



29th January 2023

South Australian Select Committee of the Legislative Council to inquire into support and mental health services for Police

Submitted to:

The Committee Secretary

scpolicesupport@parliament.sa.gov.au

For:

Hon Laura Henderson MLC (Select Committee Chair)

Member of the Legislative Council, SA

Shadow Assistant Minister to the Shadow Attorney-General,

Responsible for Child Protection and the Prevention of Domestic and Family Violence

Opposition Whip in the Legislative Council

Address Details:

Committee Secretary

Select Committee on Support and Mental Health Services for Police

C/- Parliament House

GPO Box 572, Adelaide SA 5001

(08) 8237 9417

Lived Experience Australia Ltd

Contact: Sharon Lawn

Executive Director

slawn@livedexperienceaustralia.com.au

PO Box 98, Brighton SA 5048

Phone 1300 620 042

ABN: 44 613 210 889

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Introduction

Lived Experience Australia Ltd (LEA) is a national representative organisation for Australian mental health consumers and carers, families and kin, formed in 2002. Our 'friends' include more than 6000 people with lived experience of mental health concerns, including suicide and suicidality, across Australia. **We recognise that some of our 'friends' network includes first responders and their families.** All members of our Board and staff have mental health lived experience as either a consumer, family carer or both. **Pertinent to this submission, two members of our Board of Directors have lived experience of Police or Firefighter service, or both.**

Lived Experience is core to our advocacy, recognising that the impacts of policy and practice are felt not only by individuals, but also by families and whole communities. Our core business is to advocate for effective policies and systemic change to improve mental health care, services and support across the whole Australian health and social care system, including within State and Territory jurisdictions.

LEA is also a community partner of Open Door, a multi-disciplinary research hub at Flinders University dedicated to researching the experiences of military and first responder service for those who serve and their families; with a particular focus on mental health within a holistic social health context. LEA's Executive Director, Professor Sharon Lawn, is also Co-Director of Open Door, providing research leadership and mentorship in relation to Lived Experience research, and leading a focus on families. Reports of recent projects with first responders are noted in this submission and attached for further information.

We welcome the opportunity to provide our feedback to this crucially important issue for the South Australian community.

Purpose of this Consultation

A Select Committee of the Legislative Council has been established to inquire into support and mental health services for Police.

The Terms of Reference include:

- a) Exploring whether the services provided by the Employee Assistance Program and other mental health services offered to police, former police, and their families are sufficient;
- b) Determining whether an annual psychological review is sufficient for employees in roles where there is higher psychological demand;
- c) Assessing the Early Intervention Program to ensure its suitability for psychological injury;
- d) Determining whether additional mental health support for police officers and their families is required;
- e) Exploring strategies of boosting police morale to make sure police have the support they need to perform their duties;
- f) Exploring resourcing and recruitment within SAPOL;
- g) The prevalence, cause and effect of post-traumatic stress disorder among serving and retired police officers and prevention strategies to mitigate risk;
- h) Consideration of legislative amendments to the Return to Work Act 2014:
 - i. to prescribe that when a serving or former police officer is diagnosed with post-traumatic stress disorder, it is presumed to have arisen from their employment in the absence of proof to the contrary;

- II. the extent to which other first responders who deal directly with emergency situations when performing paid or voluntary work should be captured in the legislative amendments (e.g., ambulance officers, firefighters, nurses, medical practitioners, members of the SACFS and SASES, correctional services officers and train drivers); and
- i) Any other relevant matters.

Our response to the Terms of Reference

a) Exploring whether the services provided by the Employee Assistance Program and other mental health services offered to police, former police, and their families are sufficient.

Across several research projects that have involved in-depth interviews with police and other first responders, and their families, they have recounted that the Employee Assistance Program is not sufficient for a range of reasons:

- EAP staff are often ill-equipped to understand the organisational culture in which police and other first responders work. This absence of skills and knowledge can and has, at its least, caused police to avoid engaging with and using them and, at its worst, caused further psychological harm.
- Organisations have tended to hold up EAP as 'the solution' to meeting their responsibilities to their employees in emergency service organisations. This is a token response that undermines employees' trust in their own organisation and its ability to support them.
- Our research has repeatedly found that the 'command and control' culture of first responder organisations, similar to military organisational hierarchies, has operated to exclude the individual once they experience mental health issues – 'you're one of us until you're not'. EAP has significant potential to be viewed as a token measure.
- There is a vast range of other psychosocial and practical supports that a person with mental distress and their families need beyond individualistic 'therapy'. EAP is very limited in this regard because it is usually time-limited, the person must go to them rather than the support provider going to the worker to gain a full understanding the environment and context in which the worker lives.
- The sufficiency of EAPs in meeting the mental health needs of police personnel requires evaluation. Some argue that EAPs often fall short in adequately addressing the unique challenges faced by police officers. The limited number of sessions offered by EAPs may not be sufficient for individuals requiring long-term support. Furthermore, the stigma associated with seeking help within the law enforcement culture may deter officers from fully utilizing the services offered by EAPs.

Other mental health services offered to police are also not sufficient for similar reasons – workforce lack of specialised knowledge and skills, high demand for services which impact access to them, crisis-driven services, emergency departments not conducive to crisis presentations by police given their service role (which includes attending these very environments as part of their role with distressed community members).

While these additional mental health services are commendable, their accessibility and availability need to be examined. It is essential to ensure that these services are widely promoted and easily accessible to all police personnel and their families. Moreover, comprehensive training programs must be implemented to equip mental health professionals with the specific knowledge and understanding required to effectively support police officers and their families.

While EAPs offer a valuable starting point, it is important to continuously evaluate and enhance these programs to ensure they meet the specific needs of police officers. Additionally, the availability and accessibility of specialized mental health services tailored to the law enforcement community should be expanded to provide comprehensive support. By prioritizing the mental well-being of police personnel and their families, we can contribute to a healthier and more resilient law enforcement community.

Whilst we are aware that many veterans and first responders value the specialist services provided by the Jamie Larcombe Centre (the dedicated inpatient psychiatric facility), we are also aware that not all people using this service have this positive experience. Our own LEA research, examining the implementation of Carer Standards with this facility, found several concerning gaps in the experience of families. Collaborative care was not a consistent experience, with the person often 'treated' in isolation from their family context. Exclusion of families by mental health service providers had significant adverse impacts when the person returned home following their hospital admission. At the time of the research, an archaic culture, with regard to family inclusion, was still evident.¹

In our recent research with families of first responders (in which a large proportion were police families), family members described multiple barriers to support that they and the person they support experiences from the Service itself.² Participants lacked trust in the organisation when they perceived stigma arising from an organisational culture in which help-seeking for mental health problems was seen as "weak and a potential 'career killer'". Bullying of the Service member and blatant breaches of privacy about their health status were experienced, resulting in a reluctance to seek mental health support through the organisation. Families of first responders experienced significant 'moral distress' as a consequence of the behaviours of the Service organisation towards the mentally distressed Service member.³ The below quotes exemplify this culture:

"He was told by the police psychiatrist that if he had written in his report PTSD well then that would be the end of his career."

"It's the toughen up princess...I don't want to be known as, you know, some sort of girl...I need to prove to everyone that I'm worthy of wearing the uniform."

"I just had to beg and plead because [the counselling service] were telling me that they just nominate somebody, you have to ring a number and whoever you get...they didn't want to speak to me because I was ringing on behalf of him. But he was rocking in a corner like he was suicidal you know."

¹ Lawn, S., Waddell, E., Cowain, T., Turnbull, C., McMahon, J. (2020) Implementing National Mental Health Carer Partnership Standards in South Australia. Australian Health Review. 44(6), 880-890. <https://www.publish.csiro.au/AH/AH19156>

² Lawn, S., Waddell, E., Ridders, W., Roberts, L., Beks, T., Lawrence, D., Rioseco, P., Sharp, T., Wadham, B., Daraganova, G., Van Hooff, M. (2022) Families' experiences of supporting Australian veterans and emergency service first responders (ESFRs) to seek help for mental health problems. Health and Social Care in the Community, 30(6), e4522-e4534. <http://dx.doi.org/10.1111/hsc.13856>

³ Lawn, S., Waddell, E., Ridders, W., Roberts, L., Beks, T., Lawrence, D., Rioseco, P., Sharp, T., Wadham, B., Daraganova, G., Van Hooff, M. (accepted 5 Dec 2023) Families' experiences of moral distress as a consequence of supporting Australian military Veterans and public safety personnel to seek help for a mental health problem: a conceptual model Journal of Military and Veteran Family Health (JMVFH).

Please refer to the published papers and reports attached to this submission, for further detail.

b) Determining whether an annual psychological review is sufficient for employees in roles where there is higher psychological demand.

Given what we have heard directly from first responders and their families about the culture of not disclosing mental health issues that pervades first responder organisations, we do not believe that an annual psychological review is sufficient. Service members may not trust this process, not engage meaningfully with it, or gain benefit from it, given their known concerns about how their organisation responds to disclosure of mental ill-health, and concerns about privacy and confidentiality.

Roles with higher psychological demand, such as emergency services, healthcare, and military, often expose employees to significant stressors. These stressors can include traumatic incidents, long working hours, high-pressure decision-making, and exposure to emotionally challenging situations. The cumulative effect of these stressors can lead to mental health issues, including burnout, anxiety, depression, and post-traumatic stress disorder (PTSD). The sufficiency of an annual psychological review depends on several factors. Firstly, it is essential to consider the frequency of mental health challenges faced by employees in high-stress roles. If the incidence of mental health issues is high, an annual review may not be sufficient to address the ongoing needs of employees. In such cases, more frequent assessments, such as bi-annual or quarterly reviews, may be necessary to ensure timely intervention and support.

Secondly, the comprehensiveness of the review process is crucial. An annual psychological review should not solely focus on identifying mental health concerns but should also include preventive measures and support strategies. This could involve providing resources for stress management, resilience training, and access to counselling or therapy services. A holistic approach that addresses both prevention and intervention is essential for the effectiveness of an annual review.

Thirdly, the accessibility and availability of mental health resources following the review should be considered. Identifying mental health concerns through an annual review is only valuable if employees have access to appropriate support and resources to address these concerns. This includes ensuring that mental health services are readily available, confidential, and adequately funded. Employees should also be encouraged to seek help without fear of stigma or negative consequences.

c) Assessing the Early Intervention Program to ensure its suitability for psychological injury.

As per above, any program is only as good as the skills of its staff, the organisational culture in which it sits, and its ability to engender trust for the community it serves. Police and other first responders have unique roles, and the cumulative impacts of those roles are not well understood by mental health service providers. The role of the EIP is unclear.

It is essential to evaluate the effectiveness of the program in identifying officers at risk and providing them with timely support. This can be done by analysing the outcomes of interventions, such as reduction in psychological injury rates, increased help-seeking behaviours, and improved well-being among officers. The program should be easily accessible to all officers, regardless of rank or location. This includes ensuring that officers in remote areas or specialized units have equal access to the program's resources and support services.

The program should be culturally sensitive, recognizing the unique challenges and experiences of police officers. It should address the stigma surrounding mental health in the police force and promote a culture of openness and support. The program should involve collaboration and coordination among various stakeholders, including police leadership, mental health professionals, and peer support networks. This ensures a holistic approach to preventing and addressing psychological injuries.

The program should be subject to continuous improvement based on ongoing evaluation and feedback. This allows for adjustments and enhancements to be made to address any identified gaps or challenges.

d) Determining whether additional mental health support for police officers and their families is required.

We believe, based on our own lived experiences, and from what we have heard from first responders and their families (including police), that additional mental health support is definitely required. However, we would urge that police and their families be fully engaged in what those supports and programs look like, to ensure they accurately reflect need, and are developed and delivered in ways that minimise barriers to access and engagement by police and their families.

The demanding nature of police work can put a strain on personal relationships, leading to increased stress and potential mental health issues for both officers and their families. Assessing the impact of police work on familial relationships can help determine the need for targeted support for families of police officers.

We strongly believe the implementation of a Clinical Peer support program for families supporting a police officer with mental health issues is critical with families adjusting to daily life and the peer support would be able to provide guidance with unexpected obstacles.

e) Exploring strategies of boosting police morale to make sure police have the support they need to perform their duties.

A significant boost to morale in any job is knowing that your employer 'has your back'. Strategies would therefore need to include ones that improve leadership at all levels of the organisation to create a more supportive culture.

Transparent communication channels between executive leadership and police officers are essential. Regularly sharing information, updates, and decisions with the entire Department fosters trust and a sense of inclusivity.

Encouraging executive leadership to actively listen to the concerns and feedback of police officers promotes a culture of respect, empathy and compassion. Leaders should provide opportunities for officers to express their opinions and actively address their needs and concerns.

Providing regular training opportunities to enhance skills, knowledge, and professionalism can contribute to increased job satisfaction and morale. Offering specialized training on topics such as mental health, de-escalation techniques, and cultural diversity can help officers feel better equipped to handle challenging situations.

Investing in leadership development programs for police supervisors and managers is crucial. Effective leadership that promotes trust, supports officers, and provides mentorship can

significantly impact morale and job satisfaction within the department. Being a strong leader with empathy towards their police officers, understanding their feelings and concerns, is crucial.

Police organisations require a multifaceted approach that encompasses effective communication, recognition and rewards, training and professional development, a supportive work environment, and community engagement. By implementing these strategies, police leaders can create a positive and supportive culture that strengthens the bond between police officers and their leadership, leading to improved morale, job satisfaction, and ultimately, enhanced performance in fulfilling their duties.

f) Exploring resourcing and recruitment within SAPOL

A consistent funding of our research has been the enormous value that first responders place on informal peer support, and the often-unrecognised role it plays in mentorship, support and cohesion within first responder organisations. We described this in detail in a national project involving in-depth interviews and focus groups with volunteer firefighters involved in the Black Summer bushfires.⁴

g) The prevalence, cause and effect of post-traumatic stress disorder among serving and retired police officers and prevention strategies to mitigate risk.

We refer the Select Committee to the findings of the ‘Answering the Call’ national study, led by Professor David Lawrence, for Beyond Blue.⁵ This study examined the mental health of police, fire, ambulance and state emergency service personnel, in detail.

We also draw your attention to a systematic review of international evidence on the mental health of paramedics that we undertook for the SA Ambulance Employees Association. There are likely many conclusions and recommendations contained there that could be considered for police, given many aspects of the role have similar complexity and ability to lead to cumulative trauma and psychological injury.^{6,7}

We also wish to note the lack of support services for older retired police officers. Informal peer support is common because ‘once a police officer, always a police officer’, and because of the isolation/distance from others and camaraderie inherent in performing a complex role whose impacts many in the community do not understand. Retired police are a stoic lot who do not readily reach out for help. Rurally based retired police may be even more so likely to be reluctant to seek support early because of the values of stoicism within many rural Australian communities. In small communities, current and retired police may be highly visible if they do seek help. Feedback from volunteer firefighters in the ‘After the Fires’ research certainly confirmed heightened concerns

⁴ After the Fires, Qualitative Report: <https://research.curtin.edu.au/research-areas/healthy-communities/after-the-fires/>

⁵ Answering the Call. Final Report: https://www.beyondblue.org.au/docs/default-source/resources/bl1898-pes-full-report_final.pdf

⁶ Lawn, S., Roberts, L., Willis, E., Couzner, L., Mohammadi, L., Goble, E. (2020) The effects of emergency medical service work on the psychological, physical, and social well-being of ambulance personnel: A systematic review of qualitative research. BMC Psychiatry, 20, 348-363. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332532/>

⁷ Willis, E., Lawn, S., Roberts, L., Couzner, L., Mohammadi, L., Goble, E., (2020) The impact of emergency call taking on the mental health and well-being of ambulance call-takers: A systematic review of qualitative research. Australasian Journal of Paramedicine, 17, Online: <https://doi.org/10.33151/ajp.17.801>

about privacy, confidentiality and visibility in rural communities, with personal information being ‘all around the town by the afternoon’.⁴

A further issue we wish to raise is the impact of aging and mental health in relation to retired police officers. I have witnessed this firsthand with my elderly father, a retired Victorian police officer of almost 40 years active service, have re-emerge of PTSD symptoms as he has become more frail and less resilient to grief, loss, physical ill-health, pain and other challenges in life as part of the aging process. Of interest and importance for prevention and early intervention, flashbacks and nightmares related to incidents on the job in the first formative 2-3 years as a young constable are now revisiting him as he processes a lifetime of memories in his old age. Police service and its impacts are truly lifelong. There has been some research on PTSD and old age⁸ though it is limited and has not been undertaken specifically with police. Greater awareness and support for older police is clearly indicated, and also for young police officers during the formative stages of their police career.

h) Consideration of legislative amendments to the Return to Work Act 2014:

- I. to prescribe that when a serving or former police officer is diagnosed with post-traumatic stress disorder, it is presumed to have arisen from their employment in the absence of proof to the contrary.

We fully support this consideration. Police work is among the most complex of service roles in the community. Even after retirement, ‘being’ in the police is a long-life role and identity for the person serving and, very often, for their families. I will always be a policeman’s daughter and at 88 years, he will always be a policeman.

- II. the extent to which other first responders who deal directly with emergency situations when performing paid or voluntary work should be captured in the legislative amendments (e.g., ambulance officers, firefighters, nurses, medical practitioners, members of the SACFS and SASES, correctional services officers and train drivers)

We have made a number of comments above that relate to the experiences of other first responder groups. We have provided links and attachments to further evidence relevant to these groups.

Contact

We thank the Select Committee for the opportunity to put our views forward. We wish you well with the next steps and would be pleased to contribute our lived experience perspectives to any future discussions or hearings about this important topic.

Your sincerely

Sharon Lawn

Professor Sharon Lawn
Lived Experience Australia Ltd
Executive Director and family of Police Officer
Email: slawn@livedexperienceaustralia.com.au

Paul Milne

Mr Paul Milne
Lived Experience Australia Ltd
Board Director and former NT Police Officer

⁸ Kaiser et al. US Department of Veterans’ Affairs (2023) Posttraumatic Stress Symptoms among Older Adults: A Review. https://www.ptsd.va.gov/professional/treat/specific/symptoms_older_adults.asp

Mobile: 0459 098 772