

The National Mental Health and Wellbeing Study of Police and Emergency Services

RESEARCH ADVISORY FORUM
BUSHFIRE AND NATURAL HAZARDS CRC
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***beyondblue* Police & Emergency Services (PES) program**

Aim:

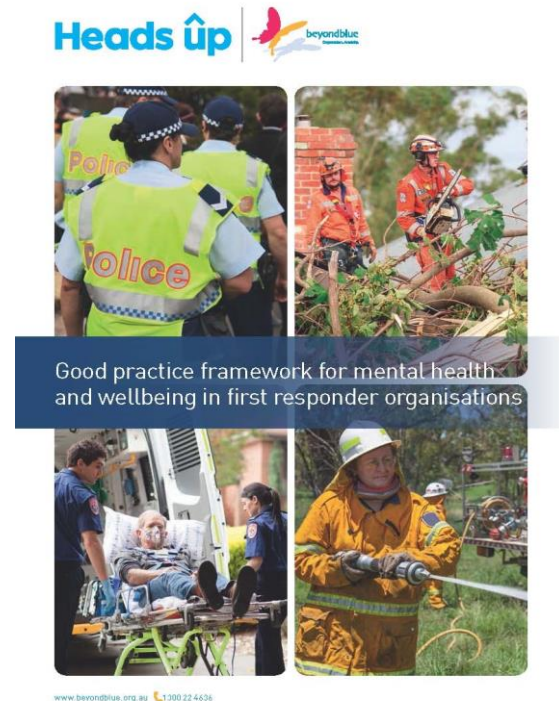
- To promote the mental health & wellbeing of PES personnel & reduce the risk of suicide

Beneficiaries:

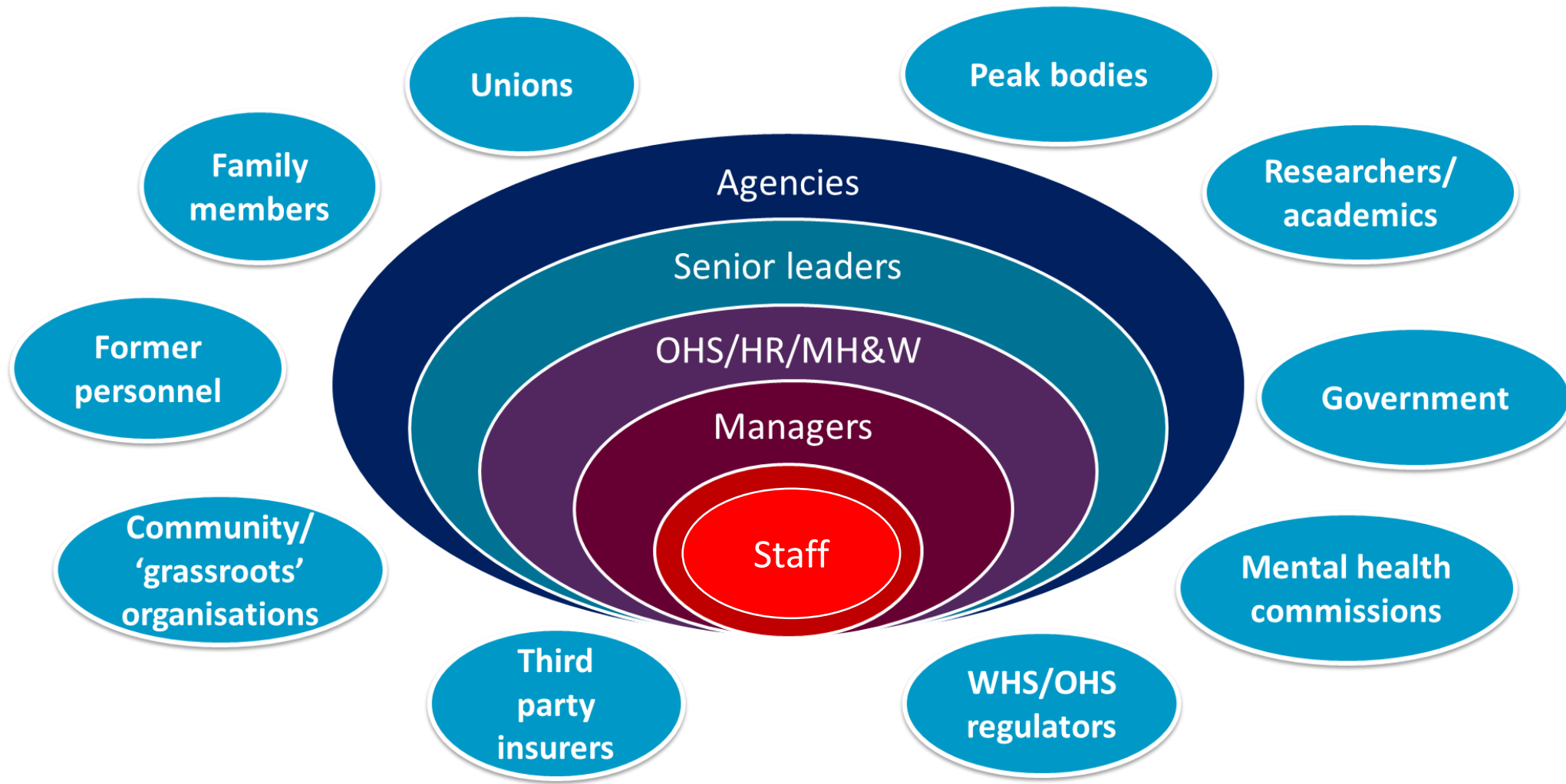
- PES personnel (current & former) & family members, PES agencies

Key activities:

- Engaging with the PES sector (ongoing)
- Awareness raising (ongoing)
- Promoting uptake of Good Practice Framework (ongoing)
- National Mental Health & Wellbeing Study(2016-Nov 2018)



Supporting the PES sector – a systems approach



The *beyondblue* National Mental Health and Wellbeing Study of Police and Emergency Services

Rationale

Why is *beyondblue* doing this research?

- Limited data currently available on mental health & wellbeing of police and emergency services personnel in Australia
- Need for comprehensive understanding – prevalence of common mental health conditions & suicide risk, how stigma operates, help-seeking behaviours, risk & protective factors
- Opportunity to achieve significant impact through collaborative sector-wide effort.

What are the knowledge gaps?

- What are the current prevalence rates of mental health conditions among police and emergency services workers in Australia?
- Which police and emergency services workers are at greatest risk of experiencing a mental health condition or suicide?
- What are the levels of stigma around mental health and suicide?
- What are the key barriers to seeking treatment and support?
- Where should we be focusing our efforts to achieve most impact?

Phase 1

What?

Personal stories of police and emergency services personnel and their family members

Why?

To provide an opportunity for individuals to tell their story and to inform Phases 2 & 3

Phase 2

What?

National survey of all police and emergency services personnel in Australia

Why?

To build comprehensive picture of mental health conditions, stigma & help-seeking behaviours, risk & protective factors

Phase 3

What?

Agency-by-agency engagement, consultation with other key stakeholders

Why?

To translate the findings from Phases 1 & 2 into practical strategies to achieve change

Phase 1: Personal Experiences

Conclusions & recommendations

- Reiterates need for national survey
 - Very limited evidence on which interventions & practices actually work
 - Need for comprehensive understanding – prevalence of common mental health conditions & suicide risk, how stigma operates, help-seeking behaviours, risk & protective factors

Phase 2: National Survey

Key Research Questions

- What is the prevalence of mental wellbeing, common mental health conditions, suicidality and associated substance use among PES personnel?
- What sub-groups are at higher or lower risk?
- What are the individual and organisational risk and protective factors?
- What factors influence help-seeking?

Phase 2: National Survey

Methodology

- Survey design guided and informed by the Technical Advisory Group and supervised by the Advisory Group
- Ethics approval gained via UWA Human Research Ethics Committee & through liaison with individual agencies
- Included current employees & volunteers and former employees from every participating agency via stratified random sampling approach
- Online administration of survey with limited hardcopy forms available
- Various participant support mechanisms built into survey delivery platform
- Pilot survey involving 5 agencies used to inform final version

Phase 2: National Survey

SECTIONS	KEY QUESTIONS/TOPICS OF INQUIRY
DEMOGRAPHIC INFORMATION	State/Territory, Metro/Regional, age
WORK HISTORY	Service sector, size of work site, length of service, previous work history, nature of role, rank/level
PHYSICAL HEALTH	Level of physical activity, sleep, leave, dietary habits
MENTAL HEALTH	Previous diagnosis, depression, anxiety, anger, impact on functioning
STRESSFUL EXPERIENCES	Potentially traumatic events at & away from work, PTSD, suicidal thoughts
WELLBEING	Wellbeing, resilience, two-way social support
WORK EXPERIENCES	Stressful experiences (assault, inquiry), work environment
WORKPLACE CULTURE	Culture with respect to mental health, attitudes & beliefs
SEEKING SUPPORT	Help-seeking behaviours, use of formal & informal supports, stigma, peer support experience
PERSONAL DETAILS	Gender, country of birth, family status, education, sexual orientation. DATA WILL BE DISAGGREGATED
SUBSTANCE USE	Alcohol, other drugs. CONFIDENTIALITY EMPHASISED & PARTICIPANTS CAN OPT OUT OF SECTION.

Phase 2: National Survey – ‘Answering the call’

Sector	Employees	Volunteers	Former employees
Police	7,990		343
Fire & rescue	3,205	3,561	163
Ambulance	3,392	563	141
SES	283	1,347	10
Total	14,870	5,471	653

Phase 2: National Survey – ‘Answering the call’

- Results analysis now underway and ongoing
 - Data cleaning
 - Data weighting
 - Survey responses to be compared with:
 - ✓ Census data by occupation and industry
 - ✓ Data from Report on Government Services
 - ✓ Workforce demographic characteristics provided by each agency

Phase 3: Evidence to Action

- So we have all of this information.....
- What do we do next?

Phase 3: Evidence to Action

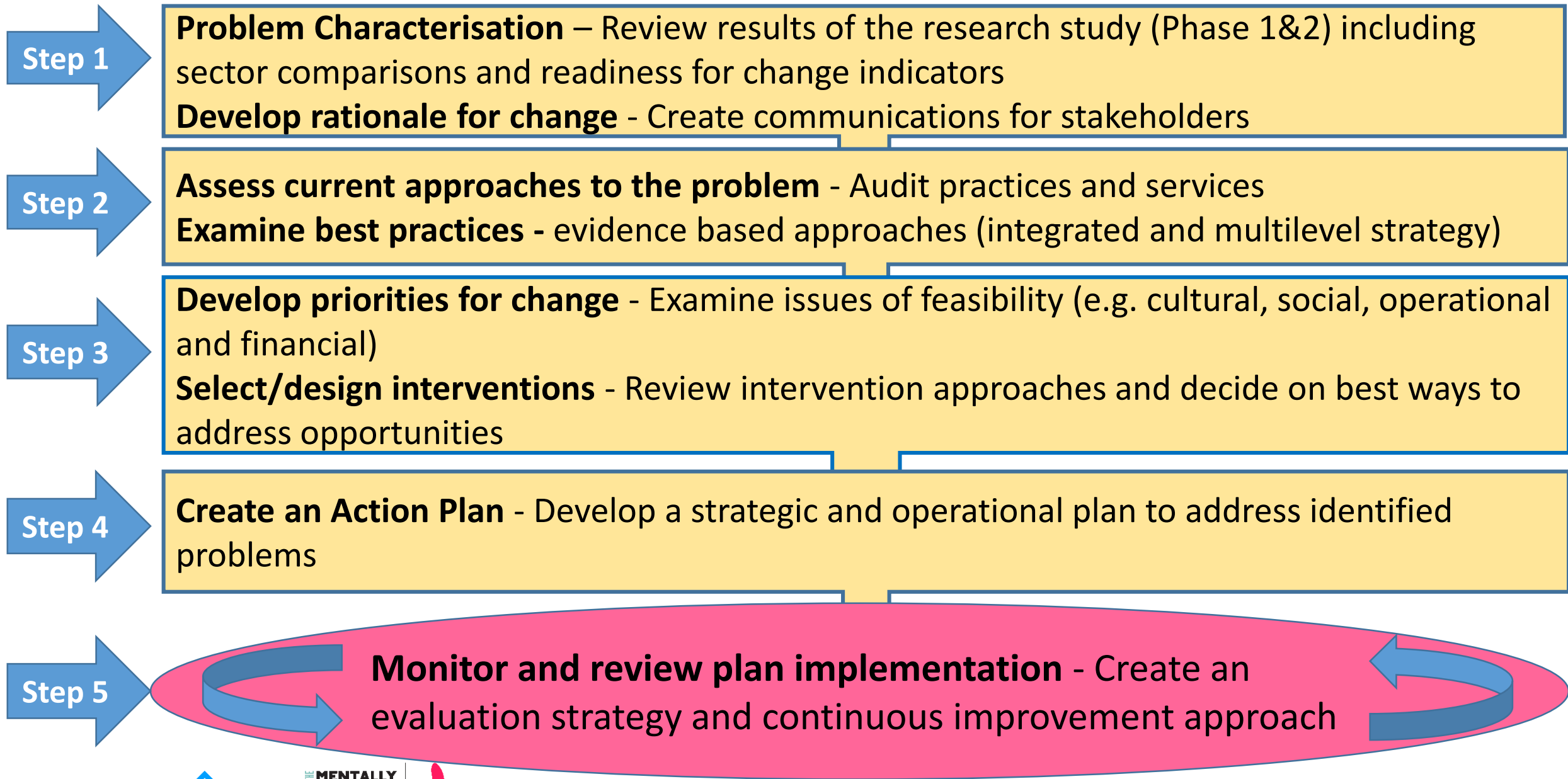
- Best practice approach
- *beyondblue* have engaged specialist expertise to develop an overarching plan for translating Study findings into practice
- Plan will be based around consultation with agencies
- Aim: to identify priority issues and strategies at an individual, organisational and systems level.

Phase 3: Evidence to Action

Knowledge translation includes:

- ✓ Workplace mental health evidence and best practices
- ✓ 2. PES environmental adaptation issues
- ✓ 3. Change management approach
- ✓ 4. Knowledge Translation concepts and processes
- ✓ 5. Knowledge generated by the Program and Study
 - e.g. Good Practice Framework for First Responders
 - Phase 1 and Phase 2 Results

National Mental Health Study of Police and Emergency Services



Phase 3: Evidence to Action

Implementing the knowledge translation plan:

- Provide Support to PES agencies and other key stakeholders to review the new evidence generated by the Study, and identify the best ways to respond.
- To consult with every agency regarding the interpretation of these findings, and apply them to meet the specific priorities and situation of each agency.





Questions