3 of the *Auditor-General Act 2009*, and is titled *Managing the mental health of Queensland Police employees (Report 2: 2017–18)*.

In accordance with s.67 of the Act, would you please arrange for the report to be tabled in the Legislative Assembly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B. Worrall', is positioned above the typed name.

Brendan Worrall
Auditor-General

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MENTAL HEALTH FACTS



Almost half of all Australians will experience a common mental disorder in their lifetime.



Over \$8 billion or \$344 per person, was spent in Australia on mental health related services in 2014–15.



Australian emergency departments provided 256 178 occasions of service to people with a mental health related principal diagnosis in 2014–15.



Australian public and private hospitals had 254 800 mental health related hospitalisations in 2014–15.

Source: Australian Institute of Health and Welfare 2016: *Mental health services—in brief 2016*.

Audit objective and scope

The objective of the audit was to determine whether the Queensland Police Service (QPS) is effective in preventing mental illness and monitoring and managing the mental health of its employees.

We assessed the effectiveness of the QPS in:

- promoting and monitoring mental health
- preventing mental illness
- managing mental illness when it does occur.

Our scope included all employees of the Queensland Police Service—recruits, sworn police officers (those who have sworn an oath of service and been given specific authority and powers), and unsworn staff (sometimes referred to as civilian staff).

It included the recruitment, operational, and leaving stages of their careers.

If you or anyone you know experience mental health issues or a personal crisis, please call:

Lifeline: 13 11 14
www.lifeline.org.au

beyondblue: 1300 22 4636
www.beyondblue.org.au

Queensland Police Service employees
can also call: 1800 27 7478

Summary

Mental health problems are the third biggest health problem in Australia, behind heart disease and cancer. They can affect anyone and their effect, on the sufferer and the people around them, can be very serious.

The distinction between 'mental health' and 'mental illness' is important. Mental health refers to wellness rather than illness and is where an individual understands their ability to cope with normal stresses of life. Mental illness differs from poor mental health, because it refers to recognised, medically diagnosed illness, which impacts an individual's cognitive, affective and relational abilities.

Mental health in the workforce

An unhealthy work environment or a workplace incident can contribute to the development of mental illness. The *Australian Work Health and Safety Strategy 2012–22* identified mental disorders as one of the six national priorities because of their prevalence, severity, and known prevention options.

Safe Work Australia reports that six per cent of all workers' compensation claims each year are for mental disorders. It found that over the five-year period from 2008–09 to 2012–13, that first responders (police, paramedics, and firefighters) were one of the most at-risk groups.

Mental health of first responders

First responders are those emergency service employees who deal with emergency situations or critical incidents. Their mental health can be vulnerable to the tasks and conditions they face.

In its *Work-related mental disorders profile 2015*, Safe Work Australia found that civilian defence force employees, firefighters, and police officers had higher claim frequency rates than all other worker categories. For males in these jobs, the serious mental disorder claim rate was seven times higher than the average claim rate for all occupation groups. For females in these jobs, it was 16 times higher.

The beyondblue organisation (which focuses on reducing depression, anxiety, and related disorders) developed a *Good practice framework for mental health and wellbeing in first responder organisations* (the framework). It developed the framework in collaboration with Australian first responder agencies (including the Queensland Police Service) and experts. It is intended to help these organisations manage the mental health and wellbeing of their employees at all stages of their careers. We developed our audit assessment criteria based on this beyondblue good practice framework.

Police

Policing at its core is a people service. It is about people (the police) interacting with other people (the public). At times, the interaction occurs in emotive, tense, distressing, and challenging circumstances. Any one, or an accumulation of these interactions, can affect the mental health and wellbeing of police.

Coupled with the stressors that affect the wider population, police are considered more susceptible to mental illness, such as depression, anxiety, and post-traumatic stress disorder. However, the data available is limited. This makes it difficult to identify the full extent of mental health issues and mental illness.

Roles and responsibilities

The Queensland Police Service (QPS) has a primary duty of care under the *Work Health and Safety Act 2011* (QLD) to ensure, as far as reasonably practical, the health and safety of its workers.

On 1 July 2016, the QPS established a People Capability Command. It is responsible for mental health screening, training, monitoring, and support services across the career of each employee. It is also responsible for the development, implementation, and management of the service's health and wellbeing strategies and action plans. It plays an important role in fulfilling the organisation's duty of care.

The staff of the QPS play an important role in determining its attitudes about mental health, and those in more senior positions hold greater responsibilities. The People Capability Command provides support to help managers and staff to fulfil their duty of care.

One priority of the People Capability Command is developing a new health and wellbeing strategy. It has recently issued an *Our People Matter* discussion paper to seek feedback from employees and families as input to developing the new strategy.

Audit conclusions

The QPS has in place many of the necessary elements it needs to effectively monitor and manage the mental health of its employees and prevent mental illness. It has established a wide range of mental health-related processes, screening, monitoring, and support services. These are undoubtedly helping some employees, but at times are not effectively supporting others. The QPS can improve the effectiveness of its mental health services by better implementing, promoting, and coordinating these elements. Monitoring the use and effectiveness of support services, and other risk factors, will inform better decision-making around mental health.

The QPS offers a wide range of training in mental health and resilience, but it cannot demonstrate that the training is effective or that employees attend where required. The training is poorly linked and largely uncoordinated, and employee attendance records are not up to date. Most of the training is voluntary, but even employee mandatory participation in training is not monitored.

The QPS has effective recruitment and employee screening processes. It provides additional screening and, in some cases, ongoing mental health monitoring of specialist staff in work units considered high risk. However, it is not proactively conducting mental health monitoring of its general duties officers. Extending mental health monitoring to cover general duties staff presents logistical and resource challenges. We are not aware of any police jurisdiction in Australia that proactively monitors the mental health of its general duties officers on an ongoing basis.

General duties staff are the biggest part of the QPS workforce. As the front line, these officers are often the least experienced but almost always the first police to respond to emergency situations or critical incidents. Online screening assessments, which QPS is currently piloting in specialist units, may be a viable option in terms of monitoring the mental health of its broader staff population.

However, improvements to monitoring and coverage will not lead to more effective mental health services by themselves. The QPS needs to increase the level of trust that employees have in its mental health services. Some police employees from across the service raised concerns about the potential for breaches of confidentiality if they use police-provided support services. Some believe their career will be at risk if they raise mental health concerns. This has resulted in some refusing to seek help and others paying for psychological counselling themselves, rather than using the independent counselling the police service provides. This is despite staff working in these police support services being required to maintain confidentiality under QPS and professional codes of ethics. This issue was apparent across the audit in different ways and from different parts of the organisation.

Managers and leaders have a crucial role in increasing trust, ensuring messages and direction from senior executives are embraced and cultural change with respect to issues of mental health occurs. More needs to be done to educate, train, and equip them in monitoring and managing the mental health of the workforce.

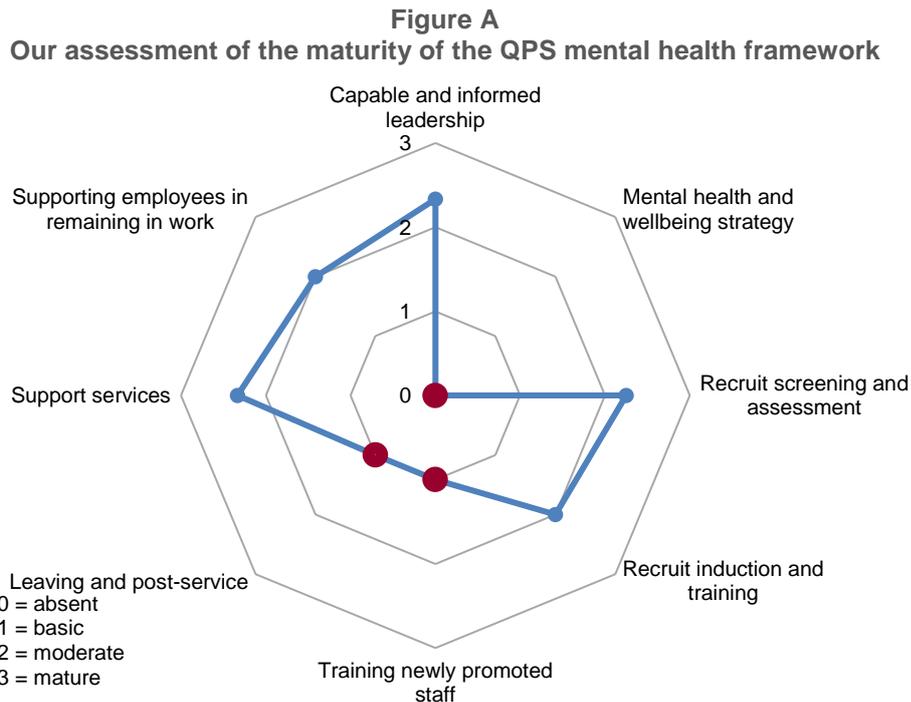
The QPS has an opportunity to improve employee trust by effectively implementing its new *Our People Matter* health and wellbeing strategy, once developed. This will take time and considerable ongoing effort to effectively develop and implement. The challenge for the Queensland Police Service's senior leadership will be to build and sustain momentum and support for the strategy and other health and wellbeing initiatives.

Summary of audit findings

Promoting mental health and preventing mental illness

The Queensland Police Service's senior leadership displays commitment to managing the mental health of employees. Its executive leaders advocate building the service's capacity and ability to promote mental health and wellbeing and to prevent and manage mental illness.

Figure A shows our assessment of the maturity of the QPS mental health framework based on beyondblue's *Good practice framework for mental health and wellbeing in first responder organisations*. We found areas for QPS to improve the maturity of its mental health framework across most areas to various degrees, but particularly in its strategy, education and training for newly promoted staff, and post-service support.



Note: Absent in any category does not necessarily mean that QPS has none of the elements in that particular category. It means that what the QPS does have in place has not met the threshold to reach the basic or higher level of good practice. Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', *beyondblue*.

The service has started initiatives and structural changes to enhance its capability for managing the mental health of its workforce, including:

- establishing the People Capability Command
- developing the draft *Our People Matter* strategy
- partnering with the Queensland Police Union of Employees to sponsor a recognised expert to conduct speaking tours on mental health for police officers and their families
- having senior police openly speak of their experiences in dealing with their own mental health issues. One of the assistant commissioners conducts regular presentations to employees on his personal experience with mental health issues. This is to contribute to breaking down the stigma
- supporting various mental health activities across the state, such as R U OK? Day and Mental Health Week.

Some of these initiatives are relatively new and will take time and considerable ongoing effort to effectively implement. Others, such as supporting mental health activities across the state have been in place for years.

Establishing the People Capability Command

When the QPS established its People Capability Command on 1 July 2016, it brought under the one command:

- operational policing and leadership
- safety
- recruiting
- recruit and constable training
- training strategy.

Before establishing this command, the QPS did not share relevant information (such as assessment, performance, training, and incident information) or coordinate support services effectively. For example, the recruiting, training, and operational history of each employee was held separately across the various recruiting, training, and operational units of the service. This meant that no area of the police service had a complete up-to-date record of the employee.

The establishment of the People Capability Command provides the QPS with the opportunity to better coordinate, integrate, and enhance its staff wellbeing and mental health information and services. Its establishment is intended to break down the barriers and siloed approaches that have existed across the work units, but it will take time before the benefits are realised.

Developing a mental health and wellbeing strategy

The QPS has no formal strategy for managing the health and wellbeing of its employees, but is developing one. As such, its approach to wellbeing, including mental health, has not been as effectively targeted, coordinated, or integrated across the organisation as it could have been.

The purpose of a mental health strategy is generally to outline the agency's vision, objectives and values for managing the mental health of the organisation. It usually details how the vision will be realised, values embedded and objectives achieved, including actions (or a supporting action plan) and performance indicators.

In 2014, a staff member of the Employee Wellbeing Unit developed an *Employee Wellbeing Strategic Plan 2015–17*, which contained some actions for managing mental health. The leaders of the Employee Wellbeing Unit advised us that the document was never approved by them and therefore never forwarded to the QPS executive leadership for consideration.

With the three employee unions, the QPS has developed a health and wellbeing discussion paper called *Our People Matter* (the discussion paper). The organisation released the discussion paper for consultation with its employees, their families, and stakeholders from April to July 2017. It included key health and wellbeing areas for possible inclusion in a future *Our People Matter* strategy. Employees and family members completed almost 2 000 surveys and 780 employees participated in workshops.

The Queensland Police Commissioner has approved the establishment of a steering committee to guide the police service through developing, engaging, and executing the future strategy. It plans to launch its *Our People Matter* strategy in December 2017.

Trust in the existing services has been, and continues to be, a barrier to employees accessing the mental health and wellbeing support available to them. It should be a central element of the organisation's consultation and development of its future strategy.

Recruiting suitable people

Screening and assessing applicants is important in identifying people with the appropriate cognitive, psychological, and physical attributes to perform policing roles.

The QPS screens all applicants for recruit training to determine their suitability for policing. The further an applicant progresses through the recruitment process, the more tests they undergo, including psychological and cognitive tests. Appropriately qualified staff conduct this testing; the process is based on sound research; and decisions are based on evidence.

The QPS records recruits' cognitive and psychological test results in its human services officer case management database. (Its human services officers are psychologists and social workers.) However, it does not analyse data against mental health case trends to determine the effectiveness of its screening processes and to make improvements where necessary.

The Public Safety Business Agency is responsible for recruiting unsworn staff for the Queensland Police Service. It does not generally conduct cognitive or psychological screening for applicants for unsworn positions, unless they are applying for roles the service has designated to be high-risk. This is appropriate for those staff who work in roles in which they are not exposed to potentially traumatic or graphic events or information, as they are unlikely to be at any greater risk than those in the community.

Training and developing police

All recruits undertake mandatory training relevant to organisational mental health awareness and resilience. The QPS also provides some mandatory mental health-related sessions for constables as part of the Constable Development Program. Employees can choose to attend other, voluntary mental health-related training.

The QPS also makes available a broad variety of mental health-related training to sworn police officers. These training programs cover a wide range of mental health issues and risks, but they are neither well-coordinated nor designed to build on each other.

Most of the training sessions are not mandatory, examinable, or sufficiently tailored to target groups based on their roles, seniority, or specific risk exposures. Also, because the sessions are not well coordinated, the QPS does not know how many of its employees have enrolled, undertaken, and successfully completed them. As such, it does not know the participation rates and therefore the coverage of mental health training across the service.

Training newly promoted staff

The QPS has some mandatory workplace training as a prerequisite for promotion to sergeant rank but this training has limited employee mental health content. It also makes available other voluntary training for sergeants, and has some training specifically targeted at higher ranks (senior sergeants, inspectors, and unsworn managers). However, these courses are not complementary and they don't always focus on issues related to mental health in the workplace. The amount of mental health-specific training that managers receive is not congruent with their role and responsibilities in looking after the mental health of their staff.

The QPS could not demonstrate that all employees who should have undertaken mandatory mental health training for promotion had done so.

Training unsworn staff

Like sworn officers, unsworn staff have access to mental health-related training programs within the QPS. However, unlike sworn officers, only one of the mental health training programs available to unsworn staff is mandatory—the Lifestyle and Fit for Work program. All other mental health-related training available to unsworn staff is voluntary, regardless of role.

The QPS does not know how many of its unsworn staff have successfully completed the various training programs available to them. As such, it does not know the participation rates and therefore the coverage of mental health training across its unsworn staff.

Monitoring and supporting employees during their career

General duties and traffic police officers make up the bulk of all sworn officers. They are the front line, usually being the first police on the scene of crimes or incidents. This is also the area of policing containing the least experienced officers, including those who have recently graduated from the Queensland Police Academy.

The QPS has processes in place for supporting these and other officers attending critical incidents. It has no established process for conducting ongoing mental health assessments of general duties and traffic officers. This means that it is not proactively monitoring the biggest and possibly highest-risk part of its workforce.

This is despite the police service's Psychological Health Monitoring Working Party recommending in its 2010 *Feasibility Analysis of Psychological Health Monitoring* that mandatory psychological health monitoring be provided to all regional operational staff by 2015 and all operational staff by 2020.

One reason the QPS is not yet doing this is because it does not have the capacity to undertake ongoing assessment on this scale within its current approach and resourcing.

The QPS has specialist work units it considers high risk. (These are detailed in Appendix D.) Its Psychological Assessment Unit conducts mandatory psychological screening of all sworn and some unsworn staff applying to work in these high-risk roles.

Once sworn staff start working in these specialist units, the Psychological Assessment Unit also conducts annual psychological health monitoring of them. In some cases, they also assess unsworn staff. This annual monitoring is not mandatory for all units, and the QPS applies these mental health screening and monitoring processes inconsistently.

In addition, even though only a small proportion of eligible staff take up the offer of annual assessments, the four occupational psychologists responsible for psychological health monitoring are unable to keep up to date with the mandatory assessments.

The Psychological Assessment Unit is trialling online screening assessments as an alternative to in-person assessments. It is evaluating whether the online assessments provide more efficient and economical monitoring without reducing effectiveness. If successful, the online screening could potentially free up resources to enable the QPS to conduct psychological health monitoring of general duties, investigations, traffic officers, and unsworn staff.

Monitoring and supporting people leaving and post-service

The QPS has no established processes or systems to assess the health and wellbeing of its employees leaving the service. It doesn't assess the mental health of those employees who are leaving (unless it is due to ill-health).

In December 2016, it offered a workshop titled 'Life beyond the service' for officers leaving the Queensland Police Service. This was a pilot workshop, and QPS has advised us that it will offer further workshops in the future (although none have yet been scheduled).

The QPS provides few support services to former employees who might suffer mental health issues from their service. It extends its 1800 anonymous helpline service to ex-employees for 12 months after they leave the service, but it has no process in place to make ex-employees aware that this service is available to them. It does not know how many, if any, ex-employees are using this service.

In its *Our People Matter* discussion paper, the QPS included, as a guiding principle, that its future strategy 'must address all stages of the employee career path including transition to retirement and immediate years post separation'.

The QPS has advised that it is extending its new smartphone wellbeing app called *equipt* and its emotional survival workshops to former employees. The *equipt* app and the workshops are intended to provide them with tools and practical strategies to help strengthen their physical, emotional and social wellbeing.

Managing mental illness

The QPS has a range of support services for employees in managing their mental health. All staff have access to:

- peer support officers
- human services officers
- phone support services
- an early intervention treatment program.

The QPS has also analysed what type of support and strategies are required to address mental health issues.

Peer support officers

The QPS has, as of June 2017, 778 peer support officers who volunteer to assist and support colleagues experiencing personal and/or work-related difficulties.

Employees are generally positive about the program, but management do not know how well used it is or how effective individual peer support officers are. This is because peer support officers do not capture and record information on their work. As a result, the QPS does not have any records to enable it to track and understand the number of inquiries and issues its peer support officers are dealing with.

Other first responder agencies with peer support officer programs do capture information of the work of their peer support officers, while maintaining confidentiality. Specifically, they require their peer support officers to submit monthly activity sheets detailing the peer support contacts they have had with employees, the nature of the contact (for example family issues, stress, workload or incident-related) and the support or referrals they gave. They do not provide identifying information of the staff, such as names.

This information assists the organisation understand how much the peer support officers are used, what sort of issues its staff have, and allows it to tailor its professional development and training of peer support officers.

The effectiveness of this program relies on peer support officers becoming accredited in the skills required to assist their colleagues. To become and remain accredited, peer support officers must complete a mandatory four-day Foundation Studies Program and then do a minimum of six hours of professional development activities each year.

The QPS could not provide evidence that 672 of the 778 peer support officers have completed the mandatory training. This means that either the organisation has not recorded them as having completed the training or that the officers have not done the mandatory training.

Of the 672 peer support officers not recorded as having done the mandatory training, 207 (30.8 per cent) have not completed any of the other relevant training courses in the period. There is no evidence that peer support officers are participating in the minimum of six hours of professional development activities required each year to maintain their accreditation.

The People Capability Command is confident that all peer support officers have successfully completed all mandatory studies and annual professional development activities.

Human services officers

The Queensland Police Service's 24 human services officers are a critical component of its health and wellbeing framework. They are all either qualified psychologists or social workers, and are based in the districts or specific commands.

There is a level of misunderstanding and mistrust about the role of human services officers, which is an inhibitor to some employees seeking help. This is because of a belief by some employees that human services officers report, or make available to management, confidential information provided to them. Employees therefore feel it is potentially damaging to their career to disclose information to the human services officers. For this reason, some employees engage and pay for private psychologists rather than using human services officers or the early intervention treatment program offered by the QPS, or do not seek treatment.

These concerns were reported to us but we did not find direct evidence to corroborate them. Human services officers, as registered psychologists and social workers, are bound to observe QPS and professional codes of conduct and ethics, including confidentiality. While this reduces the likelihood of confidentiality breaches, any perception of such breaches held by employees can reduce the effectiveness of human services officers.

Analysing information

The QPS has a case management database system that captures data relating to mental health programs. Injury management advisors and human services officers analyse this information, but there is no documented process for how this analysis is undertaken. It focuses on individual officers and is robust where this occurs; however, there is no service-wide analysis for broader trends and patterns.

The QPS also conducts basic analysis of WorkCover claims and welfare cases to identify causes. But it analyses each data set in isolation, limiting its ability to further develop its understanding of causes and risks.

Helping employees to stay employed

One measure the QPS uses for assessing and reporting on its effectiveness in supporting injured employees is the return-to-work rate of injured employees.

Between 2009–10 and 2015–16 the Queensland Police Service's reported overall rate for employees returning to work (all injury types) has been consistently over 90 per cent and increasing. However, in the same period, the rate of employees with psychological injuries returning to work has been much lower, at approximately 70 per cent.

The QPS does not report on how many employees relapse or how long they remain in work.

The financial cost of mental illness

Managing mental health is important not only from the duty-of-care perspective but also because of the cost of mental illness to the government. Claims resulting from mental illness contribute to the Queensland Police Service's WorkCover premium of about \$30 million.

Currently, there are 24 legal claims against the QPS for workplace injuries. The amounts claimed for 13 of these amount to \$9 291 305. (The remaining 11 do not specify amounts.) Those claims involving psychological injury or a combination of psychological and physical injury total \$4.86 million.

The Queensland Government paid out \$13 million for 113 claims for injuries to police employees between the start of 2013 and May 2017. Of this, more than half (approximately \$7.5 million) was for psychological injuries. Another \$3.1 million was paid to individual employees with both a physical and psychological injury.

This averaged \$2.6 million per year or \$115 000 per successful claim over this five-year period. For four of the years, psychological-related injuries cost the QPS more in settlement payments per successful claim than physical injuries or those with both physical and psychological injuries.

These costs do not include the legal and administrative costs associated with the claims and settlements or associated with workers being out of the workplace.

Recommendations

Queensland Police Service

We recommend that the Queensland Police Service:

1. better coordinates and enhances its staff wellbeing and mental health support services and information within a clear strategy and integrated framework (Chapter 2)

The development of the new *Our People Matter* strategy is an opportunity to ensure all elements link together and align with the organisation's priorities.

2. acts to understand and address the mistrust of some employees in its current mental health frameworks and support services (Chapters 2 and 3)

The actions should include clarifying and better communicating the role of human services officers and their confidentiality obligations to improve employee trust and understanding about the role.

3. improves how it designs, coordinates, delivers, and records its mental health training (Chapter 2)

The enhancements to mental health training should include:

- increasing the coverage of the training across its workforce
- ensuring training packages complement and build on one another
- clarifying and emphasising the roles and responsibilities of leaders and managers in proactively managing mental health
- ensuring all mandatory training occurs and all training participation is recorded.

4. assesses options for screening employees prior to them leaving the service, and for enhancing post-service support (Chapter 2)

5. develops processes and measures for analysing its data for trends and to assess the effectiveness of support services so they can be continuously improved (Chapter 3)

These processes should include opportunities for injured employees to provide feedback on their experience of the effectiveness of the services.

6. improves the consistency and coverage of mental health screening and monitoring (Chapter 3)

The improvements to mental health screening and monitoring should include:

- developing a consistent approach to determining the specialist units for mandatory screening and health monitoring
- improving the participation rate of employees in voluntary mental health monitoring
- further exploring options, such as its pilot of online assessments, to expand the coverage of mental health monitoring to include general duties officers.

1. Context

This chapter provides the background to the audit and the context relevant to our audit findings and conclusions.

Defining mental health and mental illness

The distinction between 'mental health' and 'mental illness' is important. Mental health, as accepted by the World Health Organisation, is:

a state of wellbeing, where an individual realises their ability to cope with normal stresses of life, and knows their own strengths so they can be productive and contribute to the community.

It refers to wellness rather than illness.

Mental illness differs from poor mental health, because it refers to a:

recognised, medically diagnosed illness, which impacts an individual's cognitive, affective and relational abilities.

For this audit, we have looked at how the QPS promotes and monitors mental health, and how it prevents and manages mental illness.

Mental health in the workforce

The work environment can contribute positively or negatively to employees' mental health. It can provide important social ties and a sense of pride and achievement, but can also cause stress and exacerbate or contribute to the development of mental illness.

Safe Work Australia, in its *Work-related mental disorders profile 2015*, reported that each year six per cent of all workers' compensation claims are for mental disorders. Its analysis of national workers' compensation data from 2008–09 to 2012–13 showed that every year, an average of 7 820 Australians was compensated for work-related mental disorders. It reported that each year:

- the typical median compensation payment was \$23 600
- mental disorder claim payments totalled \$480 million (average)
- claimants were typically off work for 14.8 weeks (median)
- 39 per cent of mental disorder claims were on average caused by harassment, bullying, or exposure to violence.

Median time off work and claim payments were 2.7 and 2.8 times higher for mental disorder claims than for all claims.

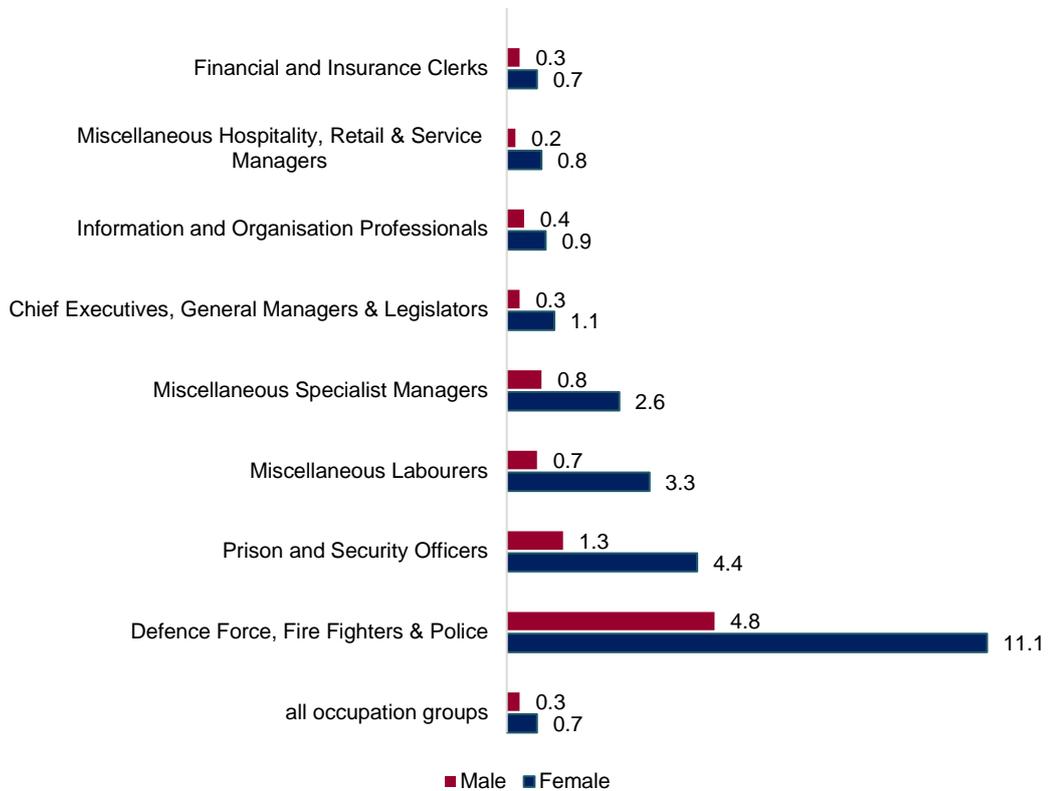
It found that over the five-year period from 2008–09 to 2012–13, first responders (police, paramedics, and firefighters) were one of the most at-risk groups.

Mental health of first responders

First responders are those emergency services staff who respond to emergency situations or critical incidents. They include police, paramedics, firefighters and state emergency services staff. The nature of their work—both the tasks (situational stressors) and conditions (organisational stressors, such as shift work and work culture)—can pose a significant threat to a first responder's mental health.

In the *Work-related mental disorders profile 2015*, Safe Work Australia analysed workers' compensation data and found that civilian defence force staff, firefighters, and police had higher claim frequency rates than all other worker categories. This is shown in Figure 1A.

Figure 1A
Frequency of mental disorder claim rate per million hours worked by occupation group



Note: The Safe Work Australia’s data for the category for ‘Defence Force, Fire fighters and Police’ excluded Western Australia Police and serving defence force members but included civilian defence force personnel.

Source: Safe Work Australia, 2016, *Work-related mental disorders profile 2015*, page 13.

Its analysis showed that the serious mental disorder claim rate of:

- male police, firefighters, and civilian defence members was seven times higher than the average claim rate for all occupation groups
- female police, firefighters, and civilian defence members was 16 times higher than the average claim rate.

In recognition of the high mental health risks associated with first responders, beyondblue developed a *Good practice framework for mental health and wellbeing in first responder organisations*. Its intention was for first responder organisations to use this guide in managing the mental health and wellbeing of their employees across their careers.

Police

Policing involves dealing with people in difficult, emotional, and challenging situations. Any one, or an accumulation of these interactions, can affect the mental health and wellbeing of police. However, identifying the full extent of mental health issues and mental illness of police is difficult because the data available is limited.

Roles and responsibilities

As at January 2017, the QPS employed approximately 15 000 employees, made up of 11 654 sworn police officers, 245 police recruits, and 3 312 unsworn (civilian) staff. Female police officers accounted for 26.1 per cent of sworn police officers and males for 73.9 per cent.

The geographically dispersed nature of Queensland communities, and subsequently the QPS workforce, presents challenges for managing the mental health and wellbeing of its employees. The service's People Capability Command is the unit primarily responsible for overcoming these challenges.

People Capability Command

The People Capability Command, established on 1 July 2016, is responsible for the majority of mental health screening, training, monitoring, and support services across the employee career path.

The formation of the command occurred following a review of the Public Safety Business Agency in 2016. The review recommended that several specific services and functions should be returned to the QPS from the Public Safety Business Agency. This included education and training, local employee health and safety, recruitment services, and employee engagement.

To provide a more coordinated approach to managing Queensland Police employees throughout their career, the People Capability Command includes the following areas:

- operational policing and leadership
- recruit and constable training
- safety, wellbeing and recruiting
- training strategy.

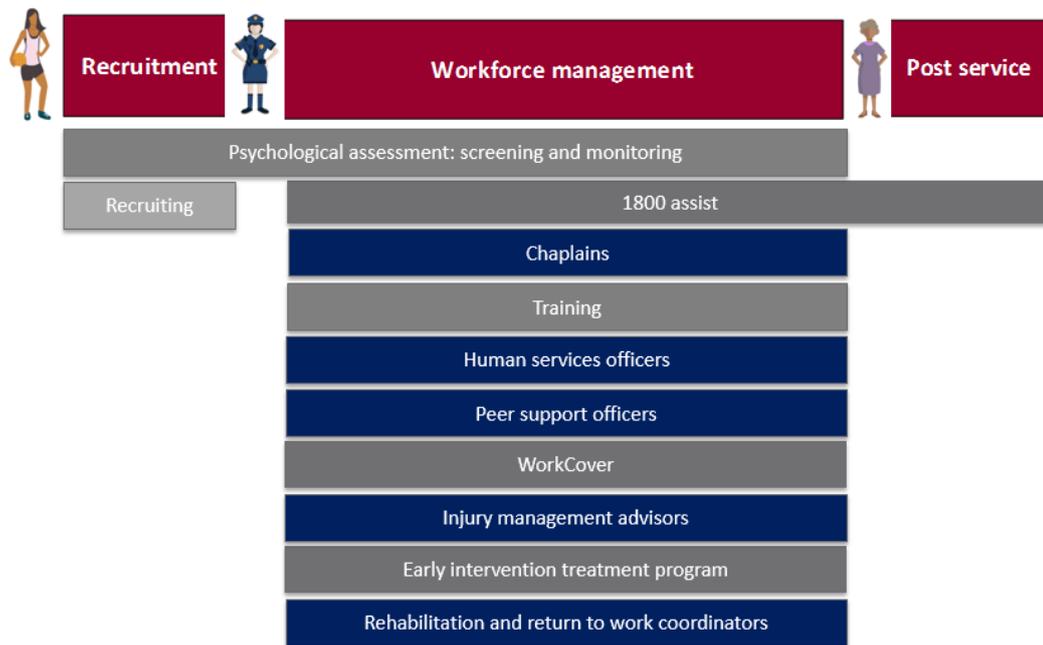
It is also responsible for the development, implementation, and management of the service's health and wellbeing strategies and action plans, including those for mental health.

It coordinates the specific staff roles responsible for delivering support services to employees and their families. These roles include serving officers, civilian staff, and external providers based both centrally (as part of the People Capability Command) and within districts.

The services across an employee's career

Figure 1B shows the support units and services coordinated by the People Capability Command for screening, monitoring, and managing mental health and illness. It shows where these services sit in relation to police officers' career phases.

Figure 1B
People Capability Command support services



Note: While peer support officers are not attached to People Capability Command, it manages the peer support officer program through its human services officers (who are psychologists and social workers).

Source: Queensland Audit Office.

Psychological Assessments

The Psychological Assessment Unit is responsible for the psychological screening of all police recruit applicants and of sworn and unsworn staff applying to work in designated specialist (high-risk) areas or units. It is also responsible for the ongoing annual psychological health monitoring of staff working in these specialist areas. Appendix D lists the specialist (high-risk) work areas.

The psychological assessment process evaluates the individual staff member's psychological suitability to perform the requirements of a specific high-risk role. The assessment involves:

- standardised psychometric testing (completion of two personality assessment tools and completion of an alcohol screen and post-traumatic stress disorder (PTSD) checklist)
- follow-up face-to-face interview with a psychologist
- review of the staff member's self-disclosed mental health history (completion of a psychological health questionnaire)
- analysis of other information, where available.

If Psychological Assessment Unit staff identify psychological risk factors from their assessment, they discuss them with the relevant assistant commissioner of the high-risk work unit. The assistant commissioner makes the final determination on the suitability of the officer.

The Psychological Assessment Unit is also responsible for the ongoing psychological health monitoring of staff working in high-risk areas. This involves conducting annual psychological assessments of employees who perform high-risk policing duties to assess changes in cognitive, affective, behavioural, and interpersonal functioning over time.

It aims to provide early identification and treatment of potential mental health issues. It also constitutes a vital part of the Queensland Police Service's broader risk management strategy to support, sustain, and strengthen the capability of employees to effectively cope with the demands of the job.

Peer support officers

The QPS relies on and expects supervisors and peer support officers to observe peers for any signs of poor mental health. Some of these signs may include poor performance, irritable behaviour, or fatigue.

The QPS has run its peer support officer program since the early 1990s and currently has 778 peer support officers.

Peer support officers are sworn members of the QPS who volunteer their time to assist and support colleagues experiencing personal and/or work-related difficulties. Any permanent employee with more than 12 months of service can apply to be a peer support officer.

A peer support officer offers:

- a first point of contact for employees seeking support
- empathic listening
- psychological first aid
- information and referrals for other services.

All peer support officers must complete a mandatory four-day Foundation Studies Program to obtain accreditation. Once accredited, they must participate in a minimum of six hours of professional development activities each year to maintain their accreditation.

The peer support officers operate under the supervision of a human services officer (who is either a psychologist or social worker) within their police region.

Human services officers

Human services officers are a critical component of the Queensland Police Service's health and wellbeing framework. They are all either qualified psychologists or social workers and are based in the Queensland Police Service's districts or specific commands.

They provide a range of professional mental health services to employees through:

- short-term, voluntary clinical and counselling services
- consultancy to supervisors, managers, and injury management advisors
- an emergency after-hours service
- promotion of wellbeing and resilience
- provision of psychological first aid after a critical incident
- screening and assessments, including individual risk assessments for self-harm
- education and training
- management of the peer support officer program
- referral to external health care providers.

Employees can contact human services officers by phone or email without referral. Supervisors can also refer an employee, although the employee's attendance is voluntary. Also, supervisors can refer employees to a human services officer, peer support officer, or chaplain after a critical incident, depending on the circumstances.

Human services officers are required to adhere to the code of ethics of their relevant profession—the Australian Psychological Society or the Australian Association of Social Workers.

Since 2012, human services officers have reported directly to a clinical supervisor in the Safety and Wellbeing Branch. Prior to this they reported directly to Assistant Commissioners.

Injury management advisors

Injury management advisors are centrally located within the People Capability Command and support all areas of the Queensland Police Service. They coordinate support services for employees receiving injury management.

Injury management advisors play an active role in the case management system and are responsible for ensuring all required documentation and information is recorded for cases assigned to their region, command, or division.

Rehabilitation and return-to-work coordinators

Rehabilitation and return-to-work coordinators are based throughout districts and are responsible for liaising with injury management advisors to assist in managing those people who are receiving wellbeing support. They are responsible for entering information into the case management system for each case assigned for injury management.

Chaplains

The QPS engages chaplains from churches on either a voluntary, part-time, or fulltime basis. Most are in parishes in the community offering non-denominational support to police employees and family members.

All employees

As with all organisations, all employees of the QPS have a role to play in determining and developing its attitudes and culture about mental health culture. This responsibility naturally and legislatively increases as employees move into leadership and management positions. The People Capability Command plays an important role in coordinating, and supporting all employees in fulfilling their obligations.

Legislation and mental health frameworks

The QPS has a primary duty of care under the *Work Health and Safety Act 2011* (QLD) to ensure, as far as reasonably practical, the health and safety of its workers.

The nature of police work and its dispersed workforce presents challenges to the organisation in fulfilling this legislated primary duty of care. Good practice frameworks can help.

Good practice framework

The beyondblue organisation was created to reduce the prevalence and impact of depression, anxiety, and related disorders in the Australian community. It aims to increase the capacity of the Australian community (including governments, service providers, and the business and community sectors, working together) to deal with this.

In 2014, beyondblue established the Police and Emergency Services Program to promote the mental health of police and emergency services workers and reduce their risk of suicide. The program is for current, former and retired workers, volunteers, and their families. The program's objectives are to:

- reduce the stigma associated with mental health conditions, attempted suicide, and suicide among police and emergency services workers
- increase the number of police and emergency services workers taking action to manage their mental health and support colleagues they may be concerned about
- increase the number and capability of police and emergency services organisations taking action to create mentally healthy workplaces.

As part of the Police and Emergency Services Program, beyondblue developed its *Good practice framework for mental health and wellbeing in first responder organisations* (the framework). It developed the framework in collaboration with Australian first responder agencies (including the Queensland Police Service) and experts to assist with protecting the mental health of workforces, promoting wellbeing, and preventing suicide.

The framework provides information about the range of programs, structures, processes, and practices required to effectively promote the mental health of police and emergency services workers. It is intended that police and emergency services agencies use it as a practical guide to develop or renew the mental health strategy in place for their organisation.

The framework relies on an integrated approach to mental health and focuses on three main areas:

- promotion
- prevention
- intervention.

Throughout first responders' careers they will be exposed to situations that may strengthen or challenge their mental health. Therefore, the framework maps its actions and initiatives onto the three stages of their careers:

- recruitment
- operational service
- leaving the service and post service.

In addition to uniformed first responder staff, the framework also applies to volunteers, non-operational workers, and family and social supports.

First responder agencies across the country have accepted the framework as source of good practice. We developed assessment criteria based on this framework and we engaged Associate Professor Jane Shakespeare-Finch, PhD, BSocSC(Hons)(Psych) to provide subject matter expertise.

National mental health and wellbeing study of first responders

Beyondblue is undertaking the National Mental Health and Wellbeing Study of Police and Emergency Services. It aims to build a comprehensive picture of the mental health and wellbeing of police and emergency services staff in Australia.

From August 2017, it started inviting approximately 20,000 current and former employees and volunteers in police and emergency services agencies across Australia to participate in the national survey. Its findings from the survey are scheduled to be available in late 2018.

2. Promoting mental health and preventing mental illness

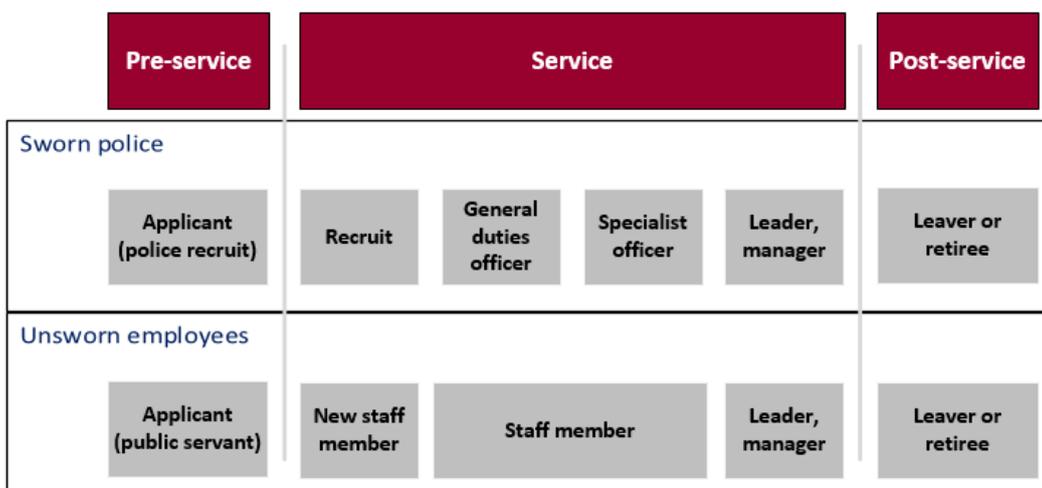
This chapter evaluates the Queensland Police Service's effectiveness in promoting and monitoring the mental health of its employees and preventing mental illness.

We compared the Queensland Police Service's activities to recognised good practices for promoting mental health and preventing mental illness in first responder entities. Activities to promote, prevent, and monitor mental health risks are required at each stage of an employee's career.

Introduction

Across the course of their career, police service employees may face mental health issues and challenges. It is therefore essential that the Queensland Police Service (QPS) adopts an integrated whole-of-career framework for promoting and managing the mental health of its employees. Figure 2A shows a summary of the possible career path of QPS employees. Not all sworn police officers become specialist officers, leaders, managers and not all unsworn employees become leaders or managers.

Figure 2A
Queensland Police Service employee career path



Note: Sworn employees are police officers who have sworn an oath of service and have been conferred with specific authority and powers, such as arrest powers. Unsworn employees are often referred to as civilian staff. They have not taken an oath of service and do not have the authority or powers of sworn police officers.

Source: Queensland Audit Office.

The promotion of mental health and the prevention of mental illness relies on having strong leadership and a positive workplace culture complemented by effective support systems.

In line with beyondblue's *Good practice framework for mental health and wellbeing in first responder organisations*, we expected to find:

- capable leaders who are accountable and who understand their role in promoting mental health and preventing mental illness—including identifying and managing mental health risks
- organisational structures designed to support the QPS in effectively managing, coordinating, and integrating mental health systems across the service
- a strategy and program focused on promotion, protection and intervention to ensure the mental health of employees at each stage of their career.

Leadership and mental health

Committed and capable leaders are crucial in promoting, developing, and sustaining a mentally healthy organisation and culture. They set the tone for the organisation by:

- being accountable and modelling appropriate attitudes and behaviours
- establishing appropriate organisational structures
- setting mental health strategies, policies, and procedures
- working to build a healthy culture and continuously improving on it. This includes rewarding positive and innovative role models and correcting negative behaviours.

Modelling appropriate behaviours

The Queensland Police Service's executive leaders and senior managers espouse a commitment to:

- building the service's capacity and ability to promote mental health and wellbeing
- preventing and managing mental illness.

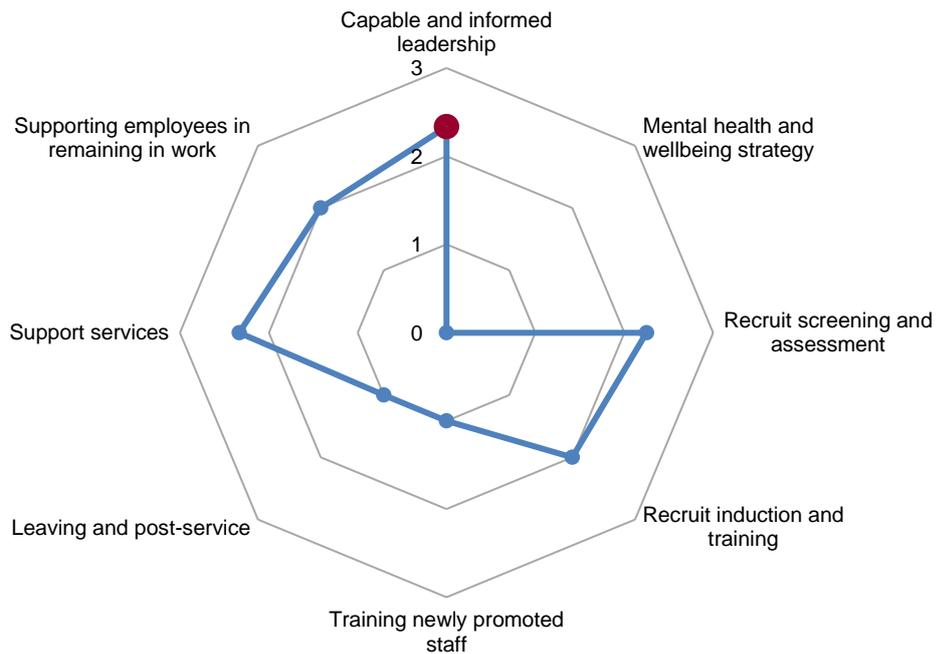
Leaders demonstrate this by delivering initiatives and structural changes aimed at improving employee mental health and wellbeing. These include:

- establishing the People Capability Command
- seeking feedback from employees and their families through a discussion paper and planning to develop an *Our People Matter* employee wellbeing strategy
- partnering with the Queensland Police Union of Employees to sponsor a recognised expert to conduct speaking tours on mental health for police officers and their families
- sharing stories about mental health issues—with senior police openly speaking of their experiences in dealing with their own mental health issues
- supporting various mental health activities across the state, such as RU OK? Day and Mental Health Week.
- establishing the Psychological Well-being Steering Committee and supporting working group in 2013.

These initiatives to better manage the mental health of police service employees take time and considerable ongoing effort to realise organisation-wide benefits.

Figure 2B shows our assessment of the maturity of the QPS mental health leadership.

Figure 2B
Our assessment of the maturity of QPS mental health leadership



Note: Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on criteria we developed using the 'Good practice framework for mental health and wellbeing in first responder organisations', *beyondblue*.

For its mental health leadership to further mature, the QPS needs to improve its training for leaders and its information for decision-making.

Establishing appropriate structures

On 1 July 2016, the QPS established its People Capability Command (the command) to better coordinate, integrate, and enhance its employee wellbeing services, including those relating to mental health. It brought together, under one command, previously disparate work units and areas that contribute to developing and managing its people. It is responsible for:

- operational policing and leadership
- safety and wellbeing
- recruiting
- recruit and constable training
- training strategy.

The command will assist management in better identifying where mental health risks exist or are emerging, and in developing and applying its resources. Importantly, it will also help management to ensure people get the best and most appropriate support services to meet their needs.

Before establishing this command, the QPS did not share or coordinate employee information or support services effectively. By bringing these work units under one command, the QPS intends to break down the barriers and siloed approaches that existed across the work units. It will take time before the benefits of these changed structures are realised.

Setting mental health and wellbeing strategies

The purpose of a mental health strategy is generally to outline the agency's vision, objectives and values for the managing the mental health of the organisation. It usually details how the agency will:

- realise its vision
- embed its values
- achieve its objectives.

This includes actions (or a supporting action plan) and performance indicators.

Australian police and first responder agencies have often included mental health as one part of their overall employee health and wellbeing strategy. More recently, some states have developed strategies specifically for managing the mental health and wellbeing of their employees. For example:

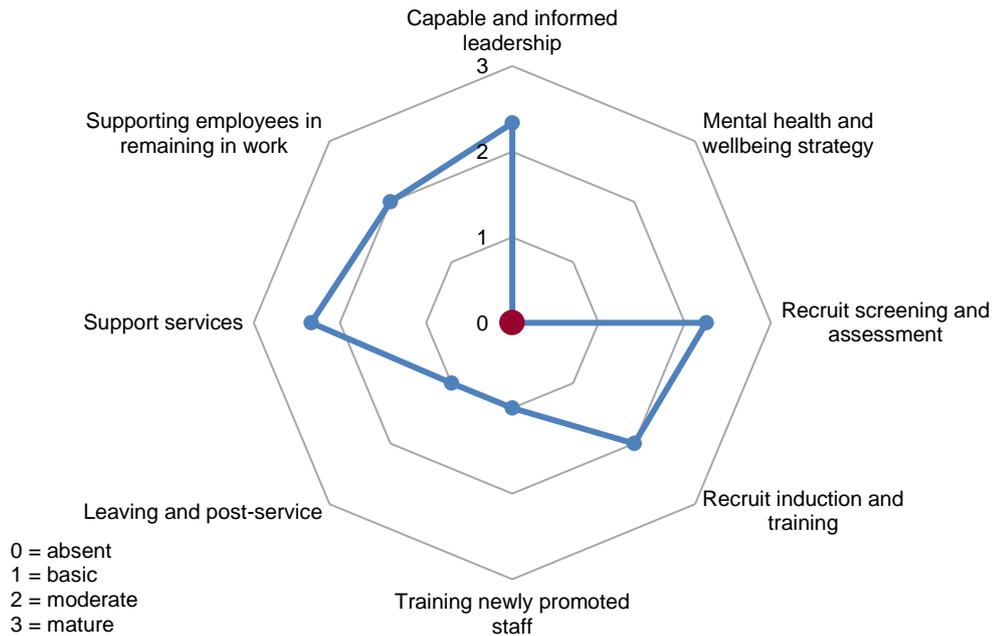
- In 2016, the New South Wales government released its Mental health and wellbeing strategy for first responder organisations in NSW. This includes the New South Wales Police Service.
- In 2017, the Victoria Police Force released its Mental health strategy and wellbeing action plan 2017–2020.

The QPS has no formal strategy or plan for managing the health and wellbeing of its employees—including their mental health—but is developing one.

In 2014, a staff member of the Employee Wellbeing Unit developed a draft health and wellbeing plan which it called the *Employee Wellbeing Strategic Plan 2015–17* (the plan). The plan covered health and wellbeing broadly and had little specific reference to mental health. The leaders of the Employee Wellbeing Unit advised us that they did not approve the document and therefore they never forwarded it to the QPS executive leadership for consideration.

Figure 2C shows our assessment of the maturity of the QPS mental health strategy. The QPS does not yet have a strategy for managing the mental health of its workforce, but it is working towards developing a health and wellbeing strategy, which includes mental health.

Figure 2C
Our assessment of the maturity of the QPS mental health strategy



Note: Absent in any category does not necessarily mean that QPS has none of the elements in that particular category. It means that what the QPS does have in place has not met the threshold to reach the basic or higher level of good practice. Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', *beyondblue*.

The *Our People Matter* strategy

In 2016, the QPS developed a health and wellbeing discussion paper called *Our People Matter* (the discussion paper) in conjunction with the:

- Queensland Police Union of Employees
- Queensland Police Commissioned Officers' Union of Employees
- Together Union.

The introduction of the discussion paper includes a joint message from the police commissioner and the president of the Queensland Police Union of Employees. Partnering with key stakeholders, such as the unions, is a positive step towards the acceptance of the strategy by QPS employees.

In its discussion paper, the QPS has identified four priority areas for managing the health and wellbeing of its employees. These are having:

- productive and supportive workplace cultures
- safer workplaces
- healthy minds
- healthy bodies.

Two priority areas listed in the discussion paper—healthy and supportive workplaces, and healthy minds—were partly aimed at raising the issue of the stigma associated with mental illness.

This is important, as employees told us that mistrust, confidentiality concerns, and a lack of confidence in existing support services remain significant barriers to them seeking and accessing mental health support in the Queensland Police Service. We also received submissions to our audit raising these issues.

In March 2017, the police commissioner released the discussion paper and a survey to stakeholders for consultation, including to employees and their families. It held 26 workshops across the state, which were attended by 780 employees across ranks and levels. The consultation period finished at the end of July 2017 and the service received 1940 completed employee surveys and 176 completed family member surveys.

The People and Capability Command is assessing these responses and intends to incorporate stakeholder feedback into the development of the service's *Our People Matter* health and wellbeing strategy. It originally planned to finalise the strategy by December 2017 and implement it from January 2017 to August 2018.

In May 2017, the police commissioner approved the establishment of a steering committee for 12 months to guide the police service's engagement, development, and execution of its *Our People Matter* strategy. The committee is to include the current chairs of the Health and Safety Coordinating Committee, the Psychological Wellbeing Steering Committee, and the Chaplaincy Committee.

Recruiting suitable people

The Queensland Police Service's recruitment processes are designed to identify and select the most suitable applicants who have the greatest potential to cope with the specific demands of policing.

This section details the Queensland Police Service's recruitment screening processes as they relate to the mental health and cognitive screening of applicants.

Screening applicants

Screening and assessing applicants is important in identifying candidates with the appropriate cognitive, psychological, and physical attributes to perform policing roles.

The QPS has different recruitment and screening processes for applicants depending on whether the applicant is applying for a sworn policing role or an unsworn staff role (commonly referred to as a civilian role).

As of January 2017, the QPS had approximately 11 654 sworn police officers, 245 recruits, and 3 312 unsworn staff.

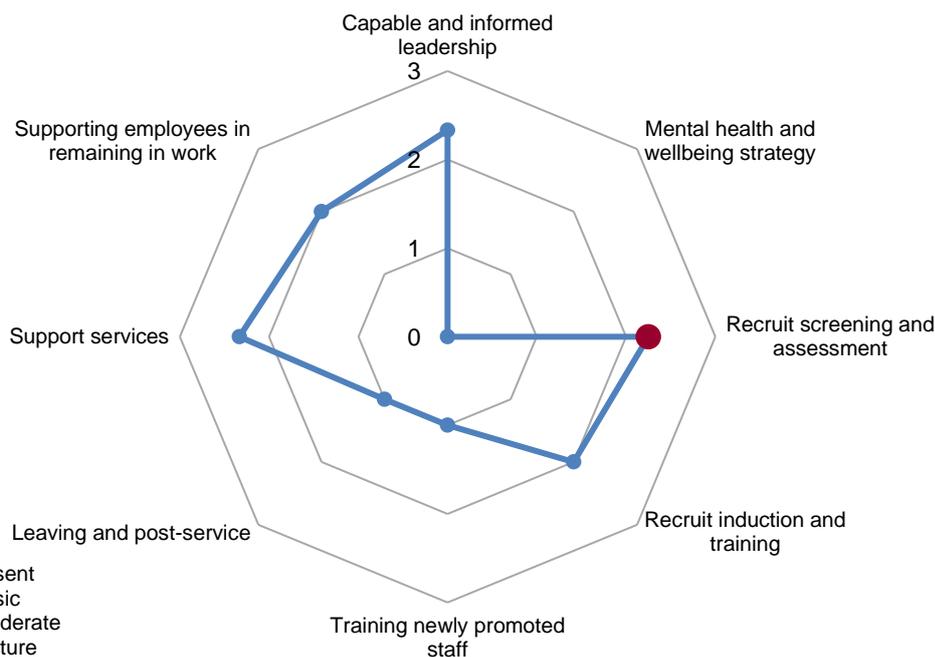
It is generally understood among the broader community that sworn police officers are likely to be exposed to critical incidents and traumatic and graphic events during their careers.

Perhaps less well known is that unsworn staff in police organisations are increasingly exposed to graphic and potentially traumatic images and information. This exposure can be direct or indirect and in some cases, may affect the employee's mental health. Mental health issues resulting from indirect exposure are often referred to as secondary or vicarious trauma.

For these reasons, we expected the QPS to have mature screening processes for recruiting sworn and unsworn staff to enhance its likelihood of selecting the most suitable applicants.

Figure 2D shows our assessment of the maturity of the QPS recruit screening and assessment processes.

Figure 2D
Our assessment of the maturity of QPS recruitment screening and assessment



Note: Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', beyondblue.

QPS has many elements of good mental health practices in its recruitment processes. It now needs to review the effectiveness of its screening practices, so it can continue to improve them.

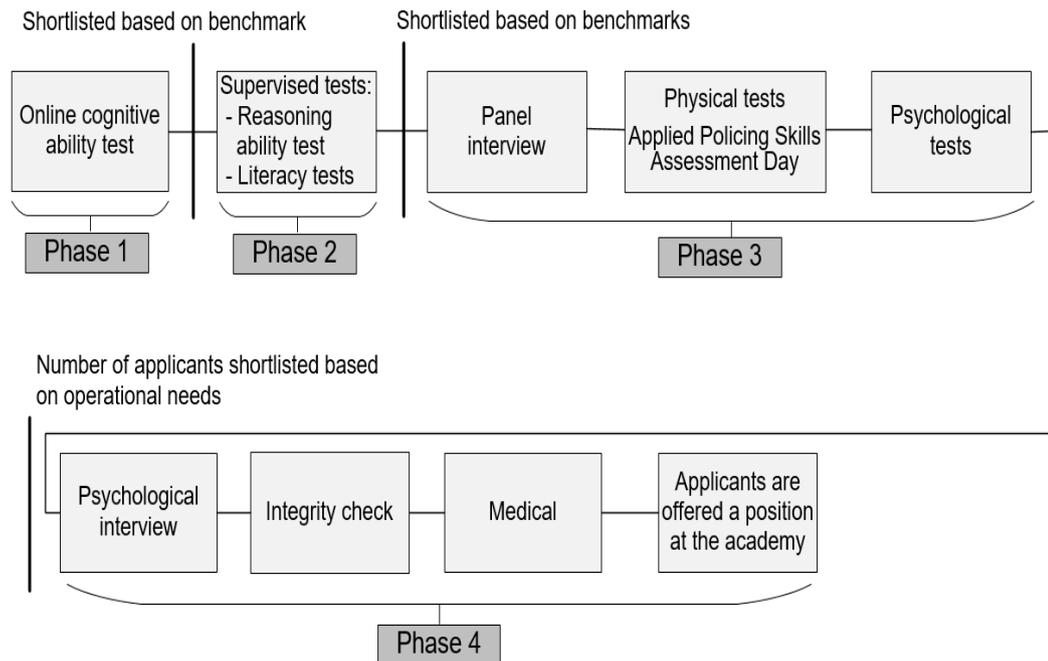
Recruiting sworn police

The QPS screens all applicants for recruit training to determine the applicant's suitability for policing. Depending on how far they progress through the recruitment process, applicants undertake a series of cognitive, literacy, reasoning, physical, and psychological tests.

From 1 July 2016, the QPS improved its recruit screening practices. This was to ensure it recruits the most suitable applicants based on all recruiting test results.

The QPS identified that it did not have a robust or defensible research basis for the shortlisting benchmarks used in this process. As a result, it recruited some applicants who scored below the current cognitive ability threshold. Figure 2E details the Queensland Police Service's current, improved four-stage recruitment process.

Figure 2E
Recruitment process since 1 July 2016



Source: Queensland Audit Office.

The Queensland Police Service’s current screening benchmarks are now 10 per cent higher, based on research it commissioned. To maximise its ability to select the most suitable applicants, it also considers unsuccessful candidates who scored above the benchmark in future recruitment selections.

The QPS records and integrates current recruits’ cognitive and psychological test results into its human services officer case management database. In future, it plans to include its data from recruitment prior to 1 July 2016 in its system, to better manage potential risks. At present, it is not using data from its previous recruiting practices to proactively monitor or manage potential risks.

The QPS does not analyse its data for patterns and markers that indicate whether its recruitment screening processes are effective. This information could be used to continuously improve its processes.

Recruiting unsworn staff

The Public Safety Business Agency is responsible for recruiting unsworn staff for the QPS.

It does not, as a matter of course, conduct cognitive or psychological screening for applicants for general unsworn positions.

This is appropriate for most unsworn staff positions. The mental health of unsworn staff working in roles not exposed to traumatic or graphic events or information is unlikely to be at any greater risk than that faced by the general public.

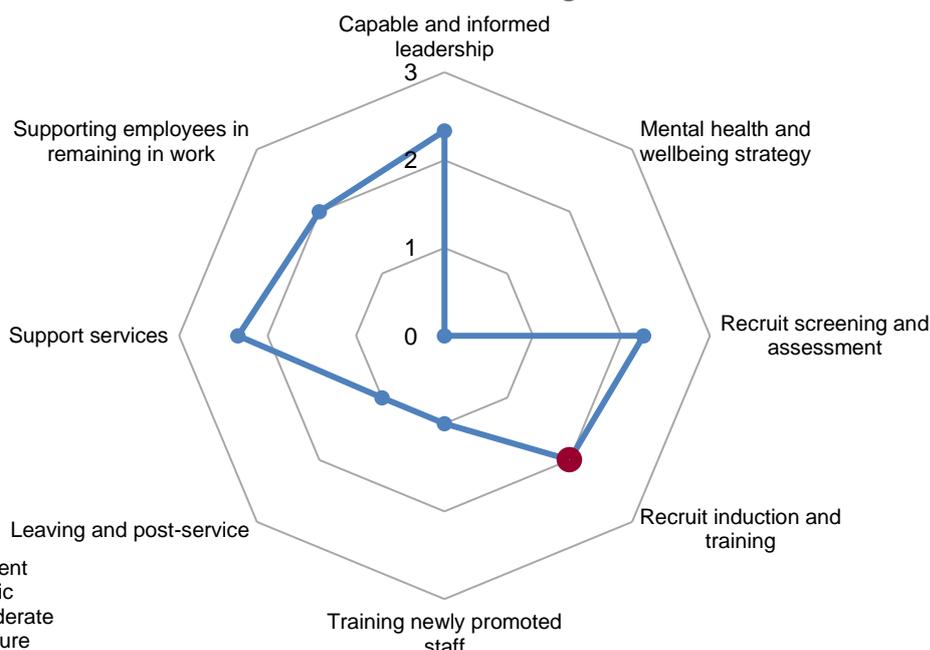
Those unsworn staff who are recruited to areas deemed high risk are assessed by the Psychological Assessment Unit before they are accepted into the high-risk work area. This is discussed further in the section on high-risk roles.

Training and developing employees

By providing training to employees, the QPS aims to prepare and equip its employees with the knowledge and skills to better cope with the specific demands of policing. Early in a police officer's career it is critical to set the foundations for a positive attitude towards mental health at work and to minimise stigma.

Figure 2F shows our assessment of the maturity of the QPS recruit training and employee induction processes relevant to promoting and managing mental health.

Figure 2F
Our assessment of the maturity of QPS recruit and new staff mental health induction and training



Note: Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', beyondblue.

To further mature these processes, the QPS needs to better link and coordinate its mental health-related training, and improve its records of employee participation in these training programs.

There is little structure across the training to ensure:

- the various training options offered have consistent messages and complement each other
- training is reinforced and built upon as police and employees progress through their career
- employees have the necessary minimum skills for promoting, monitoring, and managing mental health commensurate with their roles within the organisation.

In addition, the QPS does not assess the success of mental health training provided or the level of retention of knowledge by employees. There is no reporting to the senior executive or leadership groups on this key information. As a result, the Queensland Police Service's management has little understanding of the reach or success of its wellbeing and mental health training programs.

In order to ensure the training is reaching those it should and achieving the desired outcomes, the QPS must coordinate, monitor, analyse, and report on training courses available and delivered to employees. This is particularly important given the broader attitudinal and behavioural change being driven by senior leadership across the organisation.

Training recruits

Training and exposure to mental health information for sworn police officers begins during their recruit training.

As part of the Recruit and Constable Training Course, the QPS delivers mandatory and voluntary training relevant to organisational mental health awareness and resilience. Figure 2G details the relevant training available to recruits.

Figure 2G
Recruit and constable mental health training

| Training topic | Topic details | Timing | Method of delivery | Recurring | Examinable (Y/N) |
|----------------------------------------|--------------------------------|----------------|--------------------|-----------|------------------|
| Mandatory training | | | | | |
| Building resilience | Trauma resilience training | Weeks 6 and 10 | Classroom | Two times | No |
| Stress management | Trauma resilience training | Weeks 6 and 10 | Classroom | Two times | No |
| Healthy workplaces | Occupational health and safety | Online | Online | No | Yes |
| Fit for work | Occupational health and safety | Online | Online | No | Yes |
| Negative workplace behaviour | Improving workplace behaviours | Online | Online | No | Yes |
| Non-mandatory training | | | | | |
| Critical events/ incidents preparation | John Tonge Centre morgue visit | Week 6 | Classroom /morgue | No | No |

Source: Queensland Police Service.

It also provides recruits with training on recognising and dealing with mental health issues in the community through:

- a mandatory classroom session on mental health during week 21 of recruit training
- voluntary sessions on discrimination offered throughout recruit training.

While not focused on workplace mental health, these training sessions contribute to building overall employee awareness of mental health issues generally.

Training sworn police officers

The Constable Development Program

After recruit training, the QPS provides some mental health-related sessions for constables as part of the Constable Development Program. This consists of the sessions shown in Figure 2H.

Figure 2H
Constable Development Program sessions relevant to mental health

| Training topic | Topic details | Timing | Method of delivery | Examinable (Y/N) |
|-----------------------------------|--------------------------------|----------------------------------------------------------|---------------------|------------------|
| Mandatory training | | | | |
| Fit for life/fit for work | Drug and alcohol awareness | Pre-requisite for Constable Development Course enrolment | Online | Yes |
| Critical incident training day | Critical incident preparation | First year | Classroom | No |
| Discrimination | Improving workplace behaviours | First year | Assignment (Online) | Yes |
| Workplace bullying and harassment | Improving workplace behaviours | First year | Assignment (Online) | Yes |
| Negative workplace behaviour | Improving workplace behaviours | First year | Assignment (Online) | Yes |
| Critical incident training | Incident command | Third year | Classroom | Yes |
| Non-mandatory training | | | | |
| Psychological first aid | Orientation | First year | Classroom | No |

Source: Queensland Police Service.

The QPS advised that it intends to expand the Constable Development Program training sessions to the third year of the program. This expansion is in its inception stage. It intends to develop a 'take home' resource that focuses on building resilience, stress management, and psychological first aid.

Other mental health and wellbeing training

In addition to recruit training and the Constable Development Program sessions, the QPS makes available a broad variety of mental health-related training to sworn police officers.

These training programs cover a wide spectrum of mental health issues and risks, but the availability, scheduling, delivery, and content is not coordinated and the programs are not designed to complement and build on one another.

Most of the mental health training sessions for QPS employees are not mandatory, not examinable, and not sufficiently tailored to groups based on their roles, seniority, or specific risk exposures.

Because the training is not coordinated or effectively managed and is largely voluntary, the QPS was unable to provide us with details of how many of its employees had enrolled, undertaken, and successfully completed the various training programs. It does not know the participation rates and therefore the coverage of mental health training across the organisation.

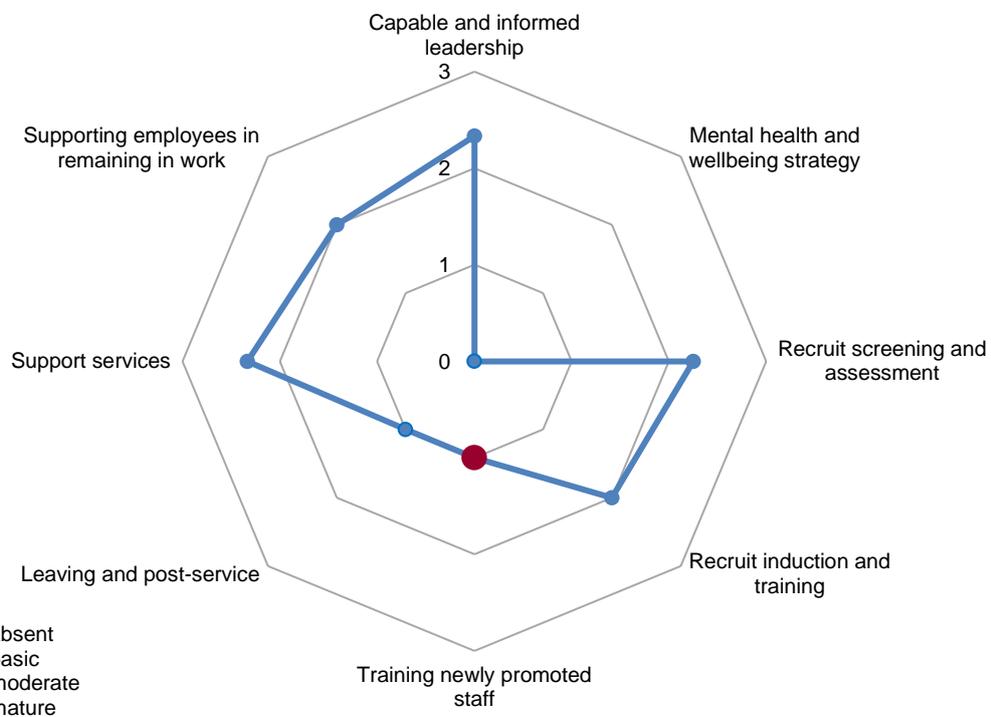
Developing and training supervisors and managers

A fundamental role of supervisors and managers in any organisation is to monitor and protect the health and wellbeing of their staff.

When staff are promoted it is an opportunity to provide them with training to ensure they build appropriate skills and knowledge to effectively fulfil their role. This is important as leaders make a significant contribution to the culture of a workplace.

Figure 2I shows our assessment of the maturity of QPS processes for training newly promoted staff in their role and responsibility for employee mental health.

Figure 2I
Our assessment of the maturity of QPS mental health education and training for newly promoted staff



Note: Absent in any category does not necessarily mean that QPS has none of the elements in that particular category. It means that what the QPS does have in place has not met the threshold to reach the basic or higher level of good practice. Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', beyondblue.

The QPS could be doing more to educate, train, and equip middle managers for managing mental health by linking the training to previous modules and encouraging further learning in the area. It has some mandatory workplace training as a pre-requisite for promoting sworn officers to sergeant rank, including:

- negative workplace behaviours
- discrimination and diversity
- workplace bullying.

The degree to which these courses are linked, complementary, and cover issues related to mental health in the workplace is limited.

Other voluntary training is available for sergeants, and some is specifically targeted at higher ranks (senior sergeants, inspectors, and unsworn managers), such as depression awareness and building resilience.

The QPS could not demonstrate that all staff required to undertake mandatory mental health training for promotion had completed the training.

Training unsworn staff

Unsworn staff have access to the various mental health-related training programs within the QPS.

Only one of the mental health training programs available to unsworn staff is mandatory—the Lifestyle and Fit for Work program. This program is a one-off online program that staff are required to complete when they first start working for the QPS. All other training available to unsworn staff is voluntary.

The QPS does not know how many of its unsworn staff have undertaken and successfully completed the various training programs available to them. It does not know the participation rates and therefore the coverage of mental health training across its unsworn staff.

Support and monitoring to prevent mental illness

All sworn officers start their career in general duties after graduating from the Queensland Police Academy (the academy). Some might spend their career as general duties officers, while others will specialise in a particular policing role. The QPS considers some of these specialist areas to be high risk. Similarly, unsworn staff may be involved in supporting general duties or specialist areas.

The type of work an employee performs during their career can influence their exposure to psychological stressors. If these stressors are not properly monitored and managed, the employee's mental health may be adversely affected.

General duties police

The general duties and traffic police officers are on the front line. This is also the area of policing containing the least experienced officers, including newly graduated police.

General duties policing is the role that all police officers perform after graduating from the academy. As of 30 June 2016, the QPS had 5 648 general duties (5 241) and traffic (407) police officers combined. They are the bulk of all sworn officers and are usually the first police on the scene at any reportable crime or public need. As a result, with little warning, they are often and repeatedly exposed to emotional, confronting, and potentially traumatic situations, such as sudden deaths, road trauma, domestic violence, natural disasters, and serious assaults.

The QPS has processes in place for supporting any officers attending critical incidents (including general duties and traffic officers). These critical incident response processes are more likely to capture acute psychological health issues. They are less likely to identify more chronic issues that develop over time with exposure to multiple incidents and/or stressors.

Psychological health monitoring is aimed at assessing changes in an employee's cognitive, affective, behavioural, and interpersonal functioning over time, and at providing early identification and treatment of potential mental health issues.

In its 2010 *Feasibility Analysis of Psychological Health Monitoring* review, the Psychological Health Monitoring Working Party (an internal QPS working party) recommended that mandatory psychological health monitoring be provided to all:

- general duties officers working in regional operations by the end of 2015
- senior constables and sergeants working in any of the regional and specialist areas not previously covered by the end of 2017
- operational police officers (and relevant high-risk civilian staff) by the end of 2020.

The QPS has not implemented mandatory psychological health monitoring of general duties officers working in regional operations. At present, it has no plans to implement any of these three recommendations. One of the reasons for this is that the Psychological Assessment Unit does not have the capacity to undertake assessments on this scale within its current resourcing and funding.

Unlike for those officers in roles defined as specialist (high risk), the QPS has no established process for the ongoing psychological health monitoring of general duties and traffic officers. These officers are not offered or required to undertake periodic psychological health monitoring. The QPS is not proactively monitoring the biggest (and arguably highest-risk) component of its workforce. To our knowledge no Australian police jurisdiction has ongoing psychological health monitoring of general duties officers.

Specialist roles

The QPS has specialist work units it considers high risk, such as the Child Safety and Sexual Crime Group, Homicide Investigation Unit, and the Forensic Services Branch. Appendix D contains a full list of these units.

It does not have set criteria for assessing or determining which specialist units are high risk, and instead relies largely on the discretion of assistant commissioners to make the determination.

In its 2010 *Feasibility Analysis of Psychological Health Monitoring* review, the Psychological Health Monitoring Working Party recommended that the then existing practices for psychologically assessing designated specialists from the State Crime Command and Operations Support Command be expanded to require:

- by the end of 2011, that all sworn officers in Child Protection Investigation Units and Scenes of Crimes Units undergo mandatory psychological assessment on initial selection and annual health monitoring
- by the end of 2013, mandatory psychological health monitoring be extended to all operational or specialist officers working in:
 - Forensic Crash Units
 - isolated/Indigenous communities
 - the Police Communications Centre
 - the Photographic and Electronic Recording Section
 - the Fingerprint Bureau
 - the Coronial Support Unit
 - the John Tonge Centre.

To date, the Queensland Police Service has not implemented mandatory screening and annual psychological health monitoring in all of these units. As mentioned earlier, the Psychological Assessment Unit does not have the capacity to undertake mandatory assessment on this scale, particularly given the time and cost of travelling to regional centres.

Screening applicants for high-risk roles

The Psychological Assessment Unit conducts mandatory psychological screening of all sworn and some unsworn staff applying to work in designated high-risk roles. Applicants undergo personality and psychopathology assessments, involving two psychological tests, a psychological health questionnaire, and an interview.

The psychological assessment process is designed to evaluate the individual staff member's psychological suitability to perform the requirements of the specific high-risk role. Specifically, it is intended to determine whether the employee has the resilience, interpersonal ability, and characteristics required for the role.

Conducting psychological health monitoring

The Psychological Assessment Unit also conducts annual psychological health monitoring of staff (sworn and in some cases unsworn) working in high-risk areas.

The annual monitoring is not mandatory for all high-risk units. It is aimed at assessing changes in the employee's cognitive, affective, behavioural, and interpersonal functioning over time, to provide early identification and treatment of potential mental health issues. It constitutes a vital part of the Queensland Police Service's broader risk management strategy to support, sustain, and strengthen the capability of employees to effectively cope with the demands of the job.

Effectiveness of screening and monitoring employees for high-risk roles

While the Queensland Police Service has these mental health screening and monitoring processes for staff working in specialist (high-risk) units, it applies the processes inconsistently.

It has no reason or logic as to why screening and monitoring is mandatory for one high-risk unit but not for a similar unit. For example, psychological screening and health monitoring is mandatory for the Child Safety and Sexual Crime Group in State Crime Command but not for regional Child Protection and Investigation Units.

Similarly, it requires mandatory psychological screening and annual health monitoring for employees of the Intelligence, Counter-Terrorism and Major Events Command's Technical Surveillance Unit, but not for its staff at the Crime and Corruption Commission Technical Surveillance Unit.

The four occupational psychologists responsible for psychological health monitoring are unable to keep up to date with the mandatory annual assessments, despite many eligible staff in specialist units not taking up the offer of voluntary assessments.

Piloting a revised psychological screening and health monitoring program

The Psychological Assessment Unit conducted a review of its recruit and specialist unit screening processes and its annual psychological health monitoring of specialist staff.

The review noted that:

... in the five years since Psychological Assessment Unit was first established, the areas within scope of the unit have grown considerably, from approximately 1200 officers to over 1800. Conversely, the resourcing for Psychological Assessment Unit has not increased at all. This has placed unrealistic workload pressures on staff and increased the risk of critical errors in the management of officer mental health.

It recommended replacing its in-person assessment approach with online screening assessments for regional, interstate, and international recruit and specialist unit applicants.

It also recommended that the Psychological Assessment Unit adopt a model like the Australian Defence Force's Post-Operational Psychological Screening process for staff returned from overseas deployments. Specifically, it recommended that the Queensland Police Service modifies the psychological health monitoring assessments, making it a two-staged process.

The first stage would involve a brief (online) psychological assessment and the second stage a more comprehensive assessment (conducted via Skype for staff outside South East Queensland). The second stage would only be undertaken by those identified in the first stage as requiring further assessment. The Queensland Police Service consulted a professor of psychiatry who supported this approach.

The Psychological Assessment Unit estimated that implementing these recommendations would potentially save the Queensland Police Service more than \$100 000 per annum in travel and resourcing costs, significantly reduce staff workload, and allow the Psychological Assessment Unit to expand its service delivery.

In May 2017, the Psychological Assessment Unit implemented stage one of a two-stage trial of the revised psychological health monitoring process. Stage one focused on the Logan Scenes of Crime Unit and the Ipswich Child Protection and Investigation Unit. Case study one details the results of stage one of the trial.

Case study one

Stage one results—online psychological assessment trial

The trial involved all officers completing both the new electronic psychological assessment, a follow-up psychological interview, and a subsequent interview requesting feedback on the new process.

Who participated in the trial?

Twenty-six employees undertook the new process: 13 from the Logan Scenes of Crime unit and 13 from the Ipswich Child Protection and Investigation Unit. One additional employee started the process but did not complete it. This was similar to the 24 employees who undertook psychological health monitoring from these two areas in 2016.

How long did the assessments take?

The 26 assessments under the new process were completed in approximately 10 business days. In comparison, the 24 in-person assessments conducted in 2016 took approximately 15 business days to complete because they required one to two hours of testing per employee.

Seven (27 per cent) of the 26 employees who were assessed in the stage one trial were considered to require a referral for external support. The online assessment detected all seven.

What did participants say?

The feedback from officers undertaking the process was overwhelmingly positive, with 92.3 per cent (24 out of 26) advising that they preferred the new electronic approach and that most participants found the online system user-friendly, easy to navigate, efficient, relevant, and less convoluted. Additionally, all participants reported the online system was more private, less time-consuming, and that they were more likely to engage in health monitoring in the future.

Stage two of the trial started in early June 2017, is currently ongoing, and focuses on the:

- Cairns Scenes of Crime Unit
- Cairns Child Protection and Investigation Unit
- North Queensland Specialist and Emergency Response Team.

If successful, the online screening could potentially free up resources and be expanded to enable the Queensland Police Service to conduct psychological health monitoring of general duties, investigations, traffic officers, and unsworn staff.

Recent initiatives

In September 2017, the QPS with the Queensland Police Union of Employees launched two mental health initiatives, a wellbeing smartphone application and a series of 'emotional survival' workshops.

Equipt wellbeing smartphone app

In September 2017, the QPS with the Queensland Police Union of Employees introduced for current and former QPS employees and their families a free wellbeing app, called *equipt*. The app was originally developed by The Police Association Victoria and Victoria Police, with input from employees and mental health experts. The QPS has customised *equipt* to include QPS mental wellbeing support services and links to Queensland specific community support services.

The app is intended to provide employees and their families with tools and practical strategies to help strengthen their physical, emotional and social wellbeing. Specifically, it is intended to help them:

- manage stressful situations, including distressing moods and thoughts
- develop healthy and sustainable lifestyle practices that promote resilience
- measure and track wellbeing over time
- establish good sleeping habits
- set and manage wellbeing goals
- connect with confidential and professional internal and external support services in times of crisis.

The app is branded as part of the *Our People Matter* Strategy and is compatible with iPhone and Android smartphones. It is too early to assess the level of employee engagement and use of the app or its effectiveness.

Emotional survival workshops

The QPS has scheduled a series of 'emotional survival for law enforcement' workshops to be held across the state during September 2017. They are hosted by an American behavioural scientist who specialises in the field. The workshops cover topics such as:

- strategies to reduce the impact of stress
- cynicism
- relationship failures
- supervision issues
- over-aggressiveness
- situational values
- hypervigilance and PTSD.

The QPS ran similar workshops in February 2016.

Monitoring and supporting people leaving the police service

Post-service is the last stage of the employment lifecycle and may result from an employee resigning, being terminated, or retiring (including ill-health retirement).

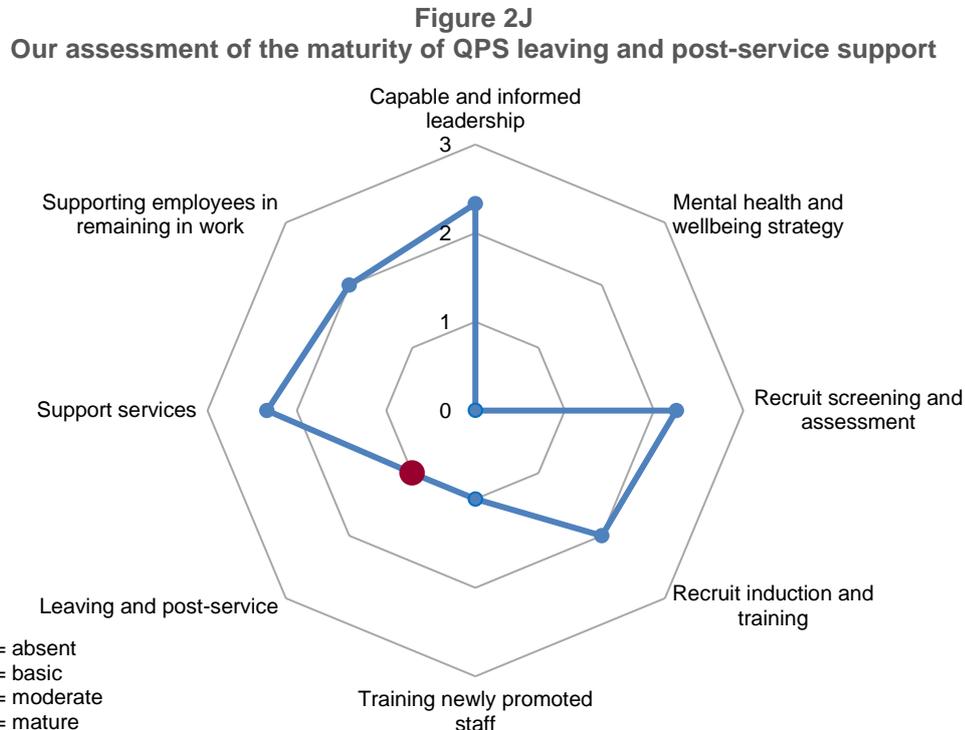
The *Good practice framework for mental health and wellbeing in first responder organisations* notes that first responders (such as police) leaving the service face specific challenges.

Retirement, or a career change, can be an intensely difficult transition and may trigger mental health difficulties, particularly when the transition is sudden and unexpected (such as because of a permanent injury).

For many police officers, work and work culture become a significant part of their identity and support structures. Many of their social support networks can come from interactions with trusted colleagues and individuals at work. Retirement presents a risk to their mental health when those connections are lost. Additionally, where individuals have found a sense of identity within the community as police officers, that identity can be lost after leaving the service.

In its good practice guide, beyondblue notes that organisations often provide little support to first responders at the post-service phase of their career. It advocates extending advisory, screening, and support services to employees after they leave the organisation. Police services in Australia have not traditionally provided post-service mental health advisory, screening, and support services. The Australian Defence Force has, and it could provide useful learnings for police services wanting to develop post-service supports.

Figure 2J shows our assessment of the maturity of QPS processes for assessing and supporting leaving or former employees.



Note: Absent in any category does not necessarily mean that QPS has none of the elements in that particular category. It means that what the QPS does have in place has not met the threshold to reach the basic or higher level of good practice. Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', beyondblue.

The QPS offers employee assistance program services for 12 months after employees leave. But it could be doing more to prepare and support employees leaving the service.

Assessing and preparing employees leaving the Queensland Police Service

The QPS has no established processes or systems to assess the health and wellbeing of its employees leaving the service. Other than those retiring or transitioning due to ill-health, it does not screen or assess the mental health of employees before they leave the service.

In some cases, individuals may have pre-existing undiagnosed mental health conditions sustained while in the police service. They are at risk of not having those conditions diagnosed and treated after leaving the service. Screening police officers before they leave the service can help identify and lessen some of the risks associated with this transition. While providing screening and advisory services would involve some cost, it has potential benefits for the organisation as well as employees. It would:

- help the QPS fulfil its duty of care to its employees
- provide valuable research data on the effects of policing on long-term mental health.

On 1 December 2016, the QPS conducted a pilot workshop titled 'Life beyond the service' for officers leaving the Queensland Police Service. This workshop was offered only to sworn officers and their partners, was predominantly focused on police retiring, and was designed to prepare officers for their future.

It covered financial considerations, positive relationship management, and physical health and lifestyle (hobbies and interests). External organisations, such as QSuper and the Public Trustee, provided attendees with information on resources and support services for each of the topic areas covered. The QPS has advised us that it will offer further workshops in the future but has not yet scheduled them.

Injured employees may transition to other employment (either within or external to the Queensland Police Service) or retire due to ill-health. Such cases form part of the case management process, which we detail in Chapter 3.

Supporting former employees

While beyondblue advocates extending advisory and support services to employees after leaving the organisation, it does not detail the extent and limitations (if any). These are matters that individual organisations need to determine.

The QPS provides few support services to support former employees who might suffer mental health issues from their service.

It extends its 1800 anonymous helpline service to ex-employees for the 12 months after they leave the Queensland Police Service. It has no process in place to make ex-employees aware that this service is available to them, and does not know how many, if any, ex-employees are using this service.

The information it receives from the service provider includes gender, age category, length of service, referral method, and nature of issues but does not identify whether the person is an ex-employee. This information would be useful, not only to know the extent of use of this service by ex-employees, but also to identify any mental health issues that may be specific or more prevalent to these people.

Next steps

In its *Our People Matter* discussion paper, the QPS included, as a guiding principle, that its future strategy 'must address all stages of the employee career path including transition to retirement and immediate years post separation'.

The extent to which this will be included in its strategy and practice is still to be determined. The QPS leadership will need to consider the extent to which it extends these services to former members taking into consideration what is reasonable, achieved and any associated costs.

The Australian Defence Force's mental health and wellbeing strategy includes 'transitions' as one of its five intervention areas. It acknowledges that:

- recognition of service and seamless transition to civilian service is important
- transition should begin well before final transition and continue for a period after transition
- transition services should provide employees with information on a whole range of services, resources and benefits available to them
- employees transitioning out of the service with chronic mental illness need comprehensive support.

The Australian Defence Force model could be a useful resource for the QPS in assessing what post-service supports might be appropriate for its employees.

The QPS has advised that it is extending its recent initiatives (its *equipt* wellbeing smartphone app and its emotional survival workshops) to former employees.

3. Managing mental illness

This chapter examines how well the Queensland Police Service identifies, supports, and manages employees who suffer mental illness.

We assessed the Queensland Police Service's activities in supporting employees with mental illness or mental health concerns. We also evaluated the cost of mental illness-related claims.

Introduction

With appropriate support in place, many people experiencing mental health difficulties can function productively at work, in some cases without any changes to their role. Others may need modified duties to enable them to stay at or return to work.

Social support from colleagues, peers, managers, the broader organisation, family and friends reduces stress, protects mental health, and promotes wellbeing. Clinical support options are also important for people who may be experiencing mental health difficulties or conditions.

We expected the Queensland Police Service (QPS) to be adequately supporting employees who experience mental illness. Specifically, we expected to find that:

- policies and procedures are in place to guide employees in managing cases of mental illness
- support services are available and readily accessible to employees
- employees, their families, and those involved in personal and/or social relationships with the employees are well supported in improving their mental health
- employees are supported in remaining in or returning to work where possible and in transitioning from the police service where necessary.

As noted in the context chapter, the QPS has access to examples of good practice in managing mental illness, such as beyondblue's *Good practice framework for mental health and wellbeing in first responder organisations*.

Guiding employees in managing mental illness

The QPS has a range of policies and guidance material specific to managing employees with injuries or illness. These include its *Injury/illness management policy* and its *Psychological wellbeing employee assistance policy*.

Its *Injury/illness management policy* has been in place since 14 December 2012 and details:

- circumstances to which the policy applies
- relevant legislative and industrial authorities
- principles, including confidentiality and the injured/ill employee's rights
- responsibilities of the injured/ill employee and of managers and supervisors, but not of injury case managers.

The *Psychological wellbeing employee assistance policy* has been in place since 1 July 2013 and covers:

- risk management of psychological injury
- confidentiality
- employee wellbeing programs, including clinical and counselling services; consultancy; promotion, prevention and early intervention; peer support officers; and psychological first aid for managing critical incidents
- use of alcohol or drugs
- research and development.

The Queensland Police Service's *Injury and rehabilitation case management resource tool—version 2.0* complements these policies. It was developed by the Public Safety Business Agency in November 2014, when that agency was providing health, safety, and injury management services to the Queensland Police Service. It provides guidance and direction on:

- categorisation of cases (as complex, uncomplicated, or not applicable)
- risk management
- case management methodology
- career transition
- capacity to work, including return to work
- case finalisation.

In addition, the QPS has a *Resource tool for injury management administration*, instructions for the early intervention treatment program, a *Communication and consultation framework—complex cases*, and a *Police chaplaincy policy*.

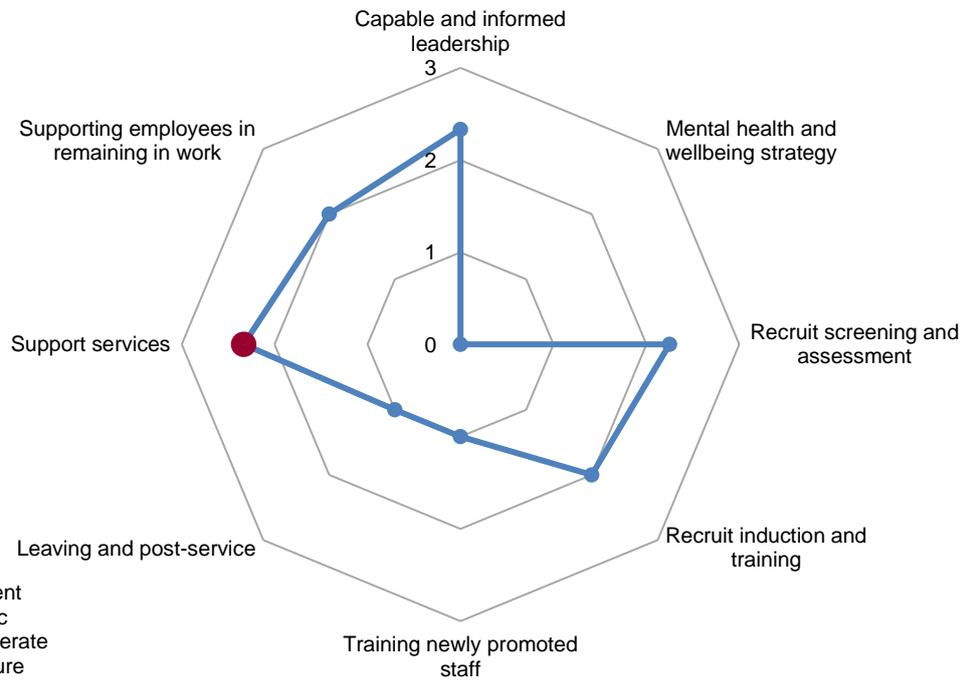
Providing support services

The QPS provides its employees with a range of support service options. It could enhance the effectiveness of these services by better linking and coordinating them. It could also improve the services by collecting information about its employees' use of them. The establishment of the People Capability Command may go some way towards achieving this, but as it was only established on 1 June 2016, it is too soon to determine if it is successful.

The QPS does not communicate and market its support services to employees as effectively as it could. Perhaps most importantly, there is a level of mistrust and lack of confidence by QPS employees in these services. This limits their effectiveness. The extent of this mistrust is not clear, but on face value it is pervasive across the organisation and therefore warrants action. We discuss these issues further in the following sections.

Figure 3A shows our assessment of the maturity of the QPS mental health support services.

Figure 3A
Our assessment of the maturity of QPS mental health support services framework



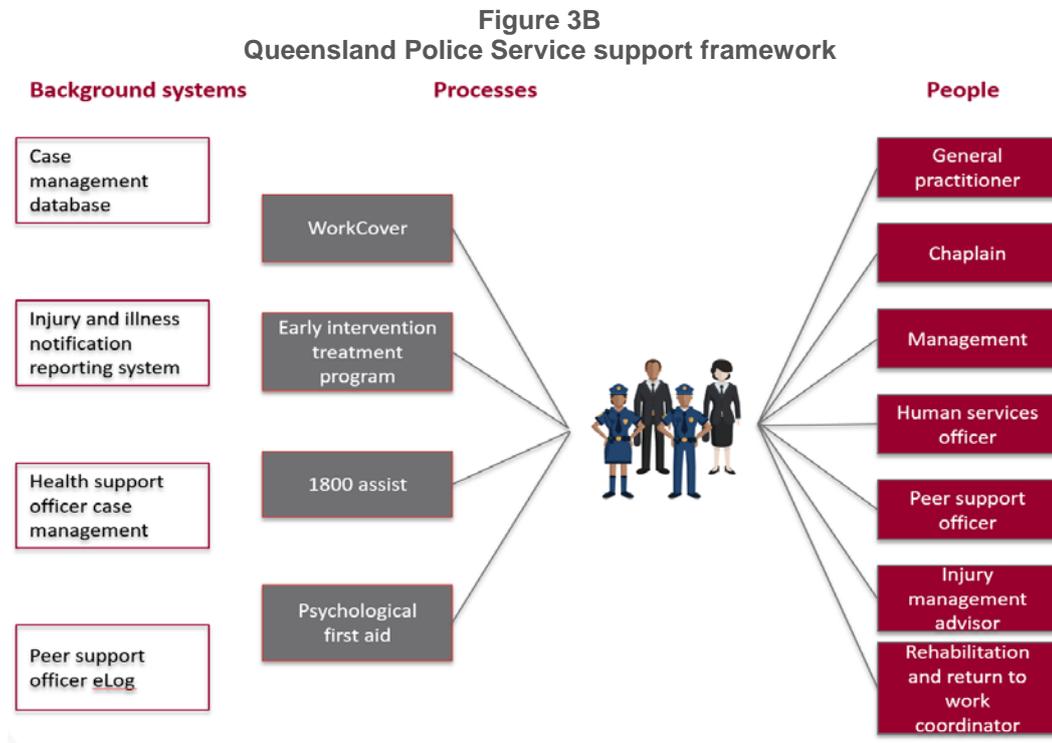
Note: Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', beyondblue.

The QPS offers a range of support services, but it is not making sure employees are aware of these services. Also, it does not assess the extent of use and effectiveness of these services.

Queensland Police Service support framework

Figure 3B displays the links between the background systems, processes, and people who provide support services to QPS employees.



Source: Queensland Audit Office.

Peer support officers

The QPS has 778 peer support officers, who volunteer to assist and support colleagues experiencing personal and/or work-related difficulties. They provide low-level psychological interventions, such as:

- offering a first point of contact for employees seeking support
- empathic listening
- psychological first aid
- information and referrals for other services.

It is good that this program exists, but we could not find evidence that QPS is ensuring that these officers receive appropriate training or that they are recording their activities. Support from untrained officers has the potential to do more harm than good for employees with mental illness. In addition, the police service's senior leaders do not know how well used this program is as officers do not capture adequate data.

Training peer support officers

Employees must complete a mandatory four-day Foundation Studies Program to obtain accreditation as a peer support officer. The training covers:

- listening and empowering
- confidentiality and ethics
- stress, resilience, wellbeing, and self-care
- mental health assessment and referral
- grief and loss
- psychological first aid and critical incident management
- negative workplace behaviours.

Once accredited, peer support officers must participate in a minimum of six hours of professional development activities each year to maintain their accreditation. The voluntary training in various mental health-related topics available to all police officers is also available to them.

The QPS procedural guidelines says that peer support officers are to record their professional development by submitting an 'eLog' entry. In addition, the QPS uses the Southrock Learning Management System ('Ignite') to record all training across its organisation.

We requested eLog data from the Queensland Police Service, but it does not have it. This is because the peer support officers have not been using the eLog for some years.

Our analysis of the Ignite training data shows that of the 778 peer support officers, 672 (86.4 per cent) have no record of attending the peer support officer foundational training over the past five years. This means that the officers:

- have not done the mandatory training, or
- did the training prior to the past five years (the QPS could not provide evidence that this had occurred), or
- did the training, but the human services officer did not record it.

Of the 672 peer support officers with no record of attending the mandatory training, 207 (30.8 per cent) have not completed any of the other relevant training courses in the period.

The QPS cannot demonstrate that peer support officers are participating in the minimum six hours of professional development activities each year required to maintain their accreditation.

The People Capability Command advised us that, despite the lack of records, it is confident all peer support officers have successfully completed the mandatory four days foundation studies and the required minimum six hours of professional development each year. We are unable to verify this.

Use and effectiveness of peer support officers

While the peer support officer program is generally well regarded by employees, the QPS does not know how well used the program is. It also doesn't know how effective individual peer support officers are, or the program itself.

The peer support officers do not routinely capture and record information on their work and the QPS does not have any records to allow it to track and understand the number of inquiries and matters its peer support officers are dealing with. It relies on the human services officers in each region to maintain their own records of peer support officer activities. Therefore, records of these activities are:

- dispersed across the organisation
- inconsistently captured and kept from one region to the next
- not used to assess usage or effectiveness of peer support officer activities.

Other first responder agencies with peer support officer programs do capture information of the work of their peer support officers without breaching confidentiality. Specifically, their peer support officers are required to submit a monthly activity sheet detailing:

- the peer support contacts they have had with employees during the month.
- the nature of the contact. For example, whether the issues related to family problems, stress, workload or critical incidents.
- the support they gave or referrals they made.

They do not record identifying information of the employee, such as names. The information the peer support officers record assists the organisation to understand:

- how much the peer support officers are used
- the nature of mental health issues its employees are dealing with
- how mental health issues or stressors vary across the organisation
- how to tailor its professional development and training of peer support officers
- what mental health training should be provided to its employees.

Human services officers

Human services officers are a critical component of the QPS health and wellbeing framework. They are all either qualified psychologists or social workers and are based in the QPS districts or specific commands.

In 2011, the QPS had 27 human services officer positions across the state. It reduced the number of positions to 24 in 2012 and has been at that level since. Over this period, the ratio of human services officer positions to QPS employees has also remained relatively steady. When Human Service Officer positions become vacant this can have an impact on availability and accessibility of Human Services Officers for staff, particularly in rural and remote areas.

There is, however, a level of mistrust and a misunderstanding about the role of human services officers. This prevents their role as a support service from being as effective as it could be.

Confidentiality and trust

The employment of QPS HSO's and the work they perform is governed by the QPS code of conduct, professional codes of ethics and conduct, and their professional registration bodies. Any breach of confidentiality could have consequences for their professional registration and employment.

Many QPS employees we spoke with, or who made submissions to our website, said that mistrust of human services officers was widespread and an inhibitor to employees seeking help.

They said there was a common belief that confidential information provided to human services officers is reported or available to management and that, as a result, disclosing information to them is potentially damaging to an employee's career. This is despite section 3.1 of the *Psychological wellbeing employee assistance policy* detailing the confidentiality requirements of human services officers and the limited circumstances in which they may disclose information.

Some officers advised that they had engaged and paid for psychologists privately (and in some cases, continue to do so) because of their mistrust of human services officers and the early intervention treatment program (detailed below).

While it was not possible for us to quantify the extent of these beliefs across the more than 15 000 employees, these issues came up several times throughout the audit and across the districts and work units we engaged with. This is a significant challenge for Queensland Police Service, particularly considering the central role human services officers play in the health and wellbeing framework.

The role of human services officers

We found varying views and uncertainty across the police districts, employees, and management about the role of human services officers. Even the human services officers themselves were not clear about their role.

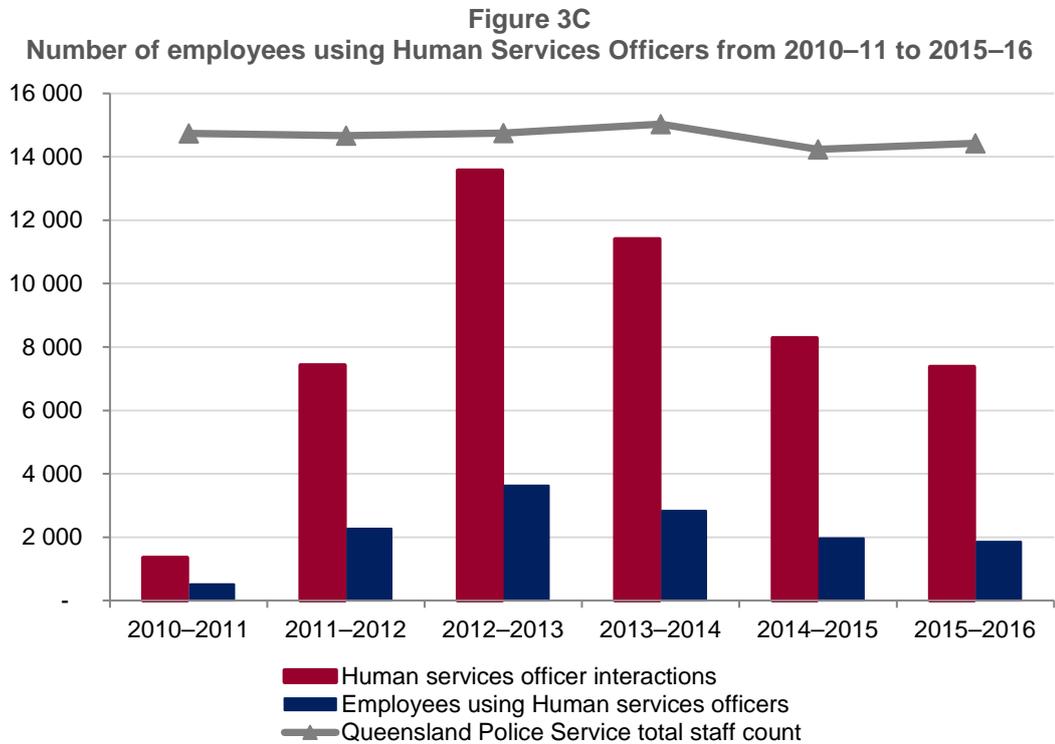
As a result, human services officers adopt different approaches to fulfilling their role. For example, some personally attend to employees involved in critical incidents, whereas others send emails and make contact where required. In most cases, it is not possible for human services officers to attend all critical incidents because of the:

- volume of critical incidents
- distances involved
- number and availability of human services officers.

The confusion between the expectations and the role has resulted in conflict between employees, management, and human services officers in some police districts. The QPS has not acted to clarify and communicate the role of human services officers. It advised us that it is considering bringing all human services officers and its other psychologists into a new unit and renaming their role to 'Police Psychologist' because some police were not aware that most are qualified psychologists (although not all—some are social workers).

Use and effectiveness of human services officers

Figure 3C shows that the use of human services officers has steadily decreased since 2012–13, despite the number of employees and the number of human services officer positions generally remaining steady over this period.

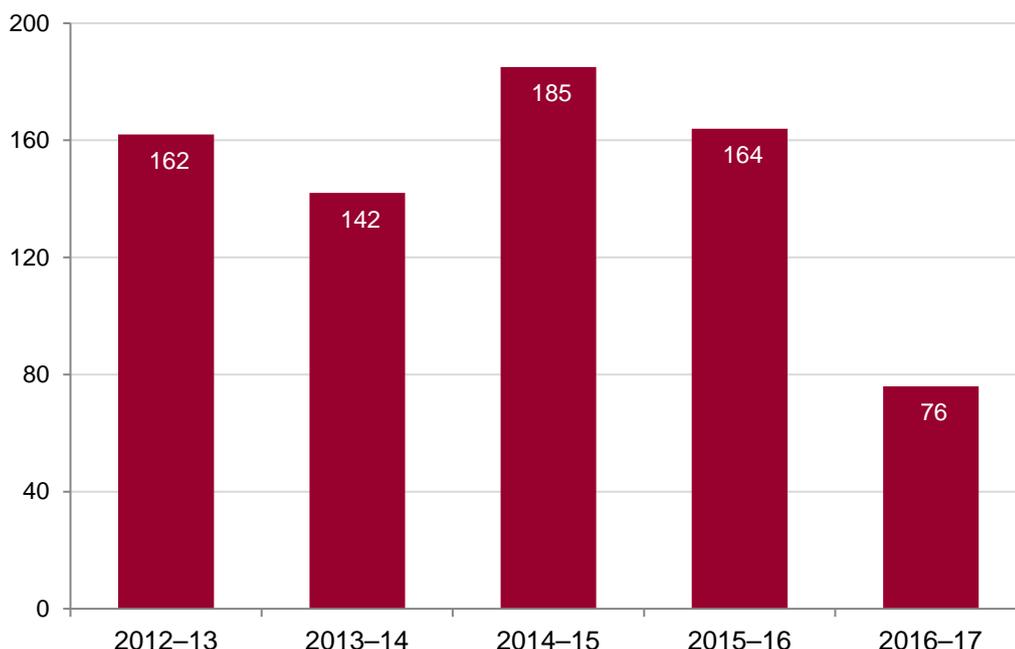


Source: Queensland Audit Office—from human services officer data provided by Queensland Police Service and data from the Australian Government’s ‘Report on Government Services 2016’.

The decreasing use of human services officers since 2012–13 could indicate an improvement in the mental health of the Queensland Police Service. It could also reflect vacancies in human services officer positions that occur from time to time. Additionally, it may reflect the reported mistrust in the service offering due to the issues already described.

Figure 3D suggests it may be the latter, with the number of psychological WorkCover claims by QPS employees relatively steady over the same period.

Figure 3D
Queensland Police Service employee all WorkCover claims for psychological injury



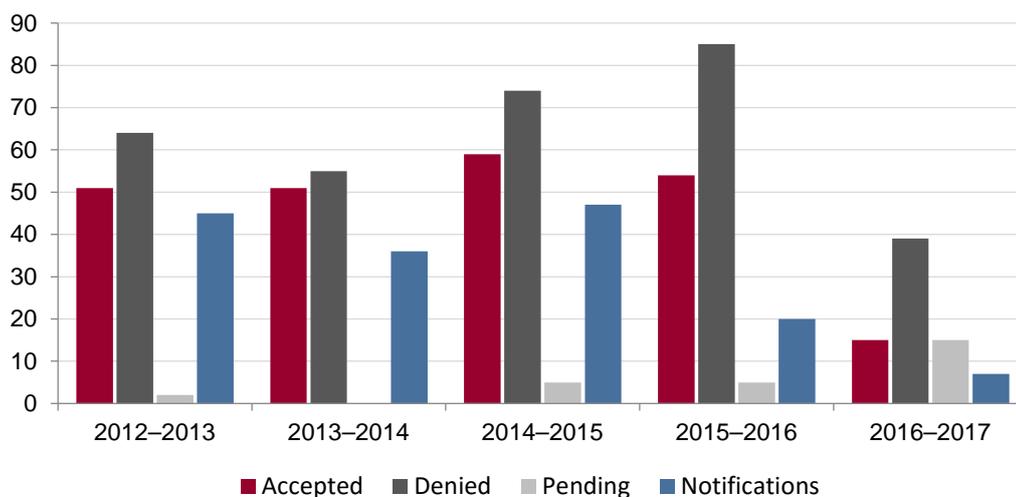
Note: 2016-17 is not a full financial year of data, and only covers the period from 1 July 2016 to 16 December 2016. The values in this graph include all psychological injury WorkCover claims, including denied claims, accepted, pending claims and notifications only.

Source: Queensland Audit Office—from WorkCover data.

The QPS primarily assesses its WorkCover claim rate based on accepted claims—accepted claims influence the organisations WorkCover premium. However, the other categories should also be considered by QPS in assessing the potential level of psychological injury and support services it needs. This is because WorkCover claims may be denied for various reasons, including that the injury was assessed as not being a workplace injury. This does not mean that the employee does not have a psychological injury, but can mean that the injury was assessed as not occurring within the workplace.

Figure 3E shows the breakdown of the QPS’s accepted, denied, pending and notification WorkCover claims between 2012-13 and 2016-17. It shows that the number of accepted claims has remained steady over this period, but there has been an increase in denied claims while notifications have decreased.

Figure 3E
Queensland Police Service WorkCover claims for psychological injury by status



Note: 2016–17 is not a full financial year of data, and only covers the period from 1 July 2016 to 16 December 2016. Notifications relate to employees providing notification of a psychological injury but not requiring access to WorkCover services.

Source: Queensland Audit Office—from WorkCover data.

Managing the performance of human services officers

The QPS does not have a process in place to monitor and manage the performance and development of human services officers, or to assess their effectiveness.

The human services officers have a high degree of autonomy, especially in rural and remote districts. Their drive and the nature of the networks and relationships they establish can determine how employees view them and how effective their role is.

Given the small number of them (24 across the state) and the role they perform in the Queensland Police Service's health and wellbeing framework, one breach of confidentiality (perceived or actual) or an underperforming human services officer can significantly impact on the credibility of their role.

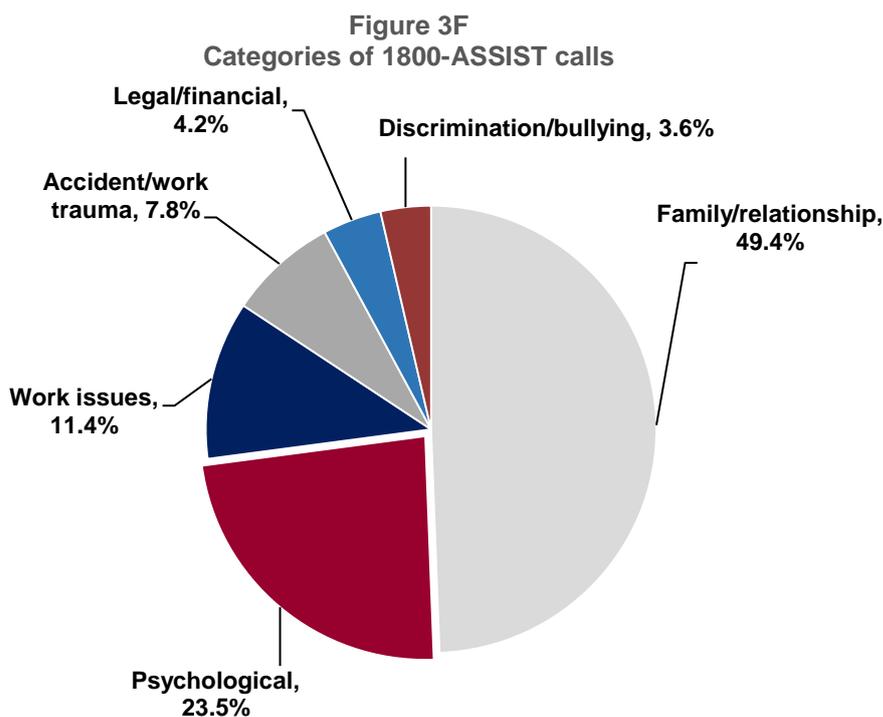
1800-ASSIST

1800-ASSIST is a phone support service available to employees. It is intended to be a referral to other assistance services, although many police service employees regard it as an anonymous helpline for over-the-phone counselling.

The QPS receives demographic information and broad details of the nature of the calls to 1800-ASSIST. As expected, the service does not provide information that would identify the caller.

Between December 2014 and August 2016, the 1800-ASSIST number took 166 calls from QPS employees or family members of employees. Of these calls, 13 per cent resulted in a referral for further assistance and the remaining 87 per cent did not.

Figure 3F shows that most of these calls related to family or relationship issues, followed by psychological issues such as depression, anxiety, stress, and grief. Some of the other categories, such as work issues or discrimination and bullying, may also be related to mental health issues, but the limited information captured makes this difficult to assess.



Note: Percentages do not total 100 per cent due to rounding.

Source: Queensland Audit Office—from 1800-ASSIST data.

Early intervention treatment program

Support programs are provided to employees with mental health issues. This includes subsidised treatments through the early intervention treatment program.

Under this program, the QPS provides funding for three one-hour consultations over a 12-month period with a registered psychologist or psychiatrist of the employee’s choice, or a combination of both. Employees who are experiencing psychological symptoms that are significantly affecting the way they function at work may be eligible to access the program. Participation is voluntary following consultation with the employee’s treating general practitioner who considers that treatment by a registered psychologist or a psychiatrist will assist them.

The QPS has a case management database system, which captures data relating to mental health programs. Injury management advisors and human services officers analyse this information, but there is no documented process for how they do so. Analysis focuses on individual officers and is robust where this occurs; however, there is no service-wide analysis for broader trends and patterns.

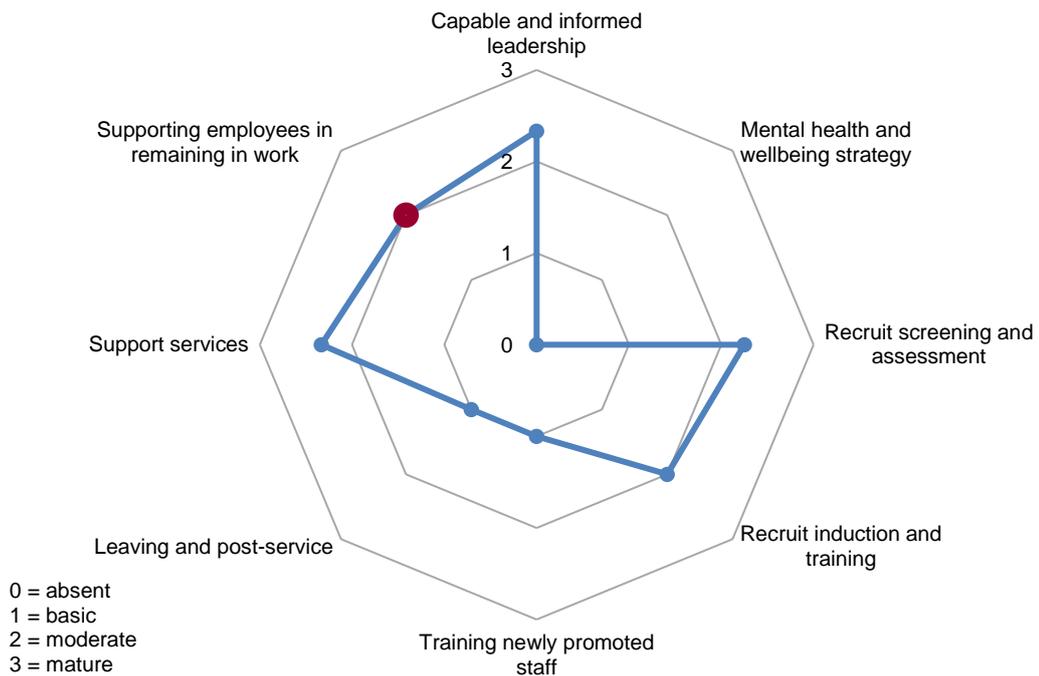
The QPS conducts basic analysis of WorkCover claims and welfare cases to identify causes. But it analyses each data set in isolation, limiting its ability to further develop its understanding of causes and risks.

Helping employees to stay employed

Many people experiencing mental health difficulties can function productively at work without any changes to their role. However, at some point in their career they may need modified duties to enable them to stay at or return to work.

Figure 3G shows our assessment of the maturity of QPS practices for keeping employees with mental illness at work, or returning them to work.

Figure 3G
Our assessment of the maturity of QPS processes for supporting employees to remain at work



Note: Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', *beyondblue*.

The QPS does require management plans to include remain-at or return-to-work plans for employees with mental health issues, where appropriate. Where it can improve is in monitoring the effectiveness of those plans, for example, assessing employee views on whether they felt supported in remaining at or returning to work and measuring the length of time employees remain at work and relapse rates.

Return-to-work rates

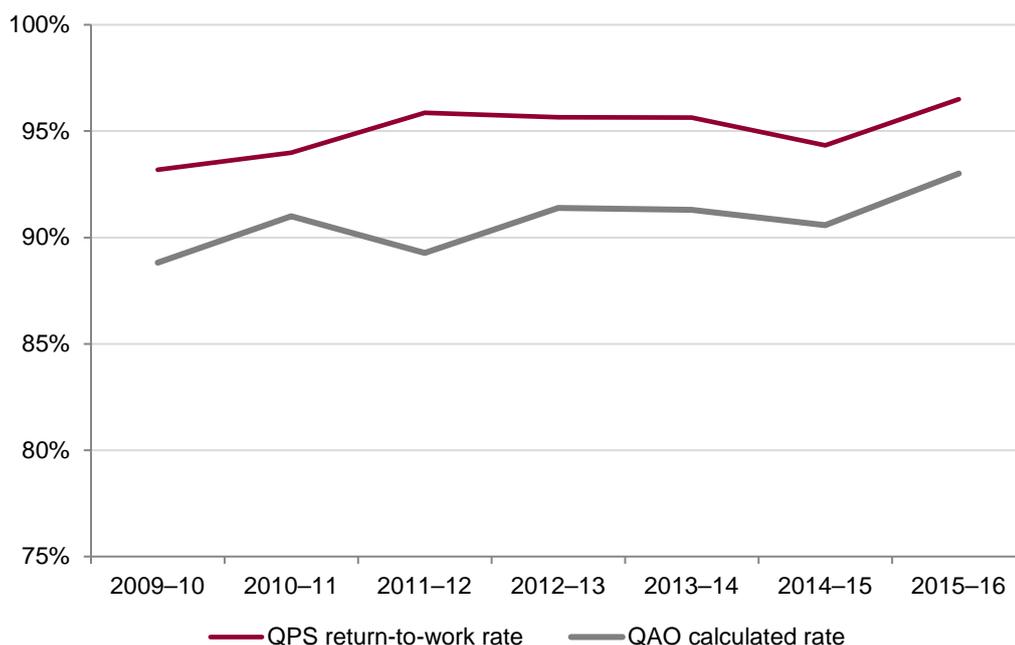
One measure the QPS uses for assessing and reporting on its effectiveness in supporting injured employees is the return-to-work rate of injured employees.

The Safety, Health and Wellbeing Unit provides the QPS Board of Management with *Safety and Wellbeing* performance dashboard reports. The reports include the rate of employees returned to work for all injury types, but not for specific injuries such as psychological injury.

The Queensland Police Service's reported overall rate for employees returning to work (all injury types) has been consistently over 90 per cent and increasing since 2009–10. In determining the return-to-work rate, it excludes injured employees who leave the service for reasons other than medical retirement. This significantly inflates the return-to-work rate.

Figure 3H shows the reported rate and also what the return-to-work rate is with these employees included in the analysis.

Figure 3H
Queensland Police Service return-to-work rates

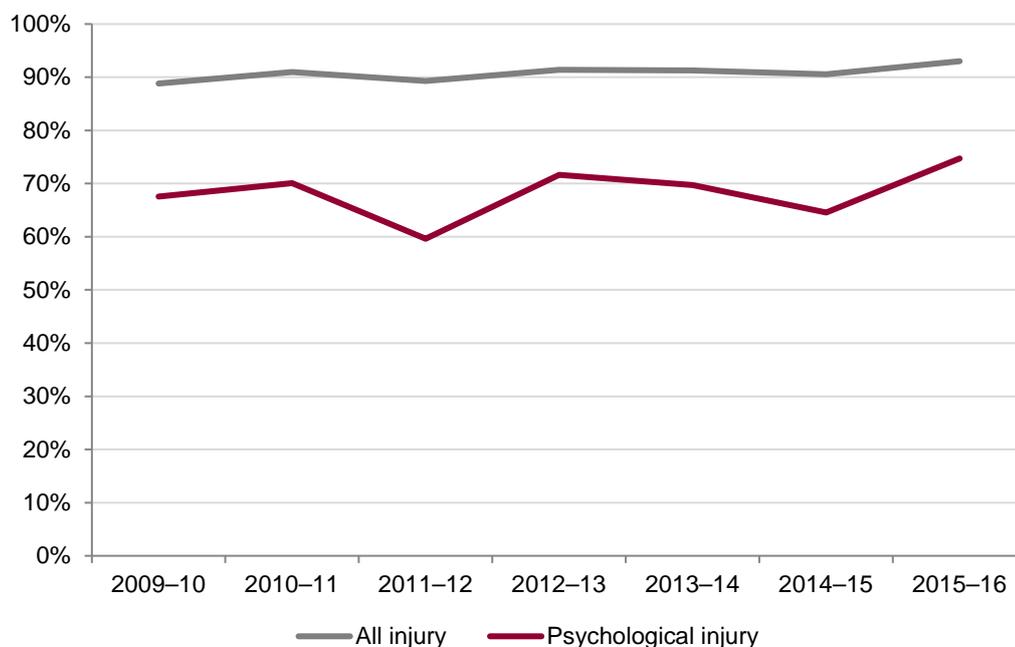


Note: The Queensland Police Service return-to-work rate excludes injured employees who leave the service for reasons other than medical retirement. Our calculated rate includes these injured workers who leave the service.

Source: Queensland Police Service case management data.

Figure 3I shows that over this period, the rate of employees with a recorded psychological injury returning to work was much lower, at approximately 70 per cent.

Figure 3I
Queensland Police Service return-to-work rates



Note: Psychological only includes those employees where psychological injury was listed as either the primary or secondary injury. Cases in the data where the field for injury type was blank were excluded from the data.

Source: Queensland Police Service case management data.

While reporting on the rate of injured employees returning to work is a useful measure of effectiveness, its value is limited without reporting how many of these employees relapse or remain in work and for how long. The QPS does not report this information.

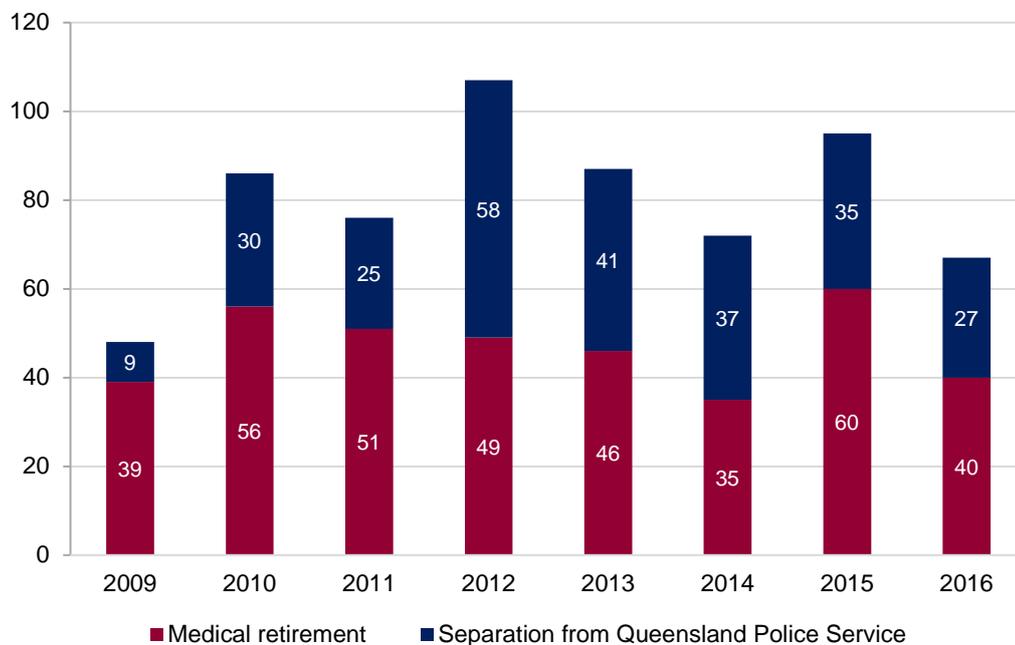
Medical retirement or separation

Between 2009 and September 2016, the QPS had 638 employees either medically retire (376) or leave (262) its employment with a psychological injury. Of these 638 employees, 573 had psychological injury listed as the sole or primary injury and 65 had it listed as a secondary injury.

Figure 3J shows the number of QPS employees who were recorded in the case management database as having been medically retired or separated from the service for each year between 2009 and September 2016 due to psychological injuries.

It shows that both medical retirements and separations increased between 2009 and 2012, but have decreased since then (other than in 2015). During this period, the number of QPS employees has remained relatively steady—between about 14 500 and 15 000.

Figure 3J
Medical retirements and separations due to psychological injuries



Note: data for 2016 is not full year and is only to September 2016. We excluded records from the analysis that had the injury type field left blank.

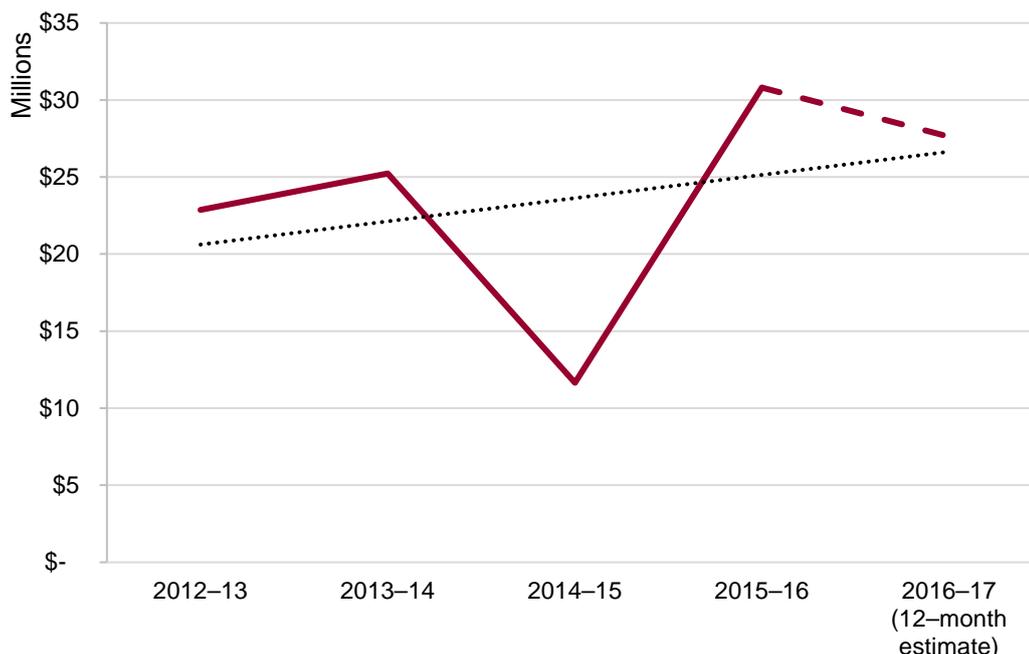
Source: Queensland Audit Office—extracted from Queensland Police Service case management data.

The QPS does not engage injured employees who medically retire or leave the service to assess the employees' views on whether they were adequately supported. Their feedback would be useful information to assist with refining support services where needed.

The financial cost of mental illness

In addition to health and social impacts, mental illness can have financial consequences for both employees and the QPS. For individuals, this can include loss of income and medical costs, and for the QPS it impacts on its WorkCover premium. Figure 3K shows the QPS WorkCover premium from 2012–13 to 2016–17.

Figure 3K
Queensland Police Service WorkCover premium

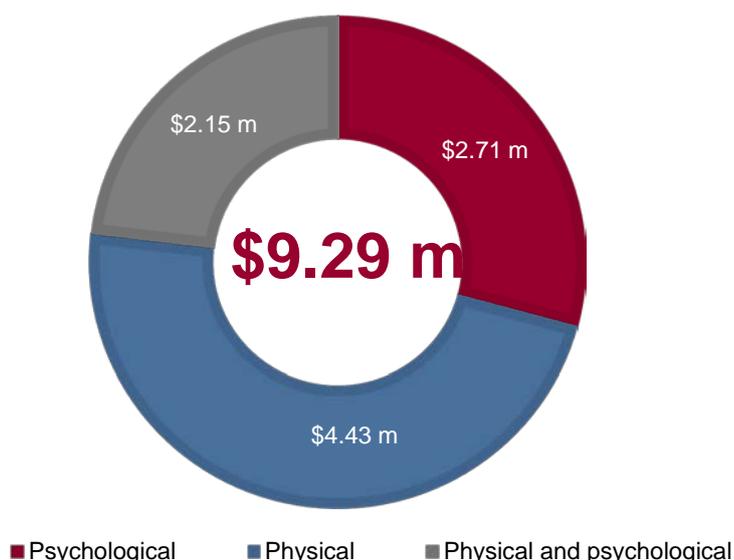


Source: Queensland Audit Office.

The QPS currently has 24 legal claims against it for workplace injuries (both physical and psychological). Of these, 11 do not have the amount of the claim specified. The amount being claimed in the remaining 13 totals \$9 291 305.

Figure 3L shows the amount claimed by injury type. Those claims involving psychological injury or a combination of psychological and physical injury total \$4.86 million.

Figure 3L
Current workplace injury claims against the Queensland Police Service



Note: The \$9.29 million excludes the 11 current cases where the amount being claimed has yet to be specified.

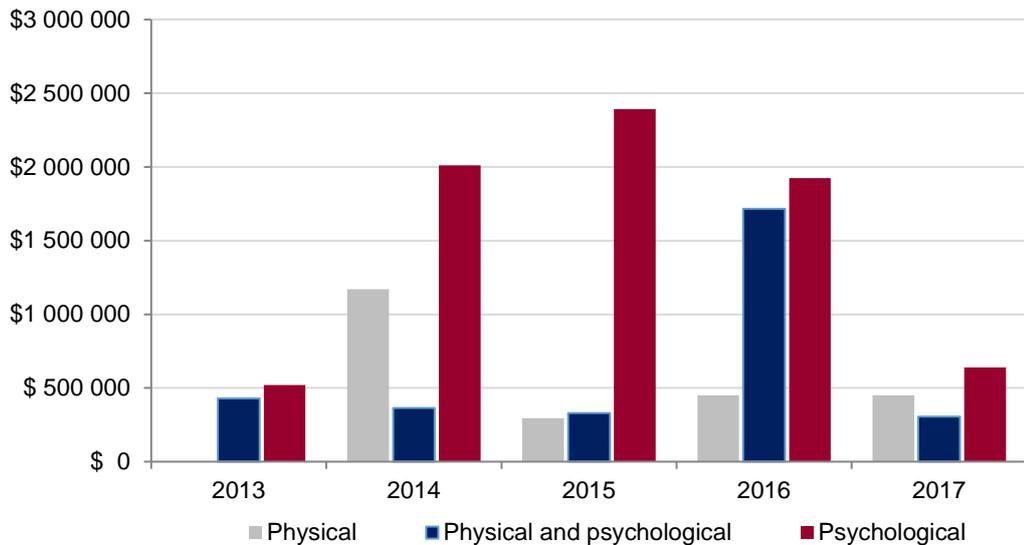
Source: Queensland Audit Office—extracted from Queensland Police Service data.

Of the \$4.86 million, 62 per cent is being claimed by general duties police officers. As we discussed in Chapter 2, these officers are on the front line and arguably are at the highest risk but, for the reasons we covered, the service does not monitor their mental health.

Between the start of 2013 and end of May 2017, the Queensland Government has paid out \$13 million for 113 claims for injuries to police employees. Of this, approximately \$7.5 million was for psychological injuries and another \$3.1 million was paid to individual employees with both a physical and psychological injury. The remaining \$2.4 million was for employees who sustained a physical but not psychological injury.

Figure 3M shows the settlement amount paid for each year for each type of injury during this period. This does not include legal and administrative costs incurred by the QPS for the claims and settlements.

Figure 3M
Queensland Police Service total settlements per year for workplace injuries

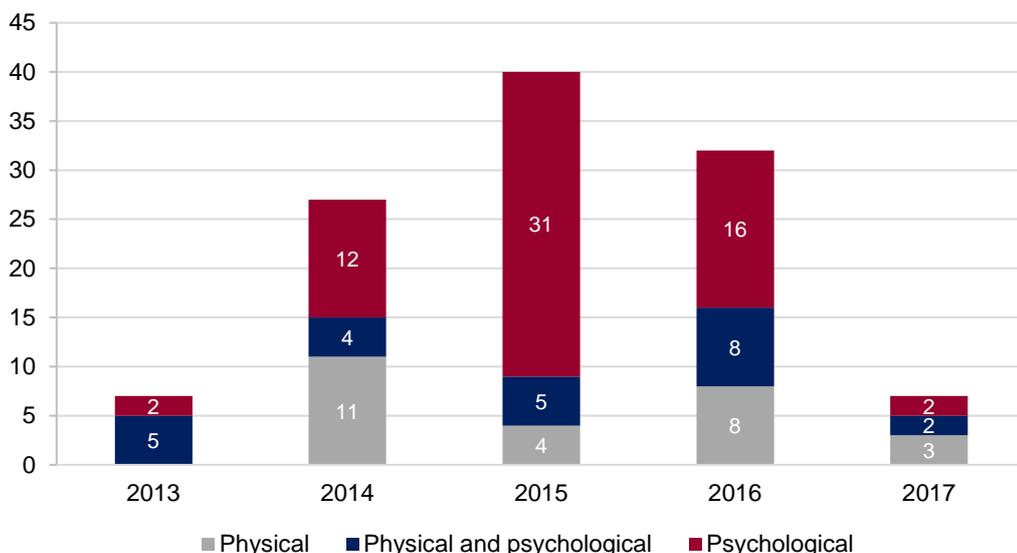


Note: Amounts include the total paid to the claimant and exclude associated legal and administrative costs incurred by the Queensland Police Service related to claims. Settlement payments for 2017 do not include full year—24 unsettled claims remain.

Source: Queensland Audit Office from Queensland Police Service data.

Figure 3N shows the number of claims by injury type over this period.

Figure 3N
Number and type of injury claim settlements per year



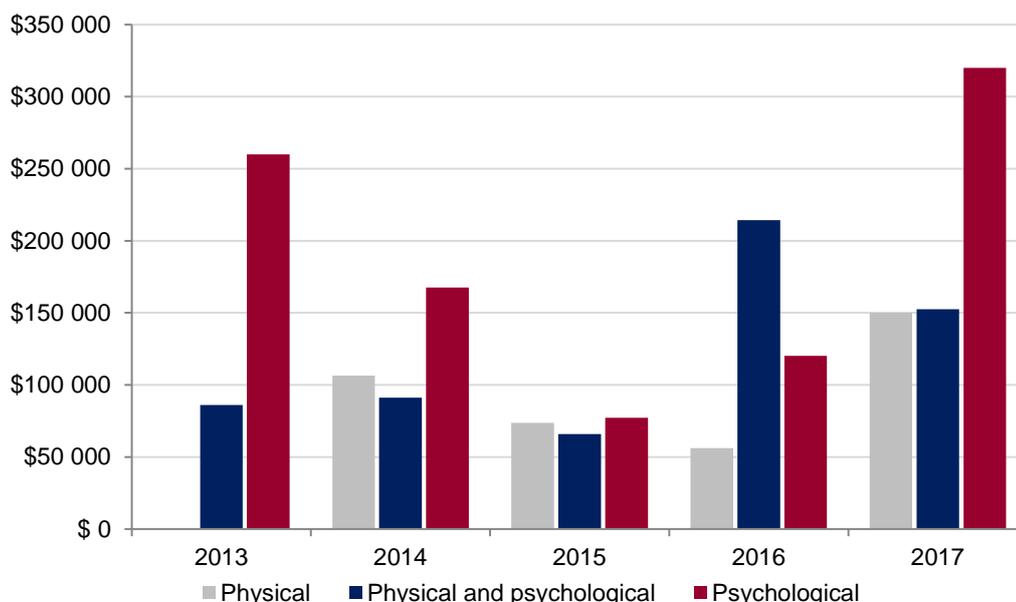
Note: 2017 does not include full year—24 unsettled claims remain.

Source: Queensland Audit Office from Queensland Police Service data.

Over this five-year period, this averages \$2.6 million per year or \$115 000 per successful claim. Not surprisingly, successful claimants who have both physical and psychological injuries receive on average higher settlements (\$131 048), than those with psychological injuries (\$118 824) or physical injuries (\$90 962).

Figure 30 shows that for four of the five years, psychological related injuries cost the QPS more in settlement payments per successful claim than physical injuries or those with both physical and psychological injuries.

Figure 30
Average settlement payment per success claim per year for workplace injuries



Note: Amounts include the total paid to the claimant and exclude legal and administrative costs associated incurred by the Queensland Police Service related to claims. Settlement payments for 2017 do not include full year—24 unsettled claims remain.

Source: Queensland Audit Office from Queensland Police Service case management data.

The total amount per year the QPS pays in employee injury settlements is higher for psychological injuries, because the number of successful claims tend to be higher for psychological injuries than for physical injuries.

Appendices

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Appendix A—Full responses from agencies

As mandated in Section 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with a request for comments to the Commissioner of the Queensland Police Service.

The Police Commissioner is responsible for the accuracy, fairness and balance of his comments.

This appendix contains his detailed response to our audit recommendations.

Comments received from Commissioner of Police, Queensland Police Service



QUEENSLAND POLICE SERVICE

COMMISSIONER'S OFFICE
200 ROMA STREET BRISBANE QLD 4000 AUSTRALIA
GPO BOX 1440 BRISBANE QLD 4001 AUSTRALIA
TELEPHONE: 07 3364 6488 FACSIMILE: 07 3364 4650



Our Ref:

Your Ref:

5 October 2017

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
Level 14
53 Albert St
BRISBANE QLD 4000

Dear Mr Worrall *Brendan,*

I refer to your letter of 19 September 2017, attaching the Queensland Audit Office (QAO) proposed report to parliament on Managing the Mental Health of Queensland Police Employees and I thank you for the opportunity to consider the report and provide further comment.

Given the inherent nature of law enforcement work, all police officers and many police employees will face a heightened risk of encountering psychologically harmful incidents that may contribute toward impaired mental health. The psychological wellbeing of my employees is of paramount importance and I welcome the Auditor General's efforts to ensure the very highest levels of effort and governance are expended to guarantee the safety of all QPS employees.

Since formal psychological support was first introduced in 1991, the QPS has continued to refine and develop its services and policies for enhanced employee psychological health and wellbeing. This includes assistance in coping with, and response to, difficult and challenging work environments and post incident response. We also provide the same level of services and support to our employees for non-work related issues causing them emotional or psychological distress. Counselling services have also been extended to the partners and children of serving police employees and to retired staff and police officers for some time.

The QPS knows from the extant research, expert advice provided, presentations by hundreds of employees for psychological services for treatment and management that workplace psychological risks such as responding to traumatic events are but one critical factor. The evidence for QPS is clear, that other workplace factors (exclusive of those traumatic events) such as inappropriate supervision and leadership, inappropriately managed relationships leading to perceptions of

QUEENSLAND POLICE SERVICE

harassment, organisational fairness, lengthy disciplinary investigations, and change management issues occur at numerically higher levels.

Within the non-work context, personality, relationships, past trauma, abuse, health, finances, parenting etc. present as more prevalent and more complex issues that the organisation must support and manage as it can and these issues do have a significant impact on our employees functioning, capability and capacity to perform their work.

I note the report recommendations and their alignment to our proposed program of work in 2018 as part of the *Our People Matter* Strategy. I commit the QPS to the full implementation of all recommendations and advise that this work has already commenced.

With regard to the audit and the associated report I wish to make the following observations:

Recommendation 1

Better coordinates and enhances its staff wellbeing and mental health support services and information within a clear strategy and integrated framework (Chapter 2). The development of the new *Our People Matter* strategy is an opportunity to ensure all elements link together and align with the organisation's priorities.

Whilst the QPS is accepting of a recommendation that requires the creation of a clear strategy and integrated framework, the audit's assessment that a failure to have a formal published strategy equates to an absence of activity, policy and operational strategy is a flawed methodology. The Queensland Police Service has been regarded (both within the Queensland public sector and other policing jurisdictions) as a leading organisation in staff wellbeing and mental health support.

The limitation of the audit tool for assessing program maturity has effectively restricted information and analysis on the full extent of the strategies that have been deployed by the QPS over the past two decades. The QAO assessment has effectively not considered the vast array of research, benchmarking, initiatives, evaluations, performance, investments, and budgeting that has been undertaken to build and continuously improve our programs to manage and support psychological wellbeing.

The existence of a formal strategy, or otherwise, should not be the sole determining factor in assessing the level of operational maturity concerning psychological wellbeing. The QPS leads the sector in having officers return to work after injury; this outcome could not have been achieved without the existence of a strategic framework of energy that coordinates efforts across Employee Wellbeing, Injury Management, police regions and the individual.

Recommendation 2

Acts to understand and address the mistrust of some employees in its current mental health frameworks and support services (Chapters 2 and 3). The actions should include clarifying and better communicating the role of human services officers and their confidentiality obligations to improve employee trust and understanding about the role.

The audit report makes comment by some police employees on the potential for breaches of confidentiality as a deterrent for them accessing internal psychologists and social workers for fear of detriment to their careers. The QPS understands that some people may have this perception and that we will need to continue to educate our workforce to address these concerns.

Despite the existence of a perception concerning confidentiality of Human Services Officers, the audit team was not in possession of any evidence from any individual who contributed to the review, to substantiate such a claim.

Since establishing a recording system in 2008, only one complaint regarding a possible breach of confidentiality, which was ultimately not substantiated, has occurred.

The QPS utilisation rate of our employees accessing these internal services is double that of any external service providers when compared to industry rates. Further, the QPS referral of employees for clinical treatment to external allied professionals has exponentially increased each year since 2013/14 from 240 employees to 502 employees in 2016/17.

Recommendation 4

Assess options for screening employees prior to them leaving the service, and for enhancing post-service support (Chapter 2)

Though this recommendation is identified as an improvement to current services offered (such as the 1800 Assist service) the priority for provision of services needs to be focussed on serving employees. Screening options will be assessed subject to the availability of current funding and resourcing arrangements.

Recommendation 6

Improve the consistency and coverage of mental health screening and monitoring (Chapter 3). The improvements to mental health screening and monitoring should include:

- developing a consistent approach to determining the specialist units for mandatory screening and health monitoring
- improving the participation rate of employees in voluntary mental health monitoring
- further exploring options, such as its pilot of online assessments, to expand the

coverage of mental health monitoring to include general duties officers.

The audit makes comment on the Psychological Assessment Unit trial of online screening and efficiencies that could free up resources to enable psychological screening of all employees. The QPS believes that considerable and additional resources would be required to support expansion of psychological health monitoring to all employees.

It must be remembered, in terms of a benchmarking exercise, that no police jurisdiction in Australia specifically psychologically tests general duty officers as a category of employee.

As a general comment, the audit did not consider or report on psychosocial issues or occupational causes giving rise to sub-optimal psychological wellbeing of police employees. It did not provide context nor make comment on the interrelationships and complexities of internal and external factors or the influence that statutory and common law compensation systems play on either supporting or disabling employees.

The nature of the compensation system and adversarial features of psychological claims for compensation, including the patient advocacy of General Practitioners and the increase in the number of PTSD cases in recent years, can and does result in misdiagnosis and inadequate treatments. There is much research still to be done to clarify these issues as prevention initiatives and support programs won't be successful if they can't assist the individual and or the organisation to remove or cope with the factors giving rise to an individual's distress.

I expect as the Queensland community, the Queensland Government, and our Unions representing our workforce expect, that our people will be supported and assisted when experiencing periods of sub-optimal psychological health.

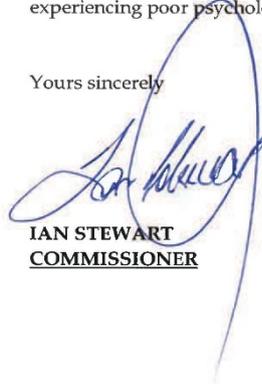
Our 15000 or so employees are representative of the Queensland and Australian community, and just as 1 in 5 people in our community each year experience mental illness, so do our police employees, arguably at a different rate and level. Regardless of the causation, (personal, psychosocial or occupational) it is imperative that when poor mental health occurs that our organisation supports and accommodates individuals, connecting them to effective services and evidenced based programs. From experience we know that the workplace is essential for enabling people to maintain and regain good health and wellbeing.

Along with my leadership team, our managers and supervisors throughout our large and geographically dispersed organisation, know that we still have a way to go to create the culture and day to day leadership and supervisory behaviours we want and need to better support our people and their psychological wellbeing and safety.

The QPS has invested significant resourcing over many years in our people, systems, policies, and education to support and manage psychological wellbeing. We do however still recognise that we have current challenges that also face the general community. These include the destigmatising of mental health issues and the encouragement of our people to access timely and confidential support services, whether that is internal or external to our organisation.

I would like to take this opportunity to thank the QAO for giving priority to the mental health of the Queensland Police workforce. The mental health of our employees is a priority consideration for me, my Executive and our employees. We will continue to invest resources to prevent, manage and support our people experiencing poor psychological wellbeing.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Ian Stewart', is written over a large, light blue oval shape.

IAN STEWART
COMMISSIONER

Responses to recommendations



Queensland Police Service, Managing the mental health of Queensland Police employees (Report No. XX: 2016–17)

Response to recommendations provided by Paul Casey, Executive Director Office of the Assistant Commissioner, People and Capability Command QPS 03/10/2017

| Recommendation | Agree / Disagree | Timeframe for implementation (Quarter and year) | Additional comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| We recommend that the Queensland Police Service: | | | |
| 1. better coordinates and enhances its staff wellbeing and mental health support services and information within a clear strategy and integrated framework (Chapter 2) The development of the new <i>Our People Matter</i> strategy is an opportunity to ensure all elements link together and align with the organisation's priorities. | Agree | December Quarter 2018 | Proposed Our People Matter Strategy should be approved in 2017. Operational Planning will integrate and align services and resources by the end of 2018. |
| 2. acts to understand and address the mistrust of some employees in its current mental health frameworks and support services (Chapters 2 and 3) The actions should include clarifying and better communicating the role of human services officers and their confidentiality obligations to improve employee trust and understanding about the role. | Agree | December Quarter 2018 | This is ongoing and requires continued marketing and communications of the confidentiality and ethical requirements of these positions to the workforce. A focus on a new service delivery approach for Human Services Officers with a dedicated communication strategy will be essential to achieve real organisational change. |
| 3. improves how it designs, coordinates, delivers, and records its mental health training (Chapter 2) The enhancements to mental health training should include: <ul style="list-style-type: none"> ▪ increasing the coverage of the training across its workforce ▪ ensuring training packages complement and build on one another ▪ clarifying and emphasising the roles and responsibilities of leaders and managers in proactively managing mental health ▪ ensuring all mandatory training occurs and all training participation is recorded. | Agree | December Quarter 2018 | Course codes will be established for approved mental health literacy programs to enable all training to be captured within the learning management system. Line and operational management training will be reviewed for opportunities to include and reinforce the application of mental health education and support considerations. |



| Recommendation | Agree / Disagree | Timeframe for implementation (Quarter and year) | Additional comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. assesses options for screening employees prior to them leaving the service, and for enhancing post-service support (Chapter 2) | Agree | December Quarter 2018 | Consideration will be given to the recommendation subject to the availability of current funding arrangements. |
| 5. develops processes and measures for analysing its data for trends and to assess the effectiveness of support services so they can be continuously improved (Chapter 3) These processes should include opportunities for injured employees to provide feedback on their experience of the effectiveness of the services. | Agree | December Quarter 2018 | Implementation of this recommendation will have resourcing implications. It will also require programing of current information technology systems to enable reporting including a dedicated business analyst. |
| 6. improves the consistency and coverage of mental health screening and monitoring (Chapter 3) The improvements to mental health screening and monitoring should include: <ul style="list-style-type: none"> ▪ developing a consistent approach to determining the specialist units for mandatory screening and health monitoring ▪ improving the participation rate of employees in voluntary mental health monitoring ▪ further exploring options, such as its pilot of online assessments, to expand the coverage of mental health monitoring to include general duties officers. | Agree | December Quarter 2018 | Subject to the evaluation of the pilot of automation of psychological assessments and funding considerations. Consultation with Police unions required. |

Appendix B—Audit objectives and methods

Audit objective and scope

The objective of the audit was to determine whether the Queensland Police Service is effective in preventing mental illness and monitoring and managing the mental health of its employees.

We assessed the objective through the following lines of inquiry and criteria.

Figure B1
Audit scope

| Lines of inquiry | | Audit criteria | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Promoting mental health and preventing mental illness | | | |
| 1.1 | Employers recruit suitable applicants | 1.1.1 | Appropriate screening is in place to ensure recruitment of suitable employees to reduce the risk of mental illness |
| 1.2 | Management fosters a supportive environment and culture | 1.2.1 | Senior leadership takes responsibility for actively supporting good mental health and encouraging a shared responsibility by all employees |
| | | 1.2.2 | There is a strategy and program to promote employee mental health |
| | | 1.2.3 | Appropriate sensitivity and confidentiality is maintained |
| 1.3 | Mental health risks are identified and managed | 1.3.1 | Management is proactive in identifying, documenting and assessing employee needs and mental health risks |
| | | 1.3.2 | Interventions are targeted to address workplace risks, including core, discretionary, and local interventions |
| Monitoring mental health | | | |
| 2.1 | Employees are proactive in identifying and reporting signs of poor mental health and mental illness in their colleagues. Employees are also encouraged to self-report their own issues. | 2.1.1 | Mental health awareness information and training is provided to all employees |
| | | 2.1.2 | The roles and responsibilities of management and employees are clearly defined |
| | | 2.1.3 | Employees have access to appropriate avenues to report signs of poor mental health and mental illness |
| 2.2 | Information is captured and used to analyse workforce mental health | 2.2.1 | Information is captured and used to analyse workforce mental health |
| | | 2.2.2 | Management receives regular reports on workforce mental health to inform decision-making |

| Lines of inquiry | | Audit criteria | |
|--------------------------------|------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Managing mental illness | | | |
| 3.1 | Employees who experience mental illness are adequately supported | 3.1.1 | Policies and procedures are in place to guide employees in managing cases of mental illness |
| | | 3.1.2 | Support services are available and readily accessible to employees. Families and those involved in personal and/or social relationships with the employee are well supported. |
| | | 3.1.3 | Employees are supported in returning to work |

Source: Queensland Audit Office.

Reason for the audit

Mental health problems, especially depression and anxiety, are common in the community. They are the third biggest health problem in Australia, behind heart disease and cancer. No-one is immune to these problems—they can appear in any aspect of life and have a profound effect on the individual and those around them.

At a minimum, employers can expect the prevalence of mental health problems among its workforce to be no less than exists in the general community from which its workforce is drawn.

First responders are the emergency services employees, such as the police, paramedics, firefighters, and state emergency services, who respond to emergency situations or critical incidents. The nature of their work—both the tasks and conditions—can pose a significant threat to their mental health.

Safe Work Australia analysed workers' compensation data in its *Work-related mental disorders profile 2015* and found that civilian defence force employees, firefighters, and police officers had higher claim frequency rates than all other worker categories. Its analysis showed that the serious mental disorder claim rate of:

- male police, firefighters, and civilian defence members was seven times higher than the average claim rate for all occupation groups
- female police, firefighters, and civilian defence members was 16 times higher than the average claim rate.

In recognition of the high mental health risks associated with first responders, beyondblue developed its *Good practice framework for mental health and wellbeing in first responder organisations*. This guide is designed to assist first responder organisations to manage the mental health and wellbeing of their employees across their careers.

Mental health, particularly the suicide rates of police officers, has attracted significant public interest in Queensland over recent years.

Performance audit approach

We conducted the audit in accordance with the Auditor-General of Queensland Auditing Standards, which incorporate Australian Auditing and Assurance Standards.

We commenced the audit in August 2016.

Our scope included all employees of the Queensland Police Service (recruits, sworn police officers, and unsworn staff). This included the recruitment, operational, and leaving stages of their career.

We developed assessment criteria based on research and beyondblue's *Good practice framework for mental health and wellbeing in first responder organisations*.

To assist us, we engaged Associate Professor Jane Shakespeare-Finch, PhD, BSocSC(Hons)(Psych) to provide subject matter expertise.

We obtained information, data, and documents and conducted interviews with QPS employees from across the organisation, including across rank/position levels.

In addition to the units of the People Capability Command (including the Recruiting Unit, Safety, Health and Wellbeing Unit, and the Police Academy), we engaged with staff from the following stations or units:

- Townsville district
- Cairns district
- Cloncurry Police Station
- Mt Isa Police Station
- Southport district
- other metropolitan stations
- Forensic Crash Unit
- Homicide
- Child Protection Investigation Unit
- Special Emergency Response Team.

In addition, more than 30 current and former QPS employees made submissions to our website or directly contacted the audit team to provide information.

Appendix C—Good practice matrix

As part of its Police and Emergency Services program, beyondblue developed its *Good practice framework for mental health and wellbeing in first responder organisations* (the framework). It developed the framework in collaboration with Australian first responder agencies and experts to assist with protecting the mental health of workforces, promoting wellbeing, and preventing suicide. The framework provides information about the range of programs, structures, processes, and practices required to effectively promote the mental health of police and emergency services workers. It is intended to be used as a practical guide by police and emergency services agencies to develop or renew the mental health strategies in place for their organisations.

We used the framework to develop this good practice matrix to inform our audit and assess the various elements of the Queensland Police Service's mental health framework.

| | Absent | Basic | Moderate | Mature |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Capable and informed leadership | Leaders are not aware of their roles and responsibilities, including legal obligations, regarding mental health in the workplace. | Some leaders are aware of their roles and responsibilities, including legal obligations, regarding mental health in the workplace. | Most leaders are aware of their roles and responsibilities, including legal obligations, regarding mental health in the workplace. | All leaders are aware of and fulfilling their roles and responsibilities, including legal obligations, regarding mental health in the workplace. |
| Organisational leadership is critical to promoting a mentally healthy culture at work. | | | Leaders are provided with limited and ad hoc information on how their workplace is performing in relation to mental health. This information is occasionally used to inform decisions on managing mental health. | Leaders are provided with regular information and analysis on how their workplace is performing in relation to mental health. This information is used to inform decisions on managing mental health. |
| | | | | Leaders act to reduce stigma, including speaking openly, participating in activities to reduce stigma, and adopting zero tolerance for discrimination. |

| | Absent | Basic | Moderate | Mature |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Mental health and wellbeing strategy</p> <p>The management of risks to physical and mental health and safety is a requirement of work health and safety legislation.</p> | No mental health and wellbeing strategy has been developed. | A health and wellbeing strategy is in place. It has some reference to mental health. | A health and wellbeing strategy is in place and includes substantial reference to mental health. | A specific mental health and wellbeing strategy is in place and links to an overall health and wellbeing strategy. |
| | | The health and wellbeing strategy is not supported by an action plan. | The health and wellbeing strategy is supported by an action plan. | The mental health and wellbeing strategy is supported by an action plan. |
| | | The mental health and wellbeing strategy is not communicated. Employees are unaware of the strategy. | The mental health and wellbeing strategy is communicated through limited platforms. There is a low level of employee awareness of the strategy and its contents. | The mental health and wellbeing strategy is well communicated across the organisation through a number of platforms. There is a high level of employee awareness of the strategy and its contents. |
| <p>Recruit screening and assessment</p> <p>Screening and assessment are important in identifying candidates with appropriate capacity for the role.</p> | The organisation does not screen or assess applicants for mental health as part of the broader recruitment process. | The organisation conducts basic screening for mental health as part of the broader recruitment process. | The organisation conducts screening for mental health as part of the broader recruitment process. | |
| | | Screening is not supported by research, psychologists, or suitably qualified and accredited providers. | Screening is supported by research, psychologists, or suitably qualified and accredited providers. | |
| | | | | Candidates at potential risk for mental ill-health are documented and receive additional screening. |
| | | | | Screening and assessment is reviewed for short, medium, and long-term outcomes and modified if needed. |

| | Absent | Basic | Moderate | Mature |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recruit induction and training | Induction and recruit training does not cover mental health. | Induction and recruit training includes limited mental health awareness training (e.g. a one-off discrete lecture or session). | Induction and recruit training includes mental health awareness across the recruit training program. | |
| Early in an employee's career it is critical to set the foundations for a positive attitude towards mental health at work and minimise the impact of stigma. | | Mental health training is mandatory for all recruits. | | Mental health training is mandatory and provided to all new employees regardless of level or career stage. |
| | | Mental health training content relates to general mental health principles and is not specifically tailored to the organisation's operating environment and risks. | Mental health training is informed by research and tailored to the organisation's operating environment and risks. | Mental health training is informed by contemporary research and tailored to the organisation's operating environment and risks. |
| | | | Training and induction covers a range of mental health topics (e.g. resilience and self-care, stress management, recognising warning signs, positive and negative coping strategies, suicide awareness, organisational culture, and available mental health supports). | Training and induction covers a broad range of mental health topics (e.g. resilience and self-care, stress management, recognising warning signs, positive and negative coping strategies, suicide awareness, organisational culture, and available mental health supports). |
| | | | | Mental health induction and recruit training material is part of a broader training package employees receive during the course of their career (e.g. the training is reinforced and expanded on throughout their career). |
| | | | | |

| | Absent | Basic | Moderate | Mature |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education and training | No mandatory mental health education and training is provided. | Mandatory mental health training is provided for newly promoted employees for specific positions or roles but not all. | Mandatory mental health training is provided for newly promoted employees. | |
| Providing focused education to newly promoted leaders to develop their mental health skills and knowledge and to understand their expanded role and responsibilities for managing mental health. | | Not all newly promoted staff for the designated positions or roles do the required mandatory training. | All newly promoted staff do the required mandatory training. | |
| | | The mental health training provided is only a refresh of induction and recruit training. | The mental health training provided builds on the induction, recruit and other training. It includes elements to build the newly promoted employee's skills and confidence in managing people and promoting the mental health of staff. | The mental health training provided builds on the induction, recruit and other training. It includes elements to build the newly promoted employee's skills and confidence in managing people, promoting the mental health of staff, and role modelling positive behaviours. |
| | | | | Newly promoted employees are encouraged to incorporate mental health skills into their professional development plans, and opportunities for further learning are available. |
| | | | | |

| | Absent | Basic | Moderate | Mature |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Leaving and post-service</p> <p>Retirement, or a career change, can be an intensely difficult transition and may trigger mental health difficulties, particularly where the transition is sudden and unexpected (such as for a permanent injury).</p> | No professional advisory services are available. | Some professional advisory services are available, but the organisation does not actively promote them to leaving employees. | Professional advisory services are available and promoted. Employees are encouraged to attend. | A range of professional advisory services are available and actively promoted to employees transitioning out of active service. This may include financial services, career advice, retraining, or retirement planning. |
| | No pre-leaving or pre-retirement health and wellbeing screening is offered. | | The organisation proactively offers pre-leaving and pre-retirement health and wellbeing screening assessment to some but not all leaving employees and provides targeted mental health resources if needed. | The organisation proactively offers pre-leaving and pre-retirement health and wellbeing screening assessment to all leaving employees and provides targeted mental health resources if needed. |
| | No support is available for employees after leaving the organisation. | No support is available for employees after leaving the organisation or if available (e.g. an employee assistance program service), it is not widely communicated to leaving employees. | Limited support is provided for employees after leaving the service (e.g. an employee assistance program service is provided). | A strategy is in place and support is provided to employees after leaving the service (e.g. an employee assistance program and a range of services are provided). Retired employees are provided with extra support for a period of time after they have retired or left the service. |

| | Absent | Basic | Moderate | Mature |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Support services | Employees are not provided access to support services. | Employees are provided access to a single support service. | Employees are provided access to multiple support service options. | Employees are provided access to a range of varied support service options, including mental health professionals, an employee assistance program, internal and/or external psychologists, and trained peer supporters to provide advice and assistance. |
| Social support from colleagues/peers, managers, the broader organisation, family, and friends reduces stress, protects mental health, and promotes wellbeing. Clinical support options are also important for employees who may be experiencing mental health difficulties or conditions, or be at risk of suicide. | | The support service is not well marketed to employees and most do not know it exists. | Support services are marketed to employees and most employees are aware of at least some of the services. | Support services are marketed to employees and all employees are aware of the services available to them and how to access them. |
| | | The support service is not used by most employees who need support. The organisation does not monitor or evaluate the effectiveness of the service. | Support services are used by some employees who need support. The organisation does not monitor or evaluate the effectiveness of the service. | Employees who need support and assistance are using the available support services and the services are meeting their needs. The organisation monitors access to services and evaluates the effectiveness of these services where possible. |

| | Absent | Basic | Moderate | Mature |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Supporting employees in remaining in work</p> <p>Many people experiencing mental health difficulties can function productively at work without any changes to their role. However, at some point in their career modified duties may be needed to enable a first responder to stay at or return to work.</p> | <p>No plan is in place to support employees in either remaining at work or returning to work.</p> | <p>A plan is in place to support employees in either remaining at work or returning to work.</p> | <p>A plan is in place to support employees in either remaining at work or returning to work. Work plans are prepared, clearly specifying timeframes, supports, and expectations.</p> | <p>A plan is in place to support employees in either remaining at work or returning to work. Work plans are prepared, clearly specifying timeframes, supports, and expectations. Flexible work hours and tasks are provided where needed to those returning to work.</p> |
| | | <p>The effectiveness of return-to-work plans is not monitored or reported to the organisation's executive leadership team.</p> | <p>The effectiveness of return-to-work plans is monitored, evaluated, and reported to the organisation's executive leadership team. Retention over time and relapse rates are not monitored and reported.</p> | <p>The effectiveness of return-to-work plans is monitored, evaluated, and reported to the organisation's executive leadership team. Reporting not only includes employees returning to work but also the success and failure rates of retaining those employees in the workplace over time.</p> |

Appendix D—High-risk work units

Figure D1 lists the work units that the Queensland Police Service considers high risk. Its Psychological Assessment Unit conducts a psychological assessment of employees applying to join these units and annual psychological health monitoring of staff working in these units. Annual psychological health monitoring is not mandatory for staff in all of these units.

Figure D1
High-risk work units

| Command | Topic details |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State Crime Command | Child Safety and Sexual Crime Group* |
| | Fraud and Computer Crime Group <ul style="list-style-type: none"> ▪ Electronic Evidence Examination Unit* |
| | Organised Crime Group <ul style="list-style-type: none"> ▪ Outlaw Motor Cycle Gang Taskforce Hydra* |
| | Homicide Group <ul style="list-style-type: none"> ▪ Homicide Investigation Unit* |
| Intelligence, Counter-Terrorism and Major Events Command | Covert and Specialist Operations Group^ <ul style="list-style-type: none"> ▪ Surveillance Operations Unit* ▪ Telecommunications Interception Unit* ▪ Technical Surveillance Unit* |
| | Security and Counter-Terrorism Group <ul style="list-style-type: none"> ▪ Security Operations Unit |
| Operations Support Command | Forensic Services Branch <ul style="list-style-type: none"> ▪ Disaster Victim Identification Unit ▪ John Tonge Centre ▪ Scenes of Crime^^ ▪ Scientific |
| | Specialist Response Branch <ul style="list-style-type: none"> ▪ Negotiators ▪ Special Emergency Response Team |
| | Specialist Services Branch <ul style="list-style-type: none"> ▪ Dog Squad (Brisbane) ▪ Dive Squad Unit |
| Crime and Corruption Commission | Witness Protection Unit |
| | Cerberus Team |
| | Forensic Computing Unit |
| | Technical Surveillance Unit |

| Command | Topic details |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Regional Operations | Northern Region <ul style="list-style-type: none"> ▪ Child protection and Investigation units^{^^} |
| | Central Region <ul style="list-style-type: none"> ▪ Child protection and Investigation units^{^^} ▪ Forensic Crash Unit |
| | Brisbane Region <ul style="list-style-type: none"> ▪ Child protection and Investigation units^{^^} |
| | South Eastern Region <ul style="list-style-type: none"> ▪ Child protection and Investigation units^{^^} |
| | Southern Region <ul style="list-style-type: none"> ▪ Child protection and Investigation units^{^^} |
| Road Policing Command | Forensic Crash units |

Note: * Mandatory annual psychological health monitoring.

[^] In addition to the psychological support provided by the Psychological Assessment Unit, the Covert and Specialist Operations Group has its own dedicated psychologist who provides a range of functions including annual monitoring of undercover operatives.

^{^^}Administration officers in all Child Protection and Investigation units and Scenes of Crime units are offered psychological health monitoring.

Source: Queensland Audit Office—extracted from *Psychological Assessment Unit, psychological assessment and monitoring guide*.

Auditor-General reports to parliament

Reports tabled in 2017–18

| Number | Title | Date tabled in Legislative Assembly |
|--------|------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. | Follow-up of Report 15: 2013–14 Environmental regulation of the resources and waste industries | September 2017 |
| 2. | Managing the mental health of Queensland Police employees | October 2017 |
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Contact the Queensland Audit Office



