

8 August 2018

Committee Secretary  
Joint Committee of Public Accounts and Audit  
PO Box 6021  
Parliament House  
Canberra ACT 2600

By online submission.

Dear Committee Secretary

**Re: Mental Health in the Australian Federal Police – Inquiry based on Auditor-General's report 31 (2017-18)**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP has more than 6000 members including over 4000 fully qualified psychiatrists and around 1400 members who are training to qualify as psychiatrists.

The RANZCP is pleased to provide this submission to the Joint Committee of Public Accounts and Audit regarding the Auditor-General's report 31 (2017-18) *Managing Mental Health in the Australian Federal Police* (the ANAO Report). The RANZCP recognises the unique occupational risks associated with first responder roles and the mental health issues faced by Australian police officers. The RANZCP has consulted widely in the development of this submission, including with the Military and Veterans' Mental Health Network.

In Australia, police play a vital role in national security, working to protect everyday Australians and provide emergency assistance, often in extremely challenging and changeable environments. As a result of their work, police officers are frequently exposed to potentially traumatic and stressful experiences. There is increasing awareness of, and concern for, the possible consequences of prolonged and repeated exposure to trauma. Evidence shows that large numbers of emergency workers, including police, experience symptoms of post-traumatic stress disorder (PTSD) and will be at risk for other mental health conditions.

In light of this, the RANZCP strongly supports all six recommendations made in the ANAO Report to improve the management of mental health in the AFP. The RANZCP also notes that the AFP has accepted all the recommendations made in the ANAO Report, and appreciates the work already completed by the AFP to improve organisational culture. In particular, engaging Phoenix Australia to undertake a structural review of mental health in the AFP (the Phoenix Report), signals that the AFP is moving in the right direction

However, the RANZCP also believes more can be done to improve mental health services in the AFP. Based on this, the RANZCP makes several recommendations to the AFP, further to



those included in the ANAO Report. These include tracking traumatic incidence exposure for police, following a rehabilitation-first approach to mental health and providing greater support for those leaving, or planning to leave, the AFP.

To support first responder organisations improve the mental health of their employees, the RANZCP has approached and scheduled meetings with a number of first responder organisations around Australia. The positive response to this approach, including an upcoming meeting with the AFP Chief Medical Officer, demonstrates the changing attitudes towards mental health in this field, and signals a positive step for the management of mental health in first responders.

If you would like to discuss any of the points raised in this letter, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships via  
or by phone on .

Yours faithfully

Dr Kym Jenkins  
**President**

Ref: 1194o



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

## Submission to the Joint Committee of Public Accounts and Audit

Inquiry into Auditor-General's Report 31 (2017-18) *Managing Mental  
Health in the Australian Federal Police*

advocating for  
equitable access to  
services

## Royal Australian and New Zealand College of Psychiatrists Submission

### Inquiry into Auditor-General's Report 31 (2017-18) *Managing Mental Health in the Australian Federal Police*

#### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP represents over 6000 members in Australia and New Zealand, including over 4000 fully qualified psychiatrists and around 1400 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care and use a range of evidence-based treatments to support a person in their journey to recovery. The RANZCP is well positioned to provide assistance and advice about the health and wellbeing of veterans due to the College's breadth of academic, clinical and service delivery expertise. Many RANZCP members have specific interest and knowledge relevant to this inquiry. We have consulted widely in developing this submission, obtaining feedback from members from multiple states and territories.

#### Summary

The RANZCP is pleased to provide this submission to the Joint Committee of Public Accounts and Audit regarding the Auditor-General's report 31 (2017-18) *Managing Mental Health in the Australian Federal Police* (the ANAO Report). The RANZCP recognises the unique occupational risks associated with first responder roles and the mental health issues faced by current and former Australian police officers.

This submission provides an overview of some of the issues around the management of mental health in the Australian Federal Police (AFP). In Australia, police play a key role in protecting and providing emergency assistance around the country. As a result of their work, police officers are frequently exposed to potentially traumatic experiences. There is increasing awareness and concern for the possible consequences of prolonged and repeated exposure to trauma. Evidence shows that large numbers of emergency workers, including police, experience symptoms of post-traumatic stress disorder (PTSD) and will be at risk for other mental health conditions.

This submission notes the RANZCP position towards the ANAO Report recommendations, and how they can be most effectively enacted in the AFP. Content for this submission has been shaped around the areas identified in the Inquiry's Terms of Reference.

#### Recommendations

The RANZCP strongly supports all of the recommendations made in the ANAO Report by the Australian National Audit Office (ANAO). However, the RANZCP also believes more can be done to improve mental health services in the AFP. Based on this, the RANZCP makes the following recommendations to the AFP, further to those made by the ANAO:

- The AFP should track incident exposure, with a certain number of incidents or specific types of incidents triggering wellbeing checks with managers or peer support officers.
- Ensure all policies follow a rehabilitation-first approach to mental health – aiming to return an individual to either their pre-injury position or supporting their return to another role within the service.

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- Greater support is need for those leaving, or planning to leave, the AFP, particularly for those with mental health conditions that carry a significant risk of worsening morbidity.
- The AFP should increase the roles and input of psychiatrists in their organisation, including increased consultation with psychiatrists to ensure programs and services are appropriately designed and targeted.

#### Context

The RANZCP notes that the AFP has accepted all the recommendations made by in the ANAO Report, and appreciates the work already completed by the AFP to improve organisational culture. In particular, engaging Phoenix Australia to undertake a structural review of mental health in the AFP (the Phoenix Report), signals that the AFP is moving in the right direction (Phoenix Australia, 2018). The RANZCP commends the AFP for this positive approach, and believes the following recommendations will build on the steps already suggested by the ANAO.

The mental health of first responders, including police officers, can be influenced by a number of factors, including traditional workplace risks such as large workloads, lack of control over work and demanding deadlines and targets (LaMontagne et al., 2007; Cotton et al., 2016). Operational first responders and emergency service workers face unique risks in addition to traditional workplace challenges, including repeated exposure to trauma (Cotton et al., 2016). Emergency personnel who are not necessarily directly exposed to a traumatic situation can experience vicarious trauma (also known as indirect or secondary trauma), which involves witnessing trauma or repeated exposure to another person's trauma. It is worth noting that individuals recruited often have high expectations of their own performance and a low tolerance for failure.

The Phoenix Report found the following self-reported snapshot of wellbeing in the AFP:

...14% reported symptoms consistent with a diagnosis of depression, 9% reported symptoms consistent with a posttraumatic stress disorder (PTSD) diagnosis, 6% reported clinically significant anxiety, and 9% reported problematic alcohol use. Please note that self-report rates are often higher than rates based on structured clinical interviews and so these rates are likely to overestimate rates of diagnosable mental health disorders. In addition, as they are based on staff who elected to complete the voluntary survey, they should not be interpreted as representing rates across all AFP staff (Phoenix Australia, 2018).

Medical professionals should be aware of the unique contributing factors, circumstances and presentations of first responders, such as police. Specialists involved should ensure they understand the values, traditions and tasking of the organisations they work with. A number of evidence-based resources are available, including the [Expert Guidelines for the diagnosis and treatment of PTSD in emergency service workers](#) (Harvey et al., 2015).

It is important that first responders and emergency service workers can access specialist medical professionals who understand their unique experiences, either through lived experience or through experience working with the specific population group. This can be challenging in rural and remote communities, where there are fewer psychiatrists available at all, let alone those who specialise in mental health for first responders. The RANZCP has been working to build networks between encourages measures that will support psychiatrists to specialise in this field, and that will build communication between such psychiatrists.

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While published research on police in Australian contexts is limited, it must be assumed that mental health problems associated with first responder and police work will be similar to overseas police or Australian military cohorts and is therefore considerably higher than civilian rates, under-reported due to stigma and organisational/cultural barriers, and poorly managed within such organisations.

### **Governance and risk management**

*ANAO Recommendation No.1 - The AFP develop a comprehensive organisational health and wellbeing strategy and governance arrangements based on an integrated approach to staff mental health and wellbeing which incorporates policies, programs and practices that address the AFP's specific risk profile.*

The findings of the ANAO Report highlight a serious gap in AFP governance and procedures. In particular, the lack of a formal organisational health and wellbeing strategy that addresses the mental health risks of police work is considered a serious issue. For a higher risk occupation, such as police, this should be considered a top priority.

The AFP needs to more clearly acknowledge the importance of mental health as a component of overall employee wellbeing, and implement an integrated approach to staff mental health. In an organisation such as the AFP, where organisational culture may form a significant barrier to help seeking, acknowledgement of mental health and wellbeing is crucial. The Phoenix Report found that staff in the AFP generally do not feel supported by their managers and are concerned about seeking help because of concerns about confidentiality and impact on career (Phoenix Australia, 2018).

An organisational health and wellbeing strategy will help ADF staff to feel better supported, and will reduce some of the organisational stigma around mental illness. On this basis, the RANZCP strongly supports Recommendation 1 from the ANAO Report.

In terms of implementing Recommendation 1, there are several considerations to keep in mind. The first is that prevention and early intervention are extremely important in the treatment and management of mental illness. The health and wellbeing strategy should incorporate a strong destigmatising approach to mental health issues in the police workforce, and should encourage managers to take greater responsibility for the health of their teams. The health and wellbeing strategy should have measurable goals for the AFP to meet in terms of providing support for their employees.

*ANAO Recommendation No.2 - The AFP analyse, define and report on mental health risks across the organisation in a consistent manner and develop arrangements to align employee mental health and wellbeing resources to areas assessed as highest risk. During this process the AFP should also assess the effectiveness of the existing controls and treatments used to mitigate mental health risks.*

The RANZCP acknowledges that many organisations, including the AFP, are operating in an environment where they are asked to do more with fewer resources. This can make it challenging to make large-scale changes and improvements to certain services, including the support provided to employees. The need to ensure resources are applied effectively is acknowledged in the ANAO Report, and is well reflected in Recommendation 2.

Greater oversight and analysis of mental health risks in the AFP will allow the organisation to better align resources to areas of need, and prevent wastage of resources on ineffective interventions or programs. Areas of need may include specific AFP populations that are more at-risk of trauma exposure, or those that are at-risk of missing out on centrally provided services (e.g. rural or remote employees). Risks associated with cumulative exposure to trauma and secondary trauma should be considered in depth,



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and mitigating measures, such as tracking incident exposure and ensuring mandatory mental health checks following certain incidents, should be applied.

It is important to note that the AFP encompasses a range of different types of staff, work roles and geographical locations. This can be a source of conflict when trying to allocate resources across the organisation, and may mean that a more tailored approach is required when providing support to AFP staff. Any mental health support services or programs should be capable of providing appropriate and tailored support for a diverse group of staff, and should be informed by analysis of mental health risks across the organisation.

Psychiatrists, as doctors specialising in mental health, have a wealth of knowledge and experience on the risks associated with first responder and police work. The RANZCP encourages the AFP to consider consulting with psychiatrists to ensure risks are effectively identified and managed, and believes that this could be a valuable opportunity to build a role for psychiatrists within the AFP.

#### **Prevention, identification and return to work of psychological injury**

The AFP should ensure their approach to prevention, identification and return to work is comprehensive and supportive, encouraging help seeking behaviour at all stages of psychological injury. Early prevention of psychological injury, in particular, should be more highly prioritised in the AFP, alongside identification and return to work support. It is important that police officers are supported to seek help prior to the occurrence, or in the early stages, of psychological injury.

In the police force, resilience, or the ability to cope effectively with stressful or traumatic situations, is a crucial part of preventing psychological injury. The AFP must therefore consider how they can improve employee resilience to trauma, and provide greater support for employees prior to trauma exposure. It is important to note that there are multiple pathways to resilience, and the factors that influence resilience can differ significantly between individuals. However, there are some identified methods which may improve resilience in police officers.

A number of studies have focused on the application of resilience training for police officers and recruits, with positive benefits including self-reported reductions in physiological stress responses, less negative mood, and improved police performance compared to controls (Arnetz et al., 2009; McCraty and Atkinson, 2012; Anderson et al., 2015). The findings of a study on West Australian police indicated that two key methods to enhance police resilience were to improve officers' use of particular effective emotional coping strategies and promote change within police culture to support the effective expression of emotions (Balmer et al., 2013). The AFP should consider measures that will build a more supportive culture within their organisation, and programs that help police officers to build resilience to stress and trauma.

*ANAO Recommendation No.3 - The AFP implement a mandatory mental health training framework for all AFP employees, tailored to the various capability requirements throughout their career lifecycle that provides information on identifying signs and symptoms of mental health injury (in self and others) as well as guidance on how to conduct meaningful conversations with staff and colleagues about their mental health.*

The implementation of a mandatory mental health training framework, outlined in Recommendation 3, is strongly supported by the RANZCP. Improving awareness of mental health issues in the workplace, as well as building the capability of staff to manage and identify such issues, are two measures which can have a very positive impact on the mental health of employees as well as the organisational culture.

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As noted in Recommendation 3, the training should be tailored to the various capability requirements of AFP employees throughout their career lifecycle. Training for employees should focus on self-identification of mental illness, where to seek help, and supporting peers. Training for managers should focus on leading by example, engaging in conversations around mental health with employees, and changing organisational culture around mental health. This is particularly pertinent, as the Phoenix Report found that, while some AFP managers have great skills in managing the psychological health of their team, many others lack the knowledge or skills, and see it as a low priority.

In order to build a culture of positive mental health and strong help-seeking behaviours, the training should take a strong de-stigmatising approach to mental health. An important aspect of this is including positive stories of 'lived experience' of mental health, to reinforce an optimistic attitude towards seeking help and treatment. Training should address organisational barriers to help-seeking, including the idea that seeking help for mental illness can be 'career limiting'.

Psychiatrists are well placed to provide support and expert advice for improving the awareness and attitudes around mental health, and have could provide valuable insight into the development and implementation of mental health training programs and frameworks.

*ANAO Recommendation No.4 - The AFP develop formal processes to monitor and provide assurance that: (a) employees in specialist roles have their psychological clearance in place before commencing in the role; and (b) mandatory mental health assessments and psychological debriefs are undertaken for all those who require them, in a timely manner.*

The RANZCP supports Recommendation 4, however would like to note that psychological clearance should be used for decision making with care and appropriate consideration of the limitations of such assessments. It is important that the AFP work to ensure that mandatory mental health assessments do not become perfunctory 'tick and flick' exercises. The RANZCP encourages consultation with psychiatrists when deemed necessary.

When entering into a specialist role that requires psychological clearance, AFP employees should be provided with tailored information on how and where they can seek help. This information should be reinforced, and updated, during mandatory mental health assessments.

It is also important to note that psychological clearance process are only one part of what should be a more comprehensive mental health strategy for the AFP. Psychological clearance processes, at least partially, rely on the engagement and honesty of participants. In order to ensure that these assessments are effective, it is important that stigma around mental health in the AFP be eliminated. The reduction of stigma in the AFP is reflected in other areas of this submission and the ANAO recommendations, and should be a top priority for the AFP.

In particular, the mental health training outlined in Recommendation 3 is a clear avenue to decreasing stigma. It is important that training focus on the concept of mental fitness and building the skills to self-appraise mental fitness and capacity. This should focus on early symptoms of distress (such as sleep disturbance and intrusive memories) and improving mental health literacy in staff throughout the organisation, encouraging a culture of help-seeking.

#### **Mental health support services**

*ANAO Recommendation No.5 - The AFP, in reviewing available support service options, uses a risk based approach to determine the optimal mix of services to target identified organisational mental health risks, including:*



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*(a) linking the outcomes of that review with the development of an organisational health and wellbeing strategy; (b) ensuring the health and wellbeing strategy also addresses the cultural change required to support and encourage employees to access mental health services when required, particularly after involvement in critical incidents or prolonged exposure to high-stress roles; and (c) establishing performance measures for the selected support services, and implementing monitoring and evaluation arrangements to ensure those services are systematically assessed.*

Currently, mental health support services provided by the AFP appear to vary substantially in availability and effectiveness. The results from the Phoenix Report indicate that this has left many employees feeling unsupported, confused as to where to seek help and potentially unwilling to seek help at all. This is of great concern to the RANZCP, as a lack of effective help and support can further exacerbate mental health symptoms and produce worsened outcomes for the individual.

In addition to issues with the availability and effectiveness of services, there appears to be a number of cultural barriers to accessing support and assistance in the AFP. The Phoenix Report notes:

There were widespread perceptions that it is hard for people to raise their hands if they are concerned about their mental health. Appointees worry about confidentiality, adverse career impacts, and losing composite pay. There is a general perception that management does not promote help-seeking or take action to support the health and wellbeing of staff (Phoenix Australia, 2018).

This is a reflection of the negative culture and approach to mental health in the AFP, and clearly an area in which significant improvements can be made. On this basis, the RANZCP supports the implementation of Recommendation 5 in its entirety as soon as possible in the AFP.

The ANAO report also found that the AFP does not have systematic evaluation arrangements in place to assess the effectiveness of mental health support services. Without consistent and effective evaluations, it is hard to see how the AFP can guarantee that their resources are appropriately allocated and that their employees are getting the support they need. Mental health support services must be aligned to areas of organisational risk, and effectively coordinated with other programs. On this basis, the RANZCP supports establishing performance measures, and monitoring and evaluation arrangements for services. The implementation of this recommendation will help to ensure targeted allocation of resources, and will encourage more effective support for members of the AFP.

The RANZCP would like to highlight two focus areas for mental health support services in the AFP. Firstly, policies should prioritise a rehabilitation first approach to mental health – aiming to return an individual to either their pre-injury position or supporting their return to another role within the service. This should be reflected in the services provided by the AFP, and any policy or governance documents on health and wellbeing in the AFP. The Phoenix Australia report found that the rehabilitation and compensation process for injured workers is experienced as disjointed and unsupportive. There is a need to streamline and improve these processes, which too often are based on claim rejection as a first response and allow perpetration of an administrative treadmill which produces secondary psychological injury. It is possible that greater oversight would assist in this field.

In addition, the RANZCP encourages the AFP to implement greater support systems for employees leaving, or planning to leave, the AFP. In particular, these services should be targeted at those with mental health conditions that carry a significant risk of worsening morbidity. It may be worth noting that the beyondblue [Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations](#) encourages the provision of advisory services, pre-retirement screening and mental health support for their employees who are leaving first responder occupations (beyondblue, 2016).

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*ANAO Recommendation No.6 - The AFP: (a) consolidate disparate systems and hard copy records in order to establish an electronic health records management system that allows a single point of access to high level health information for each AFP employee; and (b) establish a strategy for analysing employee health information against data in areas such as workplace incident reporting, Comcare claims, unscheduled leave, exposure to explicit material and information on deceased personnel in order to assist in identifying and addressing known psychological injury risk factors.*

The RANZCP strongly supports Recommendation 6, noting that the collection of health information and the consolidation of information storage systems will help the AFP to better target services to where they are needed most. The implementation of this measure will also help to build an evidence base on which program and services can be developed, and aligns well with the principles outlined in the beyondblue Good Practice Framework (beyondblue, 2016).

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