

# SENATE STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS

## BUDGET ESTIMATES 2017

### Australian Federal Police

#### Question No. BE17-049

#### **Senator Xenophon asked the following question on 25 May 2017:**

Senator XENOPHON: But does that mean that there is not necessarily any face-to-face help from a qualified psychologist for any AFP members outside Canberra?

Mr Wood: If they use the Employee Assistance Program, there are 790 registered psychs and social workers as part of that network, and 80 per cent of the contact with the employees—

Senator XENOPHON: Sorry, eight or 80 per cent?

Mr Wood: Eighty per cent of the contact with the Employee Assistance Program is face to face.

Senator XENOPHON: Can you give me some details in terms of the counselling for these matters. How much of the 5.6 FTE psychologists takes place face to face and how much of it is over the phone?

Mr Wood: I will take that on notice, Senator.

Mr Colvin: I think this is important, as well. Those permanently employed clinical psychs that we have are not the principal way that professional support is delivered. The principal way it is delivered is through our Employee Assistance Program with Davidson Trahaire Corpsych. If I am an officer in Sydney and I register that I want to get some support, then I will go through and get a local contracted medical professional to help me. We have recognised that that model has flaws. It has got strengths but it has also got limitations, and that is why, since we last spoke at estimates, we have engaged Phoenix Australia, who are the national centre for excellence in post-traumatic mental health, to work with us to improve that model.

Senator XENOPHON: I was going to go to the issue of Phoenix Australia. Will this include mechanisms for follow-up support from the AFP once Comcare claims are lodged?

Mr Wood: Yes, Senator. One of the other things that has happened since we last spoke is that the welfare officer network training is under way, so we will have around 40 members right across the country and in the bigger postings offshore. That will be face to face, so they can help people connect to the professional services that are available.

Senator XENOPHON: I might ask you to take on notice: what strategies are in place for debriefing after traumatic events, to the extent that you are able to disclose?

Mr Wood: We could certainly go into that.

#### **The response to the honourable Senator's question is as follows:**

For the financial year 2015/16, just over one third of sessions conducted internally, by either psychologists or social workers, were for counselling or short-term interventions with approximately 50% of these being face-to-face. These counselling and/or short-term interventions can be for bullying and harassment; disciplinary action; mental health issues;

personal issues; psychological issues relating to physical health; vocational issues; work issues; and, work-related trauma.

Internal psychologists and social workers travel to the regional offices to complete routine mental health assessments with various business areas. Additional time is always allowed in order to avail themselves to other members in the office for face-to-face contact.

Psychological Services also fund and provide referral to external agencies and practitioners, to enable them to receive the appropriate face-to-face interventions and/or services as identified by Psychological Services. This has been increasingly utilised with our members serving in the regions.

Psychological Services employ psychoeducation and psychological first aid as immediate strategies for debriefing after traumatic events. This teaches individuals about the effects of trauma and helps them to better understand their own stress responses, as well as encouraging an understanding of their coping strategies. It is important for members to understand the physiological and psychological reactions they may experience during and/or after a traumatic event or critical incident. Normalising their reactions aims to reduce the initial distress many experience.

Psychological first aid also addresses current emotional and practical needs. This can include explaining immediate procedural requirements following a critical incident; ensuring the member has food and water; contacting family and friends to advise of their safety; and confirming available internal and external professional and social support options. This all contributes strongly to recovery from involvement in a traumatic or critical incident.

Follow-up is provided by Psychological Services the next day and/or the following week. This may be directly with the member or through liaison with supervisors, chaplaincy and/or welfare officers. This is essential for those displaying initial signs of distress. Mental health screening and/or evaluation assist in determining when a member requires further or more specialised help. Early intervention is important for those showing signs of distress or poor coping behaviour. Appropriate evidence-based techniques are then utilised. This may be provided by AFP Psychological Services or through their referral of the member to a private practitioner skilled in the recommended interventions.

This stepped care approach ensures members receive the appropriate care and support that meets their individual needs. Such protocols are recognised by agencies such as the World Health Organisation and trauma specialists - Phoenix Australia.

AFP Psychological Services are on-call 24/7. For Canberra-based Critical Incidents, response is immediate by the team, chaplaincy and, usually an ACT Police welfare officer. In the case of an interstate incident, a psychologist and chaplain travel to the location within 12 hours. If an immediate response is required then the Employee Assistance Program's local Crisis Response Team is engaged to provide initial face-to-face support within two hours and any immediate follow-up with first responders.

Psychological Services and chaplaincy have also been deployed with members on most large-scale critical incidents such as the Bali bombings and MH-17 disaster.

Psychoeducation and psychological first aid are provided at this time and members potentially needing more support on return to Australia may be identified in-country. Members are required to later participate in a psychological debrief when they have had an

opportunity to reflect on their experiences and the impact it may have on them. This provides another opportunity to assess their psychological adaptability. The timing of a post-critical incident psychological debrief varies depending upon individual circumstances and operational requirements. Given the number of AFP members deployed for MH-17, and the need to clear members for potential multiple deployments, external contractor, Sonic Health Plus, was engaged to conduct the debriefs. AFP Psychological Services administered and scored mental health screens and provided the interview format. They briefed the contracted provider with as much information as possible and were available at all times for individual case discussion and consultation.