Developing an integrated approach to workplace mental health in Victoria Police

Dr Kathryn Page

Dr Nicola Reavley

Dr Amanda Allisey

Dr Allison Milner

Ms Irina Tchernitskaia

Associate Professor Angela Martin

Professor Andrew Noblet

Professor Tony LaMontagne

A joint initiative of

This research report was prepared by

Dr Kathryn Page and Dr Nicola Reavley

University of Melbourne

kathryn.page@unimelb.edu.au

+61 3 9035 4940

nreavley@unimelb.edu.au

+61 3 9035 7628

With input from:

Dr Allison Milner and Ms Irina Tchernitskaia

University of Melbourne

Dr Amanda Allisey, Professor Tony LaMontagne, and Professor Andrew Noblet

Deakin University

Associate Professor Angela Martin

University of Tasmania

For Maria Bachelor, WorkSafe Victoria

Acknowledgements

Accompanying documents to this report

Title: Guidelines for the prevention of Workplace mental health problems: Adaptation to the veterinary sector

Report number: 1013-052-R2C

Title: Workplace prevention of mental health problems: Guidelines for organisations

0614-052-Z01

Table of Contents

Table of Tables

Table of Figures

Executive Summary

Key messages

One in five working age Australians will experience an anxiety, affective or substance use disorder. Stressful workings conditions have been shown to have a detrimental effect on mental health, and some work contexts, such as policing, have been found to be particularly stressful. In this project, we sought to better understand the mental health needs of Victoria Police through qualitative interviews. Key findings from the current project were combined with existing knowledge and understanding of mental health in a policing context, and were used to develop an integrated approach to workplace mental health literacy. This approach will be used in an upcoming cluster- randomized controlled trial, funded through an NHMRC partnership project[1].

Purpose

In this project, we sought to understand the level of mental health literacy in uniformed members, and the strategies that could be implemented to address mental health in the workplace. From the interviews in the current project and our findings and knowledge from previous projects, we developed an integrated approach to workplace mental health literacy in a policing context which seeks to simultaneously prevent stress and promote mental health at the primary and secondary levels.

Rationale

The majority of mental health problems occur in working age Australians, with 1 in 5 Australians aged 25–64 years experiencing an anxiety, affective or substance use disorder. Even though all occupations are exposed to potential job stressors, some jobs are more stressful than others. Policing is one of those occupations that is particularly stressful.

Even though there has been intervention research on job stress interventions in the police sector, these interventions have typically not focussed on addressing job stressors nor integrated job stress prevention strategies with strategies to improve mental health literacy. It was important to conduct this research to help understand how to better address job stress and mental health in the police context, such that a comprehensive workplace mental health literacy and job stress program can be implemented and evaluated in the subsequent cluster- randomized controlled trial.

Methods

Five junior (probationary and confirmed and senior constables) and 13 senior (sergeant level and above) uniformed members were recruited to participate in semi-structured interviews. The interviews focussed on mental health literacy, mental health needs and strategies to address workplace mental health in Victoria Police. The interviews were recorded, transcribed and a qualitative thematic analysis was undertaken to identify key themes. The findings were combined with previous knowledge and understanding of the Victoria Police work setting and incorporated into recommendations for an integrated approach. These key themes, findings and recommendations were then presented to seven subject matter experts (SMEs) for validation and feedback. Feedback from the SMEs on the feasibility and relevance of the recommendations was then incorporated into the proposed integrated approach.

Research findings & implications

Overall, it was found that senior members had better mental health literacy (knowledge, beliefs, skills that help prevent workplace mental health problems and understanding of what to do for people affected by mental illness) than junior members. There is a significant level of stigma associated with mental health issues in a policing context, and further, mental health first aid training is inconsistent. Most people learnt skills associated with helping people with mental health problems through life experience, rather than training) Members in leadership roles varied in terms of the degree to which others felt that they could be approached to discuss mental health issues. Furthermore, members preferred training via case studies, role plays and other mediums, rather than online. Lastly, there were a number of positive aspects of working at Victoria Police identified, such as meaningful work and camaraderie.

These findings were supported in our interviews with the SMEs.

The key findings from the interviews with the junior and senior members and the SMEs helped inform the integrated mental health literacy and job stress intervention program.

Use of the research

The findings from this research can be used to inform future intervention strategies in Victoria Police. In particular, the integrated approach to job stress and mental health will be used in the upcoming NHMRC cluster randomized trial. The research also informs other organisations who may be interested in developing an integrated approach to preventing stress and promoting wellbeing that is tailored to their own setting.

Potential impact of the research

In addition to facilitating the development of the integrated approach (i.e. the methodology for the upcoming larger trial), the current research enhanced previously established collaborative relationships and mutual respect with key stakeholders. Most importantly, these stakeholders included senior sergeants and sergeants (members of the leadership team within stations), the subject matter experts, and junior uniformed members. It also allowed us to investigated sources of internal support, including existing programs, activities, and personnel within Victoria Police that can assist us in rolling out the program on a larger scale. These relationships will be vital in conducting the upcoming cluster randomised controlled trial.

1. Background

1.1 Mental health problems in the working population

Mental health problems account for 24% of total years lost due to disability and are the third largest cause of the overall disease burden in Australia.[1, 2] The majority of these mental health problems occur in working age Australians, with 1 in 5 Australians aged 25–64 years experiencing an anxiety, affective or substance use disorder.[3]

Past studies across a number of countries have demonstrated that stressful working conditions, such as the combination of high job demands and low job control (job strain), have detrimental impacts on mental health.[4-6] In Australia, previous research has estimated a job strain-population attributable risk for depression of 13% among working males and 17% among working females,[7] and an associated cost burden of $730M per year nationally.[8] This is only a fraction of the total depression-related workplace costs which we have estimated at $12.6B per annum,[8] but likely underestimates the job stressor-attributable burden of mental health problems, as other job stressors (e.g., bullying, job insecurity) and other mental health problems associated with job stressors (e.g., anxiety, burnout) have not been accounted for.[8]

In parallel to the growing recognition of and responses to job stress, interventions to promote mental health and mental health literacy in the workplace are gaining acceptability as a means to prevent, screen, and effectively manage depression, anxiety, and other mental health problems among employees in various industrialised democracies.[11-14] A prominent Australian example of this is *beyondblue's* National Workplace Program, which aims to raise awareness of depression and anxiety as treatable illnesses, to improve help-seeking behaviours, to reduce stigmatising attitudes, and to develop confidence and skills in providing help to people who might be experiencing a mental illness.

Another Australian example is Mental Health First Aid (MHFA), which has been developed by Professor Tony Jorm and others. MHFA seeks to improve mental health literacy by developing knowledge and skills on how to recognise common mental disorders and provide "First Aid" support until professional help can be obtained, increasing understanding about the causes of mental disorders, improving knowledge of the most effective treatments, and reducing stigma.[15, 16] There is evidence of effectiveness of MHFA from various studies,[16] including randomised-controlled trials [15] and cluster randomised-controlled trials.[17] In addition to improvements in mental health literacy, there is also some evidence of improvements in mental health among MHFA trainees.[15]

These programs address some aspects of mental health literacy, but not all; to date, they have tended to emphasise the secondary and tertiary levels, with less emphasis on primary prevention. In the workplace setting, primary prevention should include reduction of work-related risks to mental health, as well as enhancement of mental health-promoting aspects of work. Job stress prevention features prominently here, and is relevant in all work contexts.[18]

Job stress interventions have tended to focus on the primary and secondary intervention levels, whereas mental health literacy interventions have tended to focus on the secondary and tertiary levels, and the two have tended to operate independently.[14] A fully integrated approach would bring these together to encompass primary, secondary, and tertiary intervention. There is growing recognition among employers of the value of such integrated or comprehensive approaches, which to some extent are practiced in Europe[19] but rarely in Australia.[14] This stems from growing recognition of the need to fulfill occupational health and safety obligations with respect to psychological as well as physical health, as well as growing awareness of the impact of common mental disorders (work-related or otherwise) on productivity at work (e.g., sickness absence, presenteeism).[8, 11, 20]

Accordingly, we define *workplace mental health literacy* as the knowledge, beliefs, and skills that aid in the prevention of mental illness in the workplace, and the recognition, treatment, rehabilitation, and return to work of working people affected by mental illness. This includes consideration of working conditions and their influence on mental health, as well as addressing mental illness among working people regardless of cause.

1.2 Stress and mental health problems in the police sector

In this project, we develop a workplace mental health literacy intervention for the police sector in preparation for an upcoming cluster randomised-controlled trial[1] in Victoria Police.

While all occupations are potentially exposed to job stressors, some occupations are more exposed than others. Research in the Australian context [21, 22] as well as internationally[23] has identified police work as being particularly stressful. High levels of job stressors in police have been linked to burnout, work-family conflict,[24], depression, partner violence,[25] psychological distress [21, 22], and suicide [26]. Like other occupations, high job demands (e.g., time pressures and work overload), low supervisor or collegial support [21, 22, 27, 28] and low levels of control (i.e., latitude in deciding how to do one's work) have been found to be significant sources of stress in police.[21, 22, 27] It is also necessary to consider that stress-induced mental and physical health outcomes in police may also be linked to their greater exposure to violence and distressing events.[29, 30] However, evidence to date suggests that organisational sources of job stress such as excessive job demands, lack of control and low levels of social support are better predictors of police distress[31-33] than operational factors, such as exposure to violence and trauma.

There have been a number of job stress intervention studies in the police sector.[34, 35] However, these have tended to focus on improving individual responses to stressors (secondary intervention, such as developing officer coping strategies), rather than addressing stressors (primary intervention, such as improving decision-making processes). Given that many of the stressors experienced by police stem from both individual and organisational sources, it is appropriate to address intervention efforts at both of these levels. This is further supported by the findings of systematic reviews of job stress intervention studies, which indicate that the most effective interventions combine secondary worker-

---

directed (e.g., coping and time management skills) with primary work-directed intervention (e.g., moderation of demands, improved supervisory support).[36, 37]

Recognising the need to better address job stress and mental health in their workforce, Victoria Police, a partner in this project as well as the intervention site, is keen to develop and implement a comprehensive workplace mental health literacy program. Victoria Police is one of the largest employers in Victoria (~15,500), and has one of the highest job stress-related claims burdens in the workers compensation system thus making it a well-suited intervention site.

1.3 Workplace prevention of mental health problems: Guidelines for organisations

The first phase of the current project involved the development of guidelines for organisations wishing to implement a strategy for workplace prevention of mental health problems, encompassing mental health problems that may be caused by work, and also those that may become apparent in the working environment [13]. The resulting guidelines have been disseminated and are available at http://prevention.workplace-mentalhealth.net.au/.[2]

The resulting guidelines were developed on the basis of those items with the highest level of endorsement from the Delphi panels engaged for that project, and consist of ten broad areas of focus. These include:

(1)   have a mental health and wellbeing strategy;
(2)   foster a work environment that supports and encourages mental health;
(3)   balance job demands with job control;
(4)   appropriately reward employees' efforts;
(5)   create a fair workplace;
(6)   provide workplace supports;
(7)   manage staff effectively during times of organisational or role change;
(8)   appropriately manage mental health-related under-performance, and;
(9)   provide mental health education to employees.

The guidelines may be used to facilitate the development of an integrated workplace mental health literacy intervention strategy at the organisational level or higher (e.g., sector). However, organisations are likely to have better outcomes if they have assistance in tailoring the guidelines to their particular organisational contexts. The aim of this, the second phase of the project, is to collect information that could be used to tailor the guidelines to Victoria Police. Our previous work in the policing environment has allowed us to collect a large body of knowledge regarding points 3 through 9 of the guidelines. However, we have not yet investigated what police members consider to be mental health literacy needs or their

---

[2] A peer-reviewed paper describing the genesis of these guidelines has been drafted, reviewed by WorkSafe Victoria and ISCRR, and is currently under review with a scientific journal.

suggestions regarding how to promote the positive aspects of their working environment (points 10 and 2, respectively, of the guidelines).

1.4 Objectives of the report

Our first objective for the current report is to address the abovementioned gaps through a qualitative interview study at Victoria Police. A second objective was to integrate the information gathered here with knowledge we have collected previously to develop an integrated approach to workplace mental health literacy program for Victoria Police. Given the importance of the program being perceived as relevant, feasible, and sustainable a third objective was to consult with experts within Victoria Police to solicit their input, suggestions and support for the resulting intervention approach.

2. Method

A high level overview of our approach is highlighted in Table 1. As shown, steps 1 through 4 focused on identifying Victoria Police members' mental health needs and the positive aspects of their work environment using a series of semi-structured interviews with junior and senior police members. This information was then integrated with our existing knowledge on job stress prevention in the policing environment to form our integrated approach to workplace mental health literacy. The integrated framework was refined in consultation with Victoria Police through a series of subject matter expert (SME) interviews.

2.1 Participants

Police member interviews

Junior and senior police members were recruited from three regions of Victoria Police to participate in semi-structured interviews that focuses on mental health needs. Initial contact was made with senior executive members (Inspector level) who received a summary of the research project via email and a follow up phone call. Inspectors then nominated 2 or 3 stations that would be appropriate for inclusion in the research. Researchers approached command within the nominated stations and organised to attend the station during a shift. Operational members in the stations were provided information regarding the research and offered the opportunity to participate in a one-on-one interview.

A total of 18 semi-structured interviews were carried out across Box Hill, Camberwell, Malvern, Doncaster, Wyndham North, Werribee and Prahran police stations. Interviews lasted between 45 to 60 minutes each. Both junior (probationary, confirmed \ and senior constables) and senior members (sergeant and above) were involved. Two sets of interview questions were utilised – one for junior members and one for senior members. The sets of questions used for junior and senior members are presented in Appendix A and B, respectively). Interviews were conducted by the project team, recorded, and transcribed verbatim.

A qualitative thematic analysis was undertaken of each interview to identify key themes. To ensure consistency of coding and maximise efficiency, one researcher extracted and coded all data. The project team then met to discuss and clarify key themes.

Subject matter expert interviews

Seven semi-structured interviews were conducted with SMEs within Victoria Police in order to validate and better understand the results. The SMEs included two Inspectors, a senior sergeant, three non-sworn members with expertise in mental health, and a superintendent. The purpose of these interviews was to gain feedback and check the relevance and feasibility of the recommendations (i.e. activities or strategies) developed from the interviews with the junior and senior members of Victoria Police and information gained from previous projects.

Table 1. Project methodology

Phase	Description
1. **Ethics**	Approval of interview protocol by UoM and Vic Pol ethics
2. **Refine interview questions**	Refine questions for interviews in consultation with research team
3. **Interviews with newly confirmed constables and people leaders**	8-10 interviews with confirmed constables, focussing on mental health literacy in Victoria Police 6-8 interviews with people leaders (Snr Leading Constables/ Sergeants), focussing on what support PCets need in terms of mental health
4. **Thematic analysis**	Transcribe 18 completed interviews Team meeting to discuss analysis strategy Conduct thematic analysis (18 interviews)
5. **Develop recommendations for Vic Pol**	3 hour team meeting to develop recommendations (potential activities or interventions) around mental health literacy, based on workplace mental health guidelines, and team's knowledge (e.g. NR)
6. **Integrate recommendations**	Integrate MHL learnings with learnings from the Creating Healthy Workplaces project (i.e., combine mental health literacy and job stress prevention). These recommendations will be used to inform the NHMRC Vic Pol project
7. **Interviews with subject matter experts**	Conduct max. 6 interviews with subject matter experts (e.g. Police psychology, OHS, academy) to determine relevance and feasibility of recommendations
8. **Adjust recommendations**	Revise recommendations based on feedback from the interviews with the subject matter experts
9. **Report to ISCRR/ Worksafe**	Report recommendations etc. to ISCRR/ Worksafe by 3rd Feb 2014

3. Interview results (objective 1)

3.1 Sociodemographic characteristics of participants

Detailed sociodemographic characteristics of participants are given in Table 2. Of the 18 participants, 14 were male and 4 were female. 5 members were of junior rank and 13 members were of senior rank (sergeant or above). The mean age for junior and senior members was 26.8 and 43.5 years, respectively. The mean tenure for junior and senior members was 1.5 years and 19.7 years, respectively, with the mean time in the role for junior members being 1.7 years and 5.3 years for senior members.

Table 2. Demographic characteristics of the interviewees

	Age (yrs)	Gender	Highest level of education	Role
1	21	F	High school	PCET
2	45	F	High school	Detective
3	49	F	Masters	Senior Sergeant
4	47	M	High school	Senior Constable
				Senior Constable
5	29	M	Ad Diploma	Detective
6	23	M	High School	PCET
7	43	M	High School	Sergeant
8	31	F	Certificate	PCET
9	53	M	Tertiary	Senior Sergeant
10	51	M	Diploma	Leading Senior Constable
11	32	Male	Diploma	Constable
12	27	male	Bachelor	1st connie
13	40	Male	TAFE, Adv cert	Sgt
14	46	Male	High school then TAFE/ Apprenticeship	A/ Sgt (Senior CI)
15	32	Male	Year 12	Sergeant
16	36	Male	Year 12/ VCE	Leading Senior Constable
17	40	Male	Year 12/ Apprenticeship; Partially uni degree; emergency management institute; management units (bachelor)	Acting Sergeant
18	54	Male		Senior Sergeant

3.2 Mental health literacy needs

Ability to recognise signs and symptoms of stress and mental health problems

Participants were asked about how depression and anxiety might show up at work. Police members who had spent more time in the job were more likely to be able to recognise the signs and symptoms of mental health problems in colleagues. Members typically identified

changes in behaviour, social withdrawal and irritability/anger as signs of mental health problems. Increased absenteeism and deteriorating work performance were also mentioned by many members. This was particularly the case where interviewees had direct management responsibility and were able to track the quality of an employee's work. The focus on data gathering and performance in Victoria Police facilitates this:

"I can have a look and see how many briefs of evidence you've put in over a three month period, how many PBTs [breath tests] you've done, how many penalty notices you've issued, how many summonses you've issued over a period of time. We check that on a quarterly basis and we can see, "All right. Well, last quarter you had 10 briefs, 30 penalty notices and issued 15 summonses. This quarter you have two briefs, you've written three penalty notices and you haven't issued any summonses." Something's gone on." (Senior member)

As in the general population, higher levels of mental health literacy (in terms of the ability to recognise signs and symptoms of mental health problems) were seen in older participants and those with exposure to mental health problems, either in themselves or in colleagues.

Some of the more senior members (particularly women) talked about the culture of informally looking out for each other and supporting each other in the face of difficulties.

"If there's been a bad job, we'll kind of touch base with each other, especially the young ones. We'll say, "How're you going? Is this your first time?" And then you say, "Well, I've been through it" or "If you want to talk" – like, when this young girl died, she fell in front of the police and we had a very junior police woman there and she struggled a bit but we all just rallied round each other so she's getting there." (Senior member)

Mental health first-aid intentions and behaviours

Participants were asked how they would respond if they noticed a colleague was struggling or showing some of the signs of depression or anxiety.

All members responded that they would approach the person, ask what was wrong and, in many cases, refer to sources of help and discuss the issue with the person's supervisor. Most participants felt confident to do this.

"So John would come in and I'd sit down and say, "Look, you know, I've noticed you've changed a little bit. I've noticed a couple of things. Is everything all right? Is there issues? Have there been any problems? Something I can help with?" Most - I can't think of any times that that hasn't resulted in fairly open discussion." (Senior member)

"I would probably be speaking to other senior [Leading Senior Constable] LSCs and try to work out if it's just me. But if I'm getting, like, 80 or 90 per cent of the other LSCs as saying, "Yeah, I don't know what to do but he or she won't open up" I'd be taking it to another level and going to my sergeant and saying, "Listen, we've had a chat to this person. That person doesn't want to open up so you might want to take it from here." Hopefully we can resolve it at our level but if we can't I'm quite happy to put it up one." (Senior member)

Participants were generally more likely to report that their mental health first-aid knowledge was due to life experience rather than training.

Suicide first-aid

Participants were asked how they would respond if a colleague or superior said they were thinking of taking their own life.

All members responded that they would take this very seriously. Most would immediately involve supervisors or welfare services. Three members referred to their training in dealing with members of the public, which requires them to respond to threats of suicide and self-harm by taking the person into custody and to mental health services.

Participants' own help seeking intentions

Participants were asked if and where they would go for help if they were experiencing mental health problems. Most participants reported that they would seek professional help, with a number reporting that they had already done so. Some members reported that they would seek help from internal services while others reported that they would prefer to seek help externally due to privacy issues and concerns about gossip. Only one member reported not knowing about how to access services and another took the view that there was a low awareness of welfare services. Many participants mentioned the emails that are routinely sent from welfare services after critical incidents.

Among those who had sought help from the welfare services, these were generally well regarded.

Some members reported intentions to talk to friends, family members and colleagues at other stations, perhaps offering opportunities to further develop mentoring and support systems.

Stigma

Several members mentioned issues around stigma and associated reputational risk related to having mental health problems. They reported that showing weakness or being seen as a 'whinger' was viewed as undesirable in the cultural environment of Victoria Police, although it is important to note that long-serving members acknowledged that this had changed considerably in their time in the police. Some members were concerned about being seen as using mental health problems as an excuse to avoid work.

"There is the 'harden up culture' in organisations like Victoria Police which means that a lot of people feel that it is shameful to show your emotions; to show weakness. They would feel embarrassed about doing that. In organisations such as Victoria Police I don't have doubt that there is a great deal of stigma about depression, anxiety, mental illness… It has improved in line with community improvement. But I think we're still behind community as members of an organisation..." (Senior member)

Concerns about reputational risk were more strongly highlighted by younger members who were keen to make a good impression and be seen as high performers. One participant felt that younger members might be less keen to ask for help for this reason.

Disclosure as part of de-stigmatising/role modelling

Three senior members reported using personal disclosure of service use or mental health problems to assist them in supporting other staff in the same situation.

"If they ask – I don't really want to go and do this, I feel like there's something wrong with me, then I can say look, I've actually gone and used these services before. I found it helpful. It gives them maybe some confidence to take that next step to actually say yeah, maybe I need some help." (Senior member)

Interventions to help better manage mental health problems

Participants were asked what they thought junior members need in order to be better equipped to manage mental health concerns that police member's experience. Most members preferred that the issue not be dealt with in online training as there is a lot of this in Victoria Police and many members find it of limited use. One member suggested a USB stick with relevant resources and information.

A number of participants mentioned that case studies, personal stories and the opportunity to discuss issues in small, interactive sessions would be preferable.

One member suggested including mental health training in 6-monthly operational training or senior constable mentor training.

Victoria Police Support

Participants were asked what they thought Victoria Police could do better to support its members with mental health concerns.

Four participants thought a greater focus on member wellbeing and a more proactive approach from welfare services could be beneficial, e.g. visits to stations, mandatory visits to welfare services in certain cases.

Some participants identified the need for better support from the chain of command rather than just the welfare services. They wanted to see a more proactive approach to mental health taken by supervisors, thinking that these issues should be part of regular conversations (rather than solely work performance). This offers opportunities to integrate the mental health literacy and job stress aspects of the study.

"I'm just saying that it's good that your supervisor sit down with you occasionally because it doesn't really happen…. So I think that is important that supervisors sit down and constantly just check people's work and see how they're going. Not just that but also how you're going with the job, you know, the welfare type situation; just an ongoing type thing. That might bring out - if there are dramas at home they can get them out early and maybe get some intervention orders in place to - well, interventions in place to help it."

One member suggested more information sharing and enlisting others to support the person with potential problems.

"Well, more information sharing. Like perhaps if, for example, someone is taking extended amounts of leave and this and that and management look at that in their – as part of their reporting or whatever process and then they look at – they speak to me as a supervisor, do you know so and so is taking a lot of leave, do you know if there's any issues, and I might say, no, but I know he's really close to senior conny so and so, I'll have a chat to him. "

Some members noted the need to consider the interaction between personal stresses and job stresses when considering training needs.

Promoting the positive

Members were asked about the positive aspects of working with Victoria Police. The following themes emerged:

1. Variety in daily tasks
2. Opportunity to learn and diverse career paths
3. Camaraderie/supportive culture
4. Helping people/dealing with the public
5. Team mentality
6. Catching crooks- sense of achievement
7. Task completion - sense of achievement
8. Meaningful work
9. Occupational identification

Summary of Key Messages

In summary, key messages that emerged for the qualitative analysis of the interviews were:

1. More senior members have better mental health literacy (ability or recognise signs and symptoms of mental health problems)
2. Members with personal experience of mental health problems had better mental health literacy
3. Mental health first-aid intentions were of reasonable to good quality
4. Most members felt confident about their ability to provide mental health first aid, particularly those in more senior roles
5. Suicide first aid intentions were of good quality
6. Most members felt confident about their ability to provide suicide first aid (linked to training in dealing with members of the public)
7. Willingness to provide first aid depended to some extent on the nature of the relationship
8. Most people learned mental health first aid skills through personal experience rather than training
9. Training was generally reported as limited at lower levels
10. Stigma around mental illness mostly related to being seen as 'weak', 'a whinger' or 'milking the system'
11. Risk to reputation likely to be greater in younger members keen to build a good reputation
12. Some senior staff used personal disclosure of mental health problems as a way to support and mentor others in the same situation
13. Some leaders more approachable than others for mental health support
14. Most members aware of welfare services
15. Personal experience with organisational resources (welfare services) generally positive
16. Preference for interventions using case studies/video/possibly small group work rather than online

17. Need for more support from managers, more routine incorporation of talking about welfare issues in ongoing discussions
18. There are a number of positive aspects of work that could be promoted in Victoria Police.

While this single study was limited by the small sample size of 14 men and 4 women, findings were consistent with those of our other on-going projects at Victoria Police and constituted one of multiple sources of information feeding into the workplace mental health intervention strategy outlined below.

4. Developing an integrated approach to workplace mental health literacy (objective 2)

In this section of the report, we integrate knowledge from the current study, which identified mental health literacy needs in Victoria Police, with data from a separate and complementary study to develop job stress intervention strategy in the same context.

Together, these studies will feed into our development of an integrated workplace mental health literacy intervention strategy for Victoria Police (Figure 1).
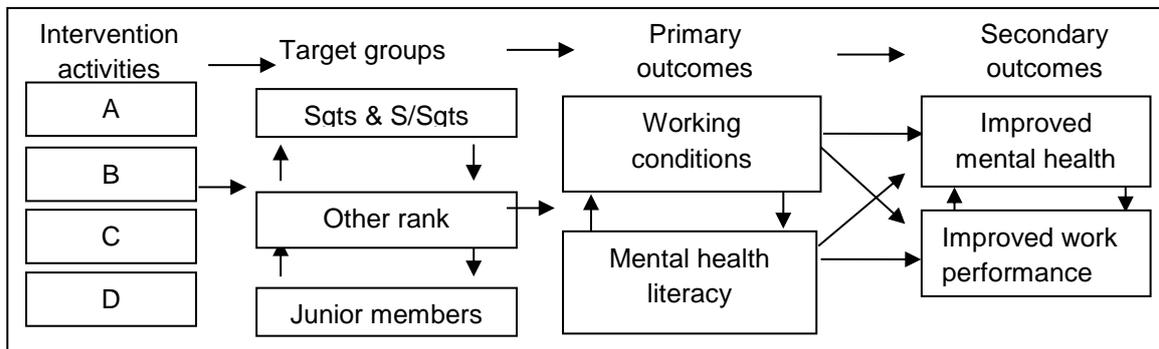

Figure 1. An integrated approach to workplace mental health literacy in a police organisation

Notes: See Table 3 for more detail abovementioned activities. All ranks are now targeted through the intervention activities rather than just junior members alone (as was previously proposed) in order to increase the likelihood of effecting change in primary and secondary outcomes.

4.1 Job stress prevention strategies in a policing environment: Key learnings from the Creating Healthy Workplaces project

We have recently undertaken a study in Victoria Police that looks at work-based strategies for preventing stress, as part of the Creating Healthy Workplaces (CHW) – a pilot funded by the Victorian Health Promotion Foundation (VicHealth).

Whilst a full review of this project is beyond the scope of this paper, a summary is provided in Figures 2 and 3 respectively. This includes our program logic, including prioritised stressors, stress prevention strategies and desired outcomes and as well as the intervention process.

As described here, the aim of the CHW stress prevention program is to improve supervisor support and job control through a coaching-based leadership program for sergeants. The program has been implemented over a period of 5 months with completion of the intervention due at the end of February 2014 and the effectiveness evaluation conducted by mid-2014. The program was designed and implemented using participatory action research (PAR) principles. The program addresses both work/organisational level strategies (sergeant leadership coaching and implementation of a new workload management system) with worker/individual level (workload management training) activities.

A novel feature of the program is its coaching style of delivery to enable effective and sustained behaviour change. The model included leadership assessment and feedback, 3 full day workshops (start, middle and end of program) and 4 individual leadership coaching sessions. The individual coaching sessions were carried out by a member of our team who is a practicing organisational psychologist, in partnership with senior police members as 'trainee' coaches. The latter was included to allow for organisational capacity building.

Initial feedback from station command and external coaches has been positive. Sergeants have demonstrated the desired behaviour changes, including providing more regular and constructive feedback and putting a greater emphasis on developing junior members. Senior staff members have observed and reported high levels of commitment from the sergeants and a noticeable improvement in station morale.

In line with a PAR model, a number of program improvements were made along the way in response to participant responses and feedback. This resulted in high levels of engagement and buy-in from the group and a more effective delivery mode.

Feedback from participants indicate very positive results. Program elements found most positive and helpful included the coaching based methodology and flexible implementation style of the program.

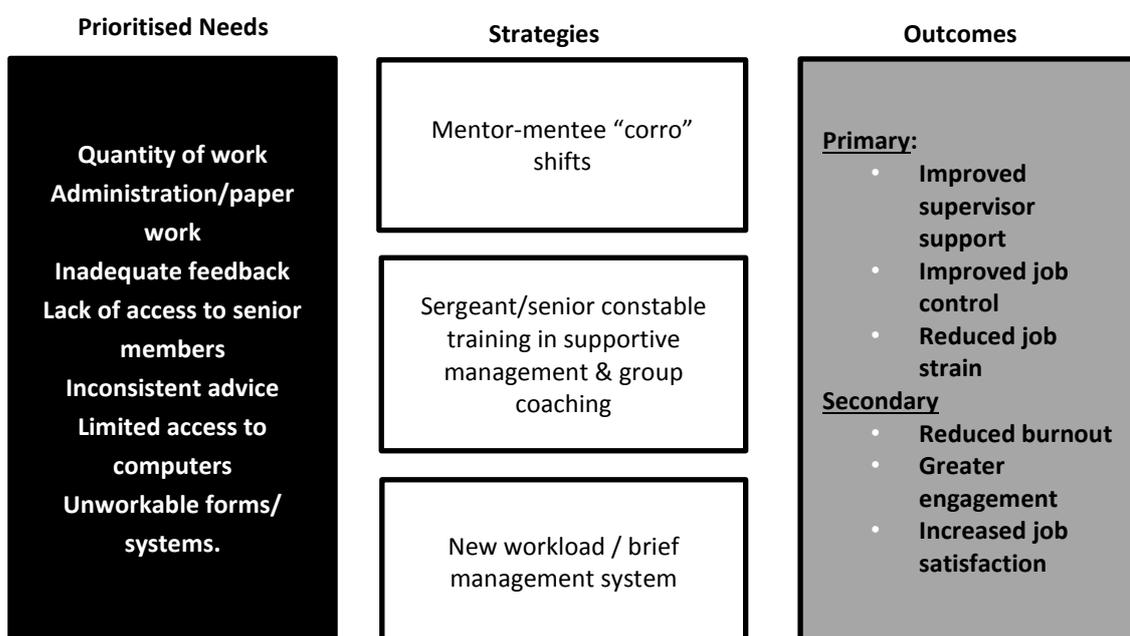| Prioritised Needs	Strategies	Outcomes
Quantity of work Administration/paper work Inadequate feedback Lack of access to senior members Inconsistent advice Limited access to computers Unworkable forms/ systems.	Mentor-mentee "corro" shifts	**Primary:** • **Improved supervisor support** • **Improved job control** • **Reduced job strain** **Secondary** • **Reduced burnout** • **Greater engagement** • **Increased job satisfaction**
	Sergeant/senior constable training in supportive management & group coaching	
	New workload / brief management system	

Figure 2. Creating health Workplaces Stress Prevention plot (funded by VicHealth): Program Logic

Figure 3. Creating health Workplaces Stress Prevention plot (funded by VicHealth): Intervention process

4.2 An integrated intervention approach

Together, information collected via the mental health needs analysis and CHW stress prevention pilot informed the development of an integrated workplace mental health literacy intervention strategy that was based on the following strategy (Table 3).

Table 3. Specific activities planned for implementation in line with our integrated approach to workplace mental health literacy strategy

Target	Desired outcomes	Activities
Whole station	For members: • Improved self-disclosure of mental health and stress related issues by all members • Improved help-seeking • Reduced stigma For peers: • Officers understand their role in the program and feel supported and equipped to effectively achieve specified outcomes	1. Increase ratio of trained peer support officers from 1:40 members to 1:15 2. Bi-monthly peer support (PS) officer consultation network meetings and ad hoc support from station leadership, other officers and project team
Senior sergeants	• Buy in to the program's objectives, high levels of commitment to and engagement in the project and readiness to change • Develop a specific wellbeing improvement plan for their station • Identify the link between their leadership style and station level wellbeing outcomes	1. Bi-monthly senior sergeant consultation network and ad hoc support from both PS officers and project team 2. Station level survey debrief and action plan (2 hours) with project team 3. 360 assessment & debrief plus development planning and personal goal setting (2 hours)
Sergeants	As above PLUS CHW outcomes including: • Recognised specific day to day opportunities to apply leadership skills • Practiced feedback tools • Developed personal leadership development plans.	CHW leadership program: 1. 360 degree feedback + 2 x workshops 2. 4 coaching session[3] Leadership workshops focus on how to lead for wellbeing including leadership strategies, tips and role plays to help sergeants promote mental health and prevent stress at work.
Senior members (4 years + and non sgt rank)	• Recognise their critical role in creating a positive working environment for junior members • Provide more effective support to junior members, enabling members to acquire skills on the job (formally or informally), prevent stress, and promote wellbeing.	1. Healthy Minds @ Work general session (2 hours) 2. Support from their 'corro' sergeant to provide more feedback and greater development opportunities and support to junior members.
Junior members, including PCETs (0-4 years)	• Acquire policing skills quickly and effectively • Develop a strong and positive relationship with their corro sgt • Develop strong and positive	1. Healthy Minds @ Work general session (2 hours) 2. Ongoing coaching and development activities via corro sergeant (formally) and other senior members (informally)

---

[3] Sgts proactively inquiring into welfare of staff as well as performance/ work output; Sgts & S/Sgts consider self-disclosure where relevant to improve help seeking; Promote welfare services;

	relationships with their peers, including senior members and PS officer • Willingness to talk about mental health/ welfare issues with peers & or managers and seek help where needed • Recognise the positive aspects of work and experience high job satisfaction • Recognise the harmful aspects of work and how to cope with work effectively	

Notes: MHL = mental health literacy; CHW=Creating Healthy Workplaces project; PS = peer support; sgt= sergeant; PCET = probationary constable.

High level overview

The intervention focuses on simultaneously preventing stress by improving working conditions and promoting employee mental health by increasing mental health literacy. This is achieved through a combination of work and worker directed activities in order to achieve the best possible psychosocial work environment for police members, with a particular focus on better supporting junior members.

- The main **work-directed/organisational level** activities include senior sergeant and sergeant level leadership assessment and skill development. We will also increase the intensity, level and scope of peer support within each intervention site.

- The main **worker-directed** activities include mental health literacy, resilience, and workload management training for all members below the rank of sergeant.

The primary outcomes are improvements in working conditions (increases in supervisor support and job control and reductions in workload) and mental health literacy. Secondary outcomes include improvements in mental health and work performance.

Specific activities

To optimise feasibility and effectiveness, the program will take a station by station (rather than whole of organisation) approach. The goal here is to focus on culture change and enable a more positive working environment in each station. All members of the station will participate in intervention activities.

The job stress prevention elements replicate the CHW leadership approach with some minor improvements made on the basis of feedback. The mental health component has been added on the basis of the results of the current project.

As shown in Table 3, the proposed program commences with a 360 degree leadership assessment on station command (senior sergeants) and a 2 hour feedback and development session. The session will help command explore the links between their leadership style, station culture and employee wellbeing outcomes measured by the baseline survey). The desired outcome is for senior sergeants to recognise what they can do to promote a more positive working environment as well as to achieve high levels of engagement and buy-in for the intervention activities.

As per the CHW approach, the sergeant group will participate in a coaching based leadership development program focusing on stress prevention and wellbeing improvement.

The mental health literacy component would involve working with existing resources within Victoria Police. This will include partnering closely with members of the Peer Support Program and the Police Psychology Unit to roll out a combination of mental health literacy training (a refined version of

Healthy Minds @ Work – an existing program at Victoria Police) and dedicated peer support officers for each station. The latter will involve increasing the level of support to 1 peer support officer to every 15 workers (at present it is about 1:40 and closely aligning the level and type of peer support to the overall intervention goals. All members below the rank of sergeant will be involved directly (e.g., participating in training) and/or indirectly (e.g., receiving peer support from any peer support officer or being trained to become a peer support officer) by these activities.

Junior members (those less than 5 years, including probationary constables or PCETS) will benefit from the more supportive leadership approach taken by their 'corro' sergeant (formal supervision) and more feedback, development and coaching from other senior members in the station (informal supervision) and a greater number of supportive conversations with peer support officers.

We believe this whole of station, systems approach to improving workplace mental health literacy will be more effective and sustainable than implementing random individual level intervention activities (e.g., training for members) as is the status quo within Victoria Police at present.

Sustainability and capacity building

Our approach integrates our work with existing Victoria Police programs. This will ensure that our work adds unique value to the organisation whilst still ensuring that the approach is feasible and sustainable. Our long term aim is that Victoria Police will have the capacity, knowledge and resourcing to roll the program out across the whole of the organisation after the completion of the research project.

Communication

A critical element of the program will be to secure high levels of support, commitment and buy in from all levels of the station and particularly the senior members. Members will be more likely to 'buy in' to the program if they hear the value of the program from other members. As such, we will 'sell' the program to each intervention station by tapping into 'champions' from the Creating Healthy Workplaces program. Champions from each new site will then help us to on board subsequent sites.

It will also be important to demonstrate to junior and other members that the program is truly integrated—that is, we are attempting to simultaneously improve their working conditions as well as how they handle stress and mental health issues. There are a number of elements to the full program, and all members need to know that there are things being done in parallel (that they don't necessarily see) as well as what they are directly participating in.

Consultation networks

From here, we will need to work closely with station level senior sergeants prior to and during the intervention period to ensure that they understand the project objectives, are committed to the approach, and support their station to achieve change over the longer term. As such, we propose setting up a consultation network for senior sergeants. We will facilitate this network on a quarterly basis (with the long term aim being that they start facilitating it themselves). These groups would ideally involve senior sergeants from all participating stations and allow these individuals to support, learn from and motivate each other. A similar network could be set up for peer support officers within each participating station.

4.3 Consultation with subject matter experts

To ensure that our recommendations are relevant, practical and feasible for Victoria Police, we consulted with 7 subject matter experts (SMEs). SMEs were chosen on the basis of their having expertise or relevant experience relating to one or more aspect of the intervention protocol.

These included:

- A senior sergeant with an interest in staff welfare and peer support

- A senior occupational health and safety member
- A representative of the police psychology unit
- 2 inspectors with a significant staff welfare portfolio
- A senior peer support manager.
- An inspector with expertise in Sergeant and Senior Sergeant leadership training

The SMEs confirmed and validated the results regarding mental health literacy within Victoria Police, including the suggestions made by members for how to address mental health literacy gaps in this context (e.g., role plays and face to face contact rather than online training). They also offered constructive feedback and advice that enabled the intervention strategy to be refined and finalised in preparation for implementation in the upcoming NHMRC partnership project. In particular, the SMEs appreciated the integrated, station by station approach; the fact that the model tapped into existing resources but integrated them all into one, comprehensive approach, and the coaching style of delivery. The reiterated the importance of engaging early with station leadership and utilising a consultative approach to relationship management.

5. Conclusion

Whilst it is well-recognised that improving workplace mental health is a critical organisational issue, approaches to date have tended to differ in focus. Job stress interventions have tended to focus on the primary and secondary intervention levels, whereas mental health literacy interventions have tended to focus on the secondary and tertiary levels, and the two have tended to operate independently.[14] A fully integrated approach would bring these together to encompass primary, secondary, and tertiary intervention. The current report built on previous work by members to detail at integrated approach to workplace mental health literacy in the policing sector. We reported on the results of a recent qualitative interview study at Victoria Police to identify mental health needs and integrated these findings with what we currently know about implementing job stress prevention strategies in this context. The resulting intervention takes a systems approach, specifying activities that can be implemented at the station, leadership and individual level to simultaneously prevent job stress and promote mental health.

The intervention strategy detailed here is preliminary and will be refined further over the coming months. The strategy will then be implemented within Victoria Police using a randomised, controlled trial as part of our NHMRC partnership project with the long term-aim of improving workplace mental health in this setting.

.

Appendix A

Junior Member Interview Questions

Aim: To supplement existing knowledge on prioritised stressors and action planning on job stress by specifically examining mental health needs/ MHL needs and how to promote a positive working environment (2 other threads of the integrated model). Information needs to be sufficiently detailed to be able to design an integrated strategy/ intervention approach/ program logic.

Program Logic… TBC (KP has drawn by hand and Irina is creating a draft)

Question	Purpose
1. The word 'stress' is used a lot in the Vic Pol context: what are some of the signs or symptoms of stress that you see in the policing environment? *Probe for their experience*	Warm up question
2. What about 'depression' and 'anxiety'? How do these show up at work? *Probe: What are some of the sign/symptoms you see amongst your colleagues/ superiors etc.?* *What sorts of impacts does this have? (on the affected person, their co-workers, getting the job done…)* *Probe for specific/ concrete examples.*	MHL/ Stigma
3. If you noticed that a colleague was struggling or showing some of the signs for depression/ anxiety, how might you respond? *OK to talk about emotional responses. Probe also for behavioural responses).* *(Notes: If would not do something, ask: at what point do you think you might say or do something to help that person? What might stop you from helping?* *Probe for specific examples of past behaviour* *Follow up: What if you noticed a colleague struggling now? Would you do anything different? If yes, what? If not, why not?*	MHL/ Stigma
This next question deals specifically with the topic of suicide. Please let me know if you feel uncomfortable responding to this and we can skip the question if necessary. I understand that this is a sensitive and complex issue and there is no right or wrong answer. 4. We've talked a bit now about how you think you might respond if you thought one of your colleagues was struggling with a mental health issue. What about if one of your colleagues/ superiors said that they were thinking about taking their own life: how do	MHL – suicide specific

you think you might respond? *Affirm as necessary: there is no right or wrong answer; note that this is not an easy thing to respond to/ a difficult issue etc.*	
5. What if you were experiencing some of these things yourself (i.e., signs/ symptoms of depression/anxiety/ thoughts of harming self). a. Would you seek help? b. If yes, at what point? How? From whom…? *Probe: where/who would you go to for information or support?*	MHL – help seeking
6. What do you think junior members (probationary constables particularly), need in order be better equipped to manage the mental health concerns that police members experience (i.e., personally or to help their colleagues or to deal with community demands/ suicides etc.) *Follow up/ probe: where did you for help/support when you were starting out?*	MHL/ suicide - Needs and preferences
7. What do you think Victoria Police can do to better support its members in this regard? *Probe for: training, support; awareness campaigns/ tools/ org wide initiatives etc., workload management*	MHL/ suicide - Needs and preferences
8. In your experience, what are some of the things you've seen Vic Pol do following a member suicide? What has been helpful/ unhelpful? What else, if anything, do you think VP could do to support its members in this regard? *Note: if have not had direct experience of this, then ask what they think they may find useful if they were in this situation.* *Probe for thoughts around suicide prevention if possible.*	MHL/ suicide - Needs and preferences
We've now discussed a lot about mental health problems, which is important as well as sometimes difficult. But it's also true that police work has a lot of positives, and we'd like to discuss those too. So, let's turn now to the positive things about working for Vic Pol and what Vic Pol can do to create a positive working environment for its members. 9. What are some of the positive aspects of the VP work environment? [probe for leadership / social support/ opportunities to connect with others; reward and recognition, etc.] 10. What aspects of your work do you take pride in/ get a sense of accomplishment or satisfaction from? 11. Would you consider your work to be personally meaningful? [Probe for specific aspects and examples]	Promoting the positive

12. To what extent would you say you get to apply your skills and strengths at work? *[Probe: what would you say some of your strengths/ skills are? What are you good at?]* 13. Would you say you get many opportunities for development, learning and growth on the job e.g., through mentoring and support from colleagues or peers? 14. To what extent do you get a sense of achievement and accomplishment on the job? 15. What do you think VP could do to further improve this?	
16. What would Vic Pol need to do to engage you/ your colleagues/ PCETs in programs like this (MHL or PP)? Are there any other bodies or groups that might help promote or give credibility to the program? 17. What factors will help make it easier for you to apply what you learn? What factors will likely make it harder?	

Appendix B

Interview Questions for Senior Members

Aim: To supplement existing knowledge on prioritised stressors and action planning on job stress by specifically examining leader mental health needs/ MHL needs of PCETs, how to promote a positive working environment (2 other threads of the integrated model), and identify the resources leaders need to help develop a psychologically-healthy workplace. Information needs to be sufficiently detailed to be able to design an integrated strategy/ intervention approach/ program logic.

Emphasise in intro: there is no right or wrong answer; we know these issues are incredibly difficult and it can be quite complex to know what to do in various scenarios. Our goal is to help you by seeking info on what resources you think you need to support the troops and each other.

Question	Purpose
1. The word 'stress' is used a lot in the Vic Pol context: what are some of the signs or symptoms of stress that you see in the policing environment? *Probe for their experience*	Warm up question
2. What about 'depression' and 'anxiety'? How do these show up at work? *Probe: What are some of the signs/symptoms you see amongst your members/PCETs specifically etc.?* *Does this differ based on the experience of the member?* *What sorts of impacts does this have? (on the affected person, their co-workers, getting the job done…)* *Probe for specific/ concrete examples.*	MHL/ Stigma
3. If you noticed that a member was struggling or showing some of the signs for depression/ anxiety, how might you respond? What have you done previously? *OK to talk about emotional responses. Probe also for behavioural responses.* *Notes: If would not do something, ask: at what point do you think you might say or do something to help that person? What might stop you from helping? What might encourage you to help?*	MHL/ Stigma

Probe for specific examples of past behaviour *Does this differ between individuals? Why/how?* *Follow up: What if you noticed a member struggling now? Would you do anything different? If yes, what? If not, why not?*	
This next question deals specifically with the topic of suicide. Please let me know if you feel uncomfortable responding to this and we can skip the question if necessary. I understand that this is a sensitive and complex issue and there is no right or wrong answer. 4. We've talked a bit now about how you might respond if you thought one of your members was struggling with a mental health issue. What about if one of your members/colleagues/superiors said that they were thinking about taking their own life: how do you think you might respond? *Affirm as necessary: there is no right or wrong answer; note that this is not an easy thing to respond to/ a difficult issue etc.*	MHL – suicide specific

5. What if you were experiencing some of these things yourself (i.e., signs/ symptoms of depression/anxiety/ thoughts of harming self).
 	
     a. Would you seek help?
 	
     b. If yes, at what point? How? From whom…?
 	
 Probe: where/who would you go to for information or support?
	MHL – help seeking

6. As a senior member, how confident/equipped do you feel to respond to member mental health issues like depression, anxiety or suicide?
 	
     a. If 'not very' what do you think Victoria Police can do to better support its leaders in this regard?
 	
     b. If 'very', what resources/ programs/ info have you accessed within Victoria Police that has been helpful? What would you recommend to others in your position to enable them to respond effectively (confidently/skilfully/ appropriately) to mental health issues in the workplace?
 	
 Probe for: training, support; awareness campaigns/ tools/ org wide initiatives etc., leadership training
	MHL – knowledge, skills

7. What types of strategies might you use in the workplace to prevent mental health issues? *Probe: What else do you think would be helpful/unhelpful?*	Work-based MH strategies
8. What do you think junior members (probationary constables and	MHL/ suicide -

recently confirmed constables particularly), need in order to be better equipped to manage the experience of mental health problems in the workplace (i.e., personally or to help their colleagues or to deal with community demands/ suicides etc.) *Follow up/ probe: where did you go for help/support when you were starting out?*	Needs and preferences
9. In your experience, what are some of the things you've seen Vic Pol do following a member suicide? What has been helpful/ unhelpful? What else, if anything, do you think VP could do to support its members in this regard? *Note: if have not had direct experience of this, then ask what they think they may find useful if they were in this situation.*	MHL/ suicide - Needs and preferences
Let's turn now to the positive things about working for Vic Pol and what Vic Pol can do to create a positive working environment for its members. Some of the things you might want to consider here are the things you enjoy about work/ what makes your work meaningful/ the things senior services can do to help you feel supported/ the types of positive things that your peers do to support you/ what makes you feel happy and engaged at work etc. 10. What are some of the positive aspects of the VP work environment? Said another way, what add to your sense of happiness and wellbeing at work? *Probe for specific/ concrete examples of what is good or positive about work/job and work environment, including probing on people/co-workers (loyalty, watching each other's' backs, etc).* What do you think VP could do to further improve this?	Promoting the positive
11. What would Vic Pol need to do to engage you/ other leaders/ PCETs in programs like this (MHL or PP)? 12. What would help you to continue applying what you learnt? What might stop you?	