Supporting our People and Managing the Risks
Queensland Police Service

Presentation

- Queensland Police Demographic Information
- The Safety and Wellbeing function
- Prevalence of mental health issues
- PTSD prevalence and Psychosocial issues
- Systems and approach
- Current and Future Challenges

Queensland Police

- 14500 Police employees
- Police geographically located in all remote and metropolitan areas of Queensland
- Inherently dangerous work
- General Duties; Detectives; Traffic; Scenes of crime/Forensics; Child Protection; Coverts etc
- Employees for life (Hire to Retire Approach)
- Culture/change/work and home
- Supervision and Management
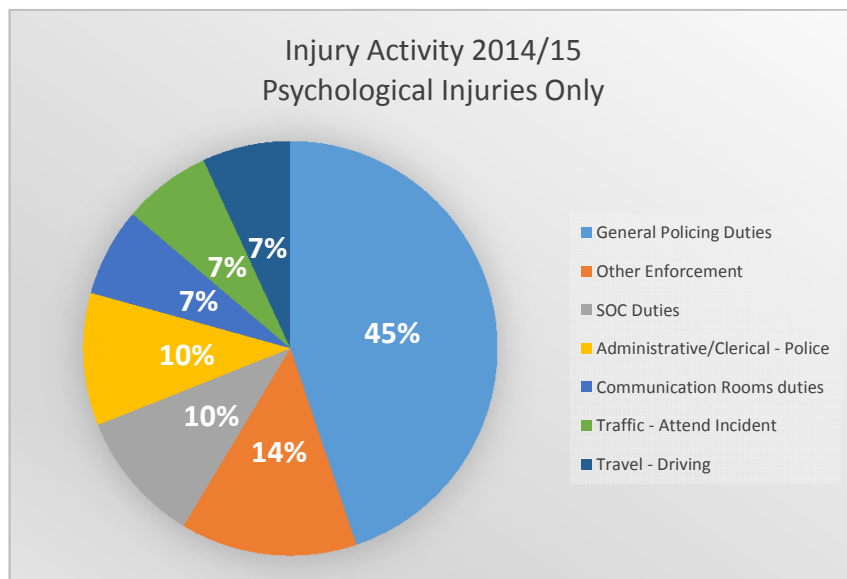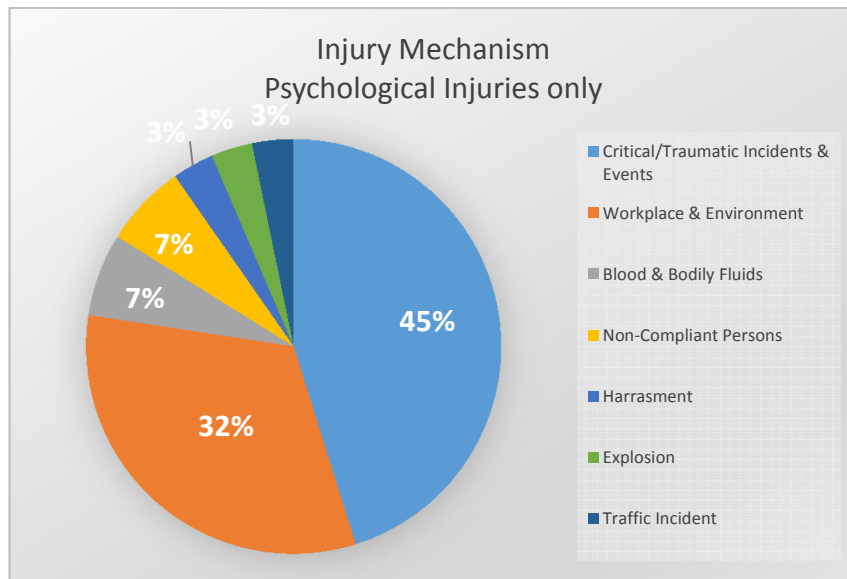
Safety and Wellbeing Branch

- Embedded within Human Resources Division
  - Safety Function
  - Injury Management
  - Claims Management
  - Career Transitioning and medical retirement
  - Physical Health Assessment and Fitness Coaches
  - Psychological Services for employees and Managers
  - Chaplaincy Services
  - Alcohol and Drug Testing Services
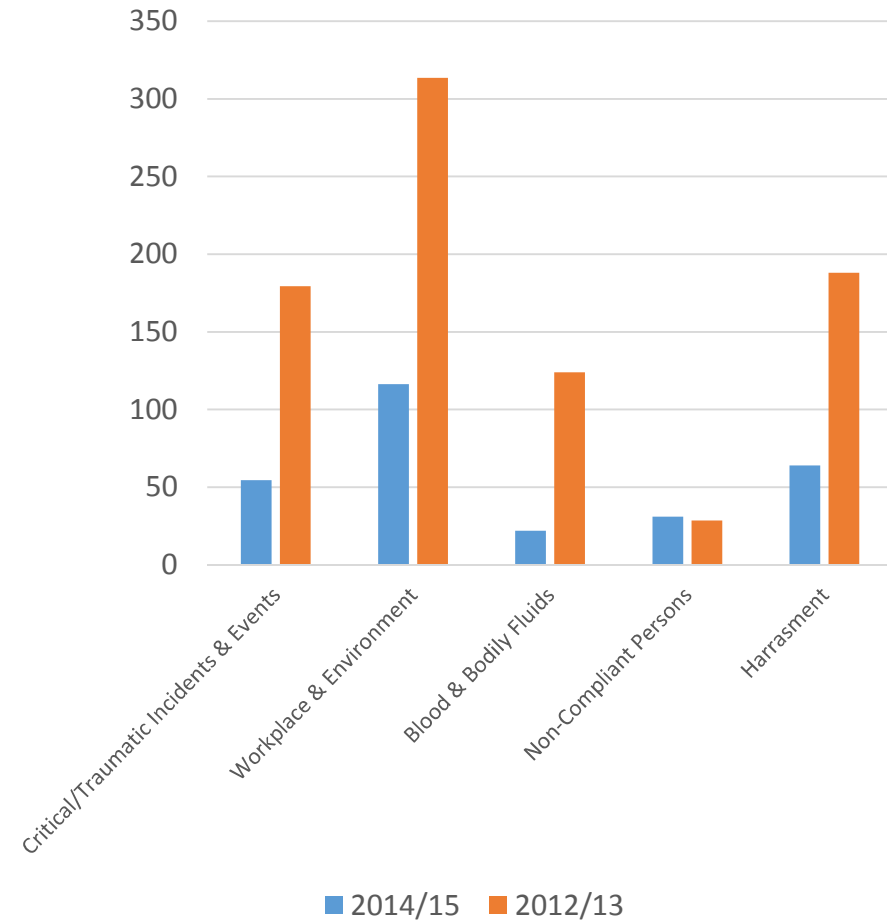
The Policing Experience

- Police officers have a foreseeable and predictable risk of being exposed to threat, horrific injury and death

- On average an Australian police officer will experience 9 critical incidents in a 12-mth period (Hodgins, 2000)

- A study with QLD police found 95% of participants experienced a work-related traumatic event at some time in their career (Rallings, 2000)

Injury Mechanism
Psychological Injuries only

- Critical/Traumatic Incidents & Events — 45%
- Workplace & Environment — 32%
- Blood & Bodily Fluids — 7%
- Non-Compliant Persons — 7%
- Harrasment — 3%
- Explosion — 3%
- Traffic Incident — 3%

Injury Activity 2014/15
Psychological Injuries Only

- General Policing Duties — 45%
- Other Enforcement — 14%
- SOC Duties — 10%
- Administrative/Clerical - Police — 10%
- Communication Rooms duties — 7%
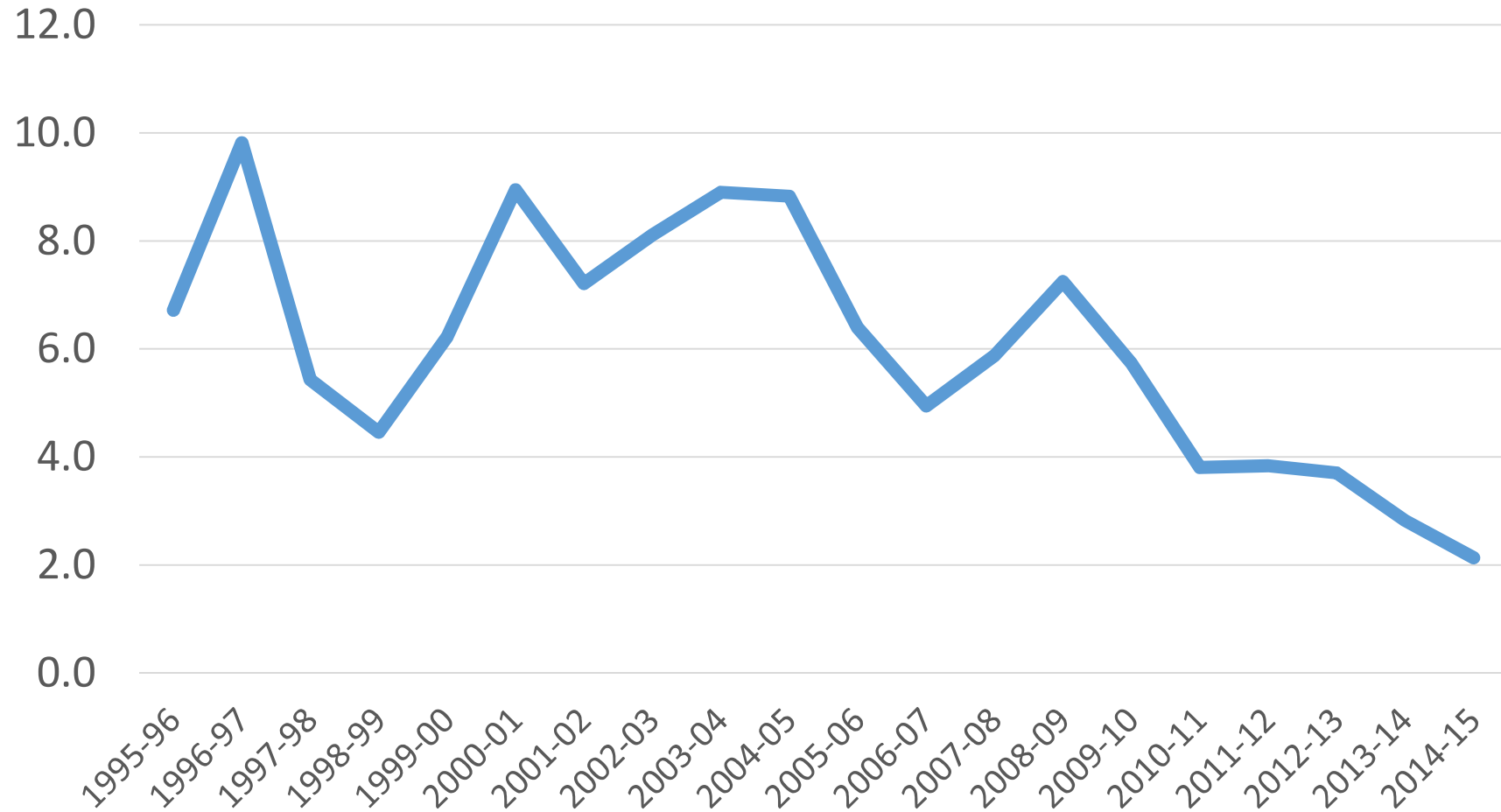- Traffic - Attend Incident — 7%
- Travel - Driving — 7%

Psychological Injuries
Average Time Lost by Injury Mechanism

2014/15   2012/13
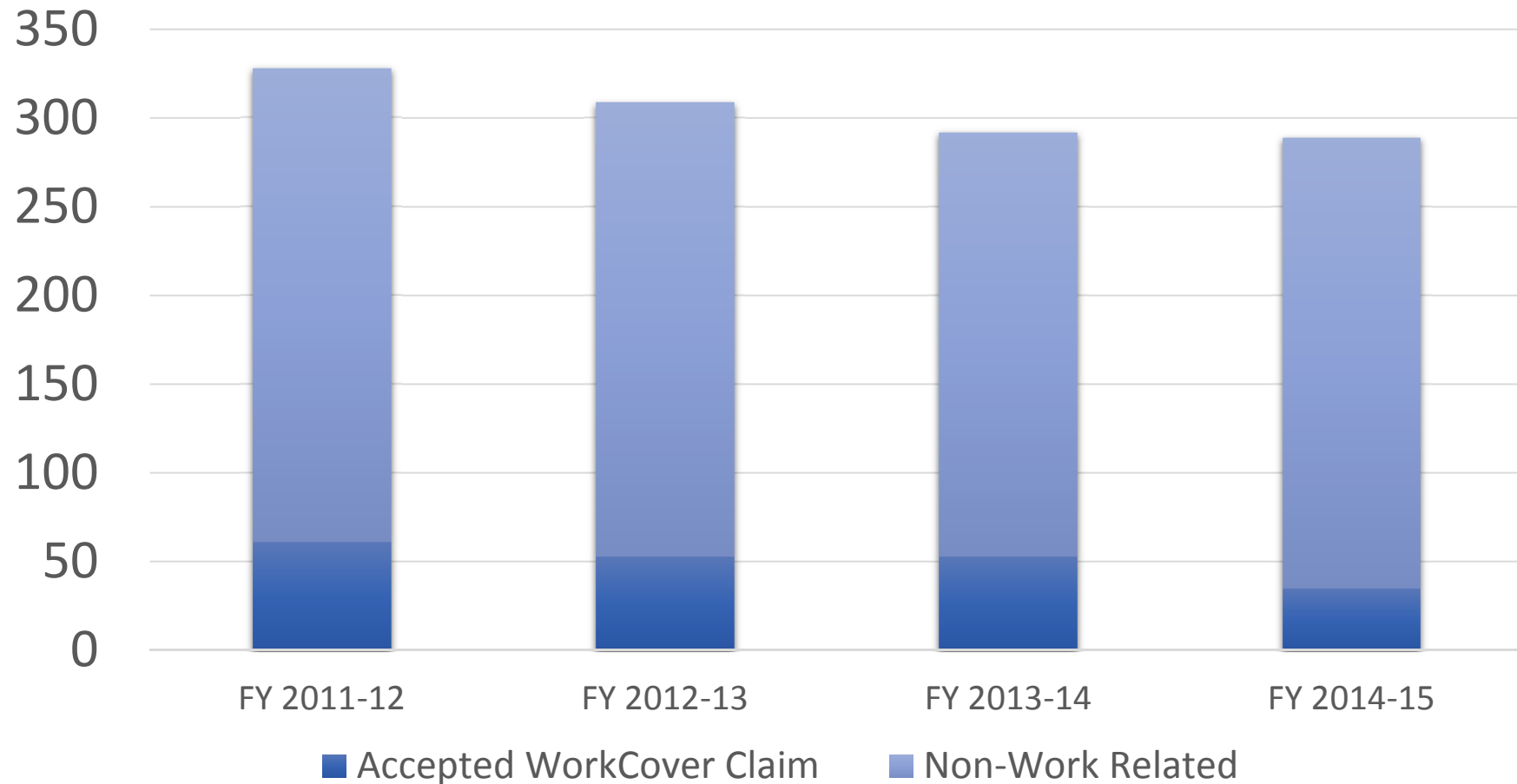
Psychological Injury Frequency Rate per 1000 employees

Psychological Injuries Managed
Work Related vs Non-Work Related

*Based on Year of Case Intimation, Source Case Management Database 10/09/2015

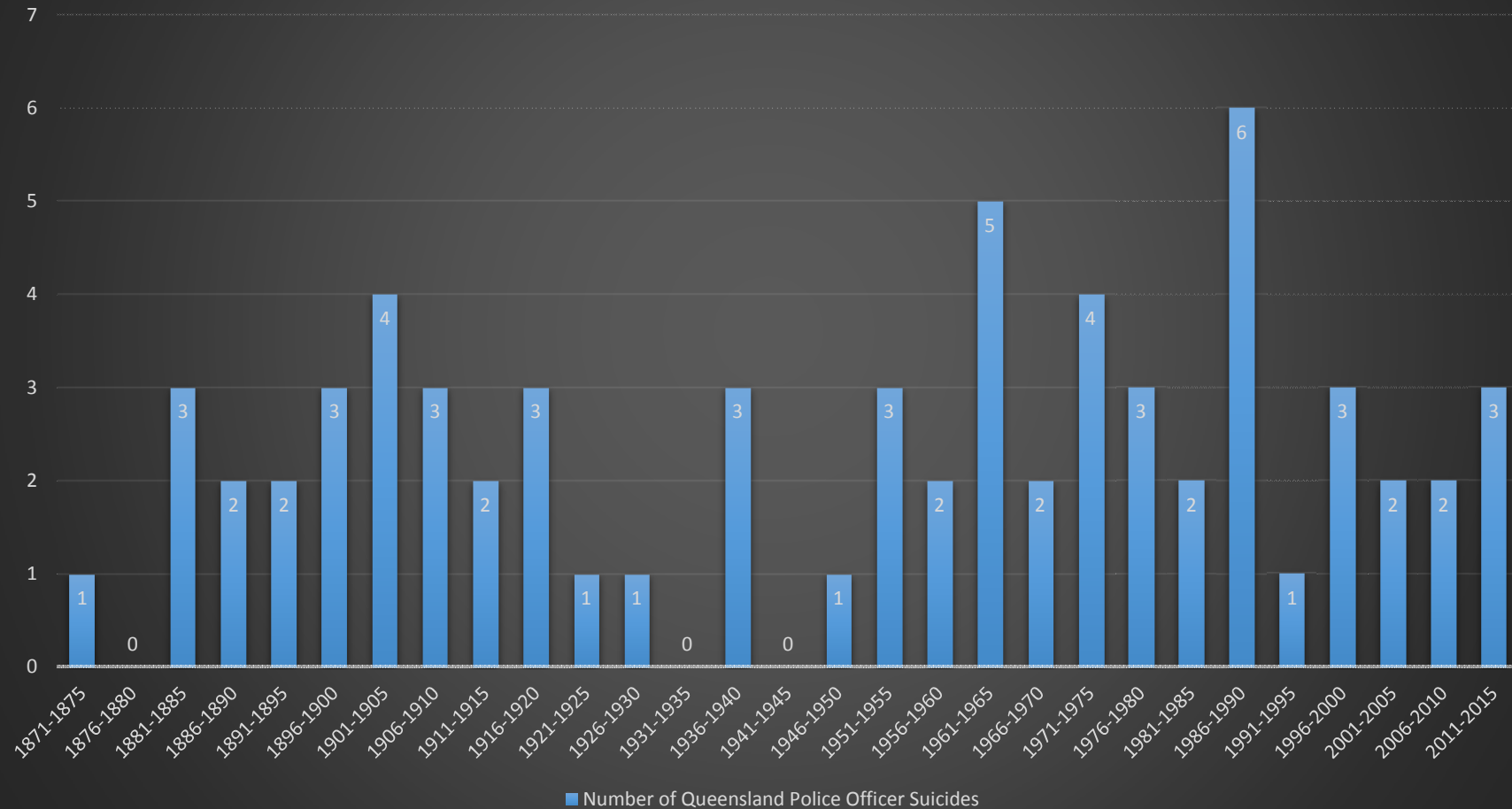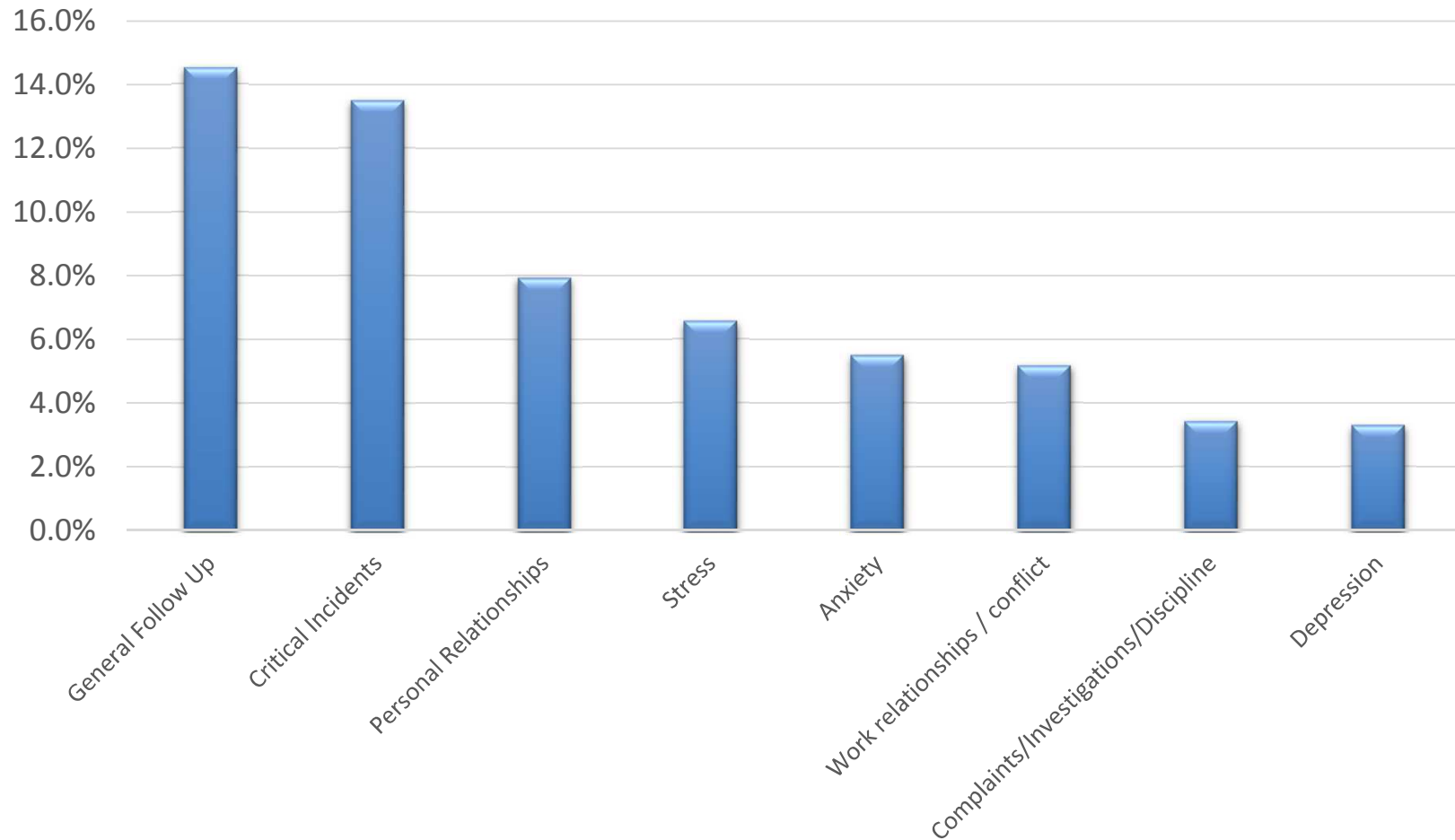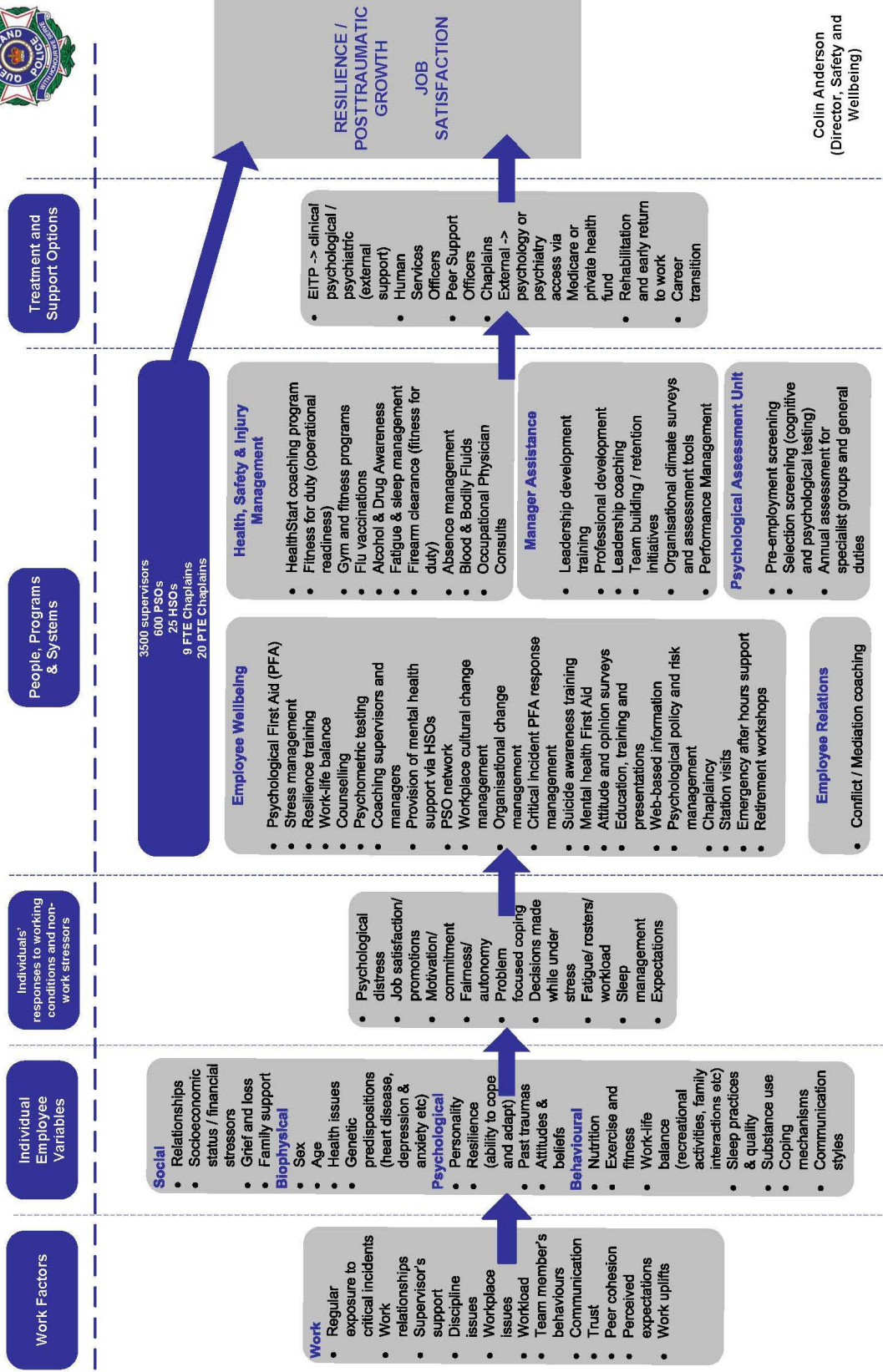Support Services Provided by Internal EAP 2014/15

How Common is PTSD?

- US: 3.9% 12-month, 7.8% lifetime (Kessler)

- Australia: General population, 1.3% 12-month (Creamer)

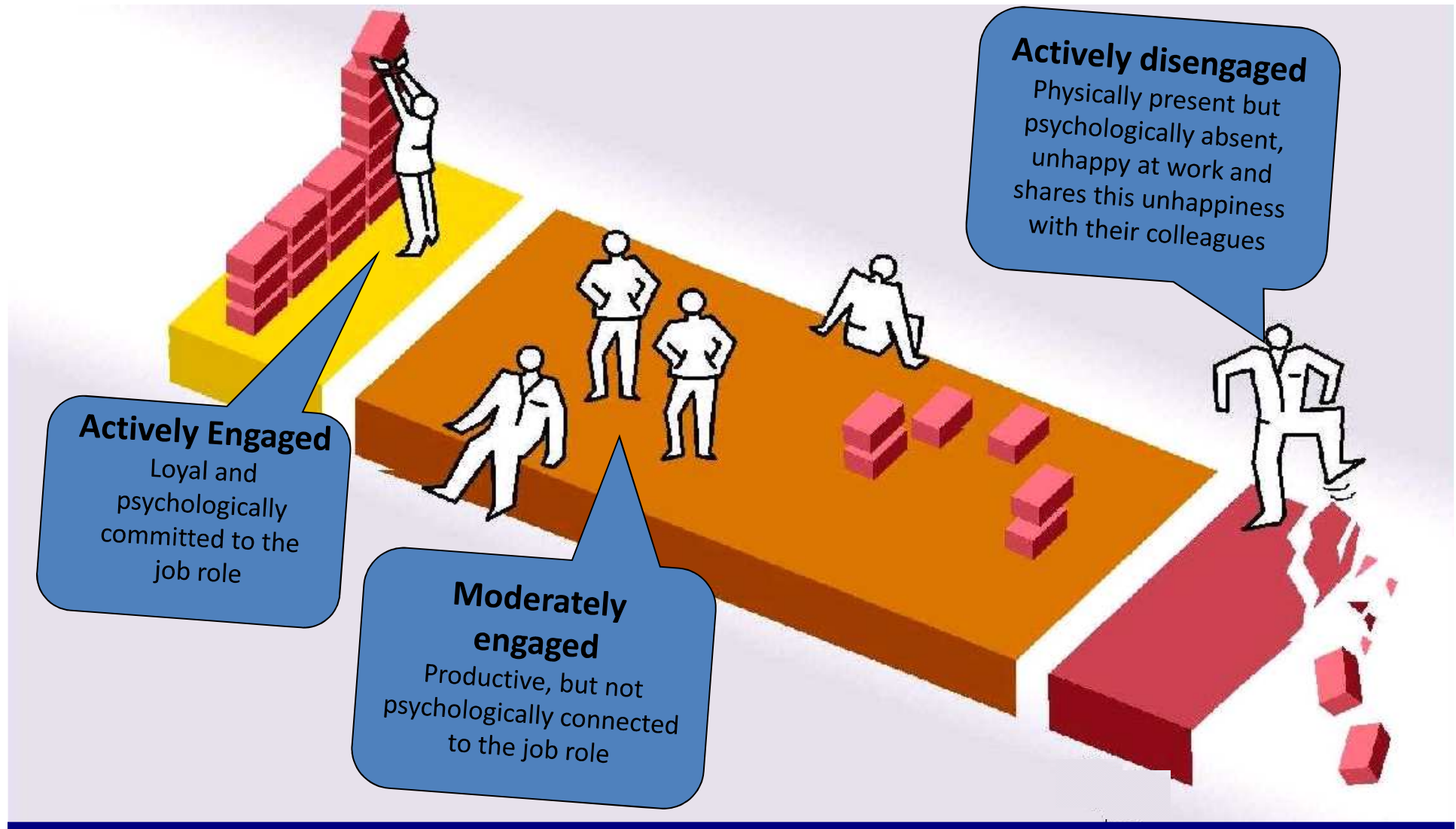- Queensland police: 8% for work-related events (n=237; Rallings, 2000)

SYSTEMS' APPROACH TO PSYCHOLOGICAL WELLBEING

Work Factors | **Individual Employee Variables** | **Individuals' responses to working conditions and non-work stressors** | **People, Programs & Systems** | **Treatment and Support Options**

RESILIENCE / POSTTRAUMATIC GROWTH

JOB SATISFACTION

Work Factors

Work
- Regular exposure to critical incidents
- Work relationships
- Supervisor's support
- Discipline issues
- Workplace issues
- Workload
- Team member's behaviours
- Communication
- Trust
- Peer cohesion
- Perceived expectations
- Work uplifts

Individual Employee Variables

Social
- Relationships
- Socioeconomic status / financial stressors
- Grief and loss
- Family support

Biophysical
- Sex
- Age
- Health issues
- Genetic predispositions (heart disease, depression & anxiety etc)

Psychological
- Personality
- Resilience (ability to cope and adapt)
- Past traumas
- Attitudes & beliefs

Behavioural
- Nutrition
- Exercise and fitness
- Work-life balance (recreational activities, family interactions etc)
- Sleep practices & quality
- Substance use
- Coping mechanisms
- Communication styles

Individuals' responses to working conditions and non-work stressors

- Psychological distress
- Job satisfaction/ promotions
- Motivation/ commitment
- Fairness/ autonomy
- Problem focused coping
- Decisions made while under stress
- Fatigue/ rosters/ workload
- Sleep management
- Expectations

People, Programs & Systems

3500 supervisors
600 PSOs
25 HSOs
9 FTE Chaplains
20 PTE Chaplains

Employee Wellbeing
- Psychological First Aid (PFA)
- Stress management
- Resilience training
- Work-life balance
- Counselling
- Psychometric testing
- Coaching supervisors and managers
- Provision of mental health support via HSOs
- PSO network
- Workplace cultural change management
- Organisational change management
- Critical Incident PFA response management
- Suicide awareness training
- Mental health First Aid
- Attitude and opinion surveys
- Education, training and presentations
- Web-based information
- Psychological policy and risk management
- Chaplaincy
- Station visits
- Emergency after hours support
- Retirement workshops

Health, Safety & Injury Management
- HealthStart coaching program
- Fitness for duty (operational readiness)
- Gym and fitness programs
- Flu vaccinations
- Alcohol & Drug Awareness
- Fatigue & sleep management
- Firearm clearance (fitness for duty)
- Absence management
- Blood & Bodily Fluids
- Occupational Physician Consults

Manager Assistance
- Leadership development training
- Professional development
- Leadership coaching
- Team building / retention initiatives
- Organisational climate surveys and assessment tools
- Performance Management

Psychological Assessment Unit
- Pre-employment screening
- Selection screening (cognitive and psychological testing)
- Annual assessment for specialist groups and general duties

Employee Relations
- Conflict / Mediation coaching

Treatment and Support Options

- EITP -> clinical psychological / psychiatric (external support)
- Human Services Officers
- Peer Support Officers
- Chaplains
- External -> psychology or psychiatry access via Medicare or private health fund
- Rehabilitation and early return to work
- Career transition

Colin Anderson
(Director, Safety and Wellbeing)

Engagement

Ask yourself- What is the real reason this person is not at work today?

- Why are the underlying issues important
- How can you find out and provide genuine support to assist and empower the individual
- What has happened in their work and family life in past 6 month to 12 months

Psychological Injury Onset

- The majority of psychological injury claims do not occur suddenly i.e., there is a gestational period – often 6+ months duration

  'Withdrawal behaviour trajectory'

- Yellow flag withdrawal indicators:
  - Disengagement
  - Excessive unplanned absenteeism
  - Fixation with fair treatment issues
  - Excessive emotional responses to minor operational hassles
  - Low morale

Withdrawal Behaviour Profile

Withdrawal behaviour trajectory:

- Decline in moral and progressive disengagement

- Low morale escalates sensitivity to perceived organisational support (and triggers an active process of seeking evidence of lack of support)

Prevention Research Evidence-Based

- The people management skills of frontline leaders are a key organisational prevention leverage point
- Specific leadership behaviours and the quality of work team climate exert the strongest overall influence on employee wellbeing outcomes
- A positive and engaging work team climate protects employees against the impact of operational stressors
- Low level morale, rather than the presence of distress, are typically a stronger driver of employee wellbeing and withdrawal behaviour outcomes, including submitting compensation claims
- High levels of morale buffer employees against the impact of operational stressors
- The strongest drivers of employee morale are leadership and climate

Current Investment in Prevention and Management of Psychological Injury

- **People**
- Internal
- Senior Human Services Officers (SHSOs - across the state)
- 600+ Peer Support Officers (PSOs)
- Injury Management Advisors
- 150+ Rehabilitation Co-ordinators
- External
- Early Intervention Treatment program (EITP) psychologist & psychiatrist referrals
- Network of volunteer and fulltime chaplains across the state

Programs

- Psychological First Aid (PFA)
- On-line psychological assessment screening tools
- One on one employee support
- Intensive Case Management Model
- Absence Committees
- Small group interventions
- After hours emergency service
- Intranet based information (eg; SHSO role & contact details, PSO role & contact details, PFA, Emergency accommodation, numerous handouts and information sheets
- Station/ workplace visits
- HealthStart / Fitness for duty

Manager Assist Program

- Group manager coaching assistance
- Workshops and interventions provided as negotiated with managers
- Workplace cultural/organisational change management
- Group interventions (eg; conflict management, understanding group dynamics, team building, etc)
- Retention initiatives (eg; Resilience training, Women' forum, etc)
- Leadership development training and coaching (One on one manger support, Practical people management program)
- Organisational climate surveys and assessment tools
- Performance management coaching
- Health & Safety Hazard Management HSO notification system (post-incident referrals)
- Domestic Violence support services
- Welfare messages

Workshops and Programs

- PFA for Members, Managers/OICs & Chaplains
- Drug and alcohol awareness
- Drug and alcohol supervisors package for Managers/OICs
- Suicide awareness training (ASSIST)
- Retirement workshops (piloted)
- Fatigue and sleep management (700+ frontline officers trained)
- On-line learning product for fatigue developed
- Resilience Training (Academy)
- Psychological First Aid on-line learning product (PFA OLP)
- Stress Management CAP - refreshed
- Mental health first aid seesions continuing

Welfare Message Notifications

- The Welfare Message Form is a partial self populating intranet based notification system which provides early advice to relevant Supervisors, Managers and OICs when any of their members has an injury or health concern and is, or is likely to be absent for 5 continuous working days/rostered shifts or more

- The use of the Welfare Message notifications ensure that service providers (such as SHSOs, Chaplains, IMAs etc.) are advised in a timely manner of members who may benefit from their services

Welfare Message

This form must be completed when any employee (police of staff member) of the Service has an injury or health concern and is absent, or is likely to be absent for 5 continuous working days/rostered shifts or more.

Note: planned sick leave (eg; for operations and recovery afterwards) must also be reported if the duration of any resulting leave will exceed 5 continuous working days/rostered shifts or more.

Absent Member Details

Registration/Employee Number

Surname

First Name

Rank/Classification

Organisation ☐ QPS ☐ PSBA

Work Unit

Contact Phone Number

Injury/Illness Details

When the injury/condition occurred

Where the injury/condition occured ☐ On Duty ☐ Off Duty

Please provide brief details of how the injury/illness occurred

Is the injury/illness physical in nature? ☐ Yes ☐ No

Is the injury/illness psychological in nature (if known)? ☐ Yes ☐ No

Is the injury/condition known to the officer's supervisor? ☐ Yes ☐ No

What was/is the first date of absence?

What is the expected date of return to work?

What support has been offered or given?

Submit Form

Early Intervention Treatment Program (EITP)

- EITP was first introduced in July 2010

- Since inception there has been a total of 1750 consultations costing $403,493.60

- Offered to 1429 employees

*Based on Date Offered EITP, Source Case Management Database 10/09/2015

EITP Offers Made by Financial Year

350
300
250
200
150
100
50
0

FY 2010-11   FY 2011-12   FY 2012-13   FY 2013-14   FY 2014-15   FY 2015-16
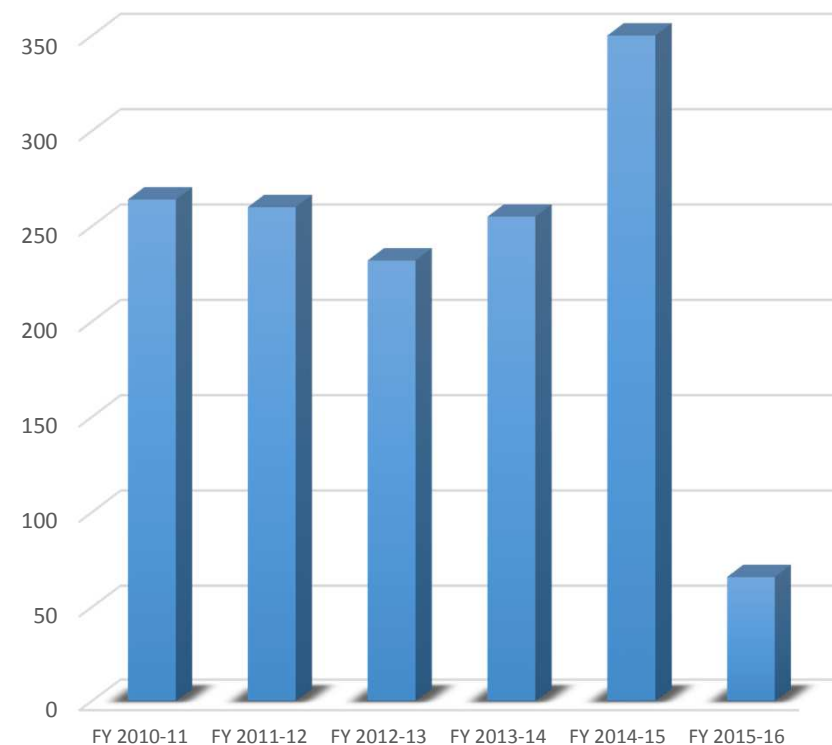
Pre-Appointment/Selection Assessment

Component of Risk management strategy :
- Mandatory for identified high-risk roles
- Three assessment components – personality assessment, psychological functioning assessment, and psychological interview
- Annual psychological health monitoring
  - Voluntary annual assessment for identified high-risk roles
  - Two assessments components – current psychological functioning assessment, and psychological interview
  - Wellbeing and psychological health-promotion strategy

Selection assessments:

- Mandatory assessments for entrance into identified high-risk roles (eg. CPIU, SOC, SERT)
- Assesses officers' 1) current capacity to undertake specific task role requirements, 2) future psychological risk with repeated exposure, and 3) general person-job fit.
- Assessment process includes pencil and paper tests of personality and current psychological functioning, as well as a one-on-one interview with Occupational Psychologist.
- Psychological functioning assessments in the selection context considers all areas of psychological functioning that may impact on capacity to undertake the role. This includes depression, anxiety, PTSD etc., as well as personality and interpersonal functioning.
- Thus, the selection assessment is a risk management process, designed to reduce the risk of psychological injury.

Health Monitoring Assessments

- Voluntary, annual assessments for persons currently working in identified high-risk roles.

- Assesses officers' 1) for evidence of psychological risk factors, and 2) ongoing capacity to undertake high-risk role.

- Assessment process includes pencil and paper tests of current psychological functioning, as well as a one-on-one interview with Occupational Psychologist.

- In contrast with selection, health monitoring focuses on the person's current wellbeing; their stress/strain levels, coping strategies and resources, and early identification of psychological distress and dysfunction.

- Thus, where selection assessments are risk assessments, psychological health monitoring assessments are wellbeing assessments with a focus on maintaining or improving the psychological health of persons working in high-risk area

Achievements in our EAP

- Implementation of the Alcohol and Drug Testing program.
- Policy development for the management of employees exposed to Trauma
- Implementation of a Psychological First Aid Training Program
- A stronger and more effective Peer Support Program
- An evidenced based approach to managing mental health risks in the QPS
- Development of on line case management system for HSO's
- Development of the Critical Incident Notification System
- Professional Development of HSO's
- On-line learning products
- Employee Wellbeing Website
- Psychological on-line screening tools
- Development of resilience programs
- Initiation of the Fatigue Project
- Quality Assurrance Reviews

Current Prevention Initiatives

- Leadership climate assessment and development
- Team leader development initiatives (supportive leadership capability, early intervention skills, enhancing work team support, clarity, engagement, and learning processes)
- Intensive organisational health development programs with identified 'hot spot' sites
- Early intervention claims management initiatives
- Open claims review and management strategy

Workshops and Programs

- Continue
  - Senior Executive briefing
  - Manager awareness
  - Employee Awareness
  - Strategies and solutions for HR professionals and District Officers

- PFA and other mental health training mandated for all members. Refresher training every two years (PFA OLP available after initial face to face session).
- Introduce standardised maintaining Resilience - work/life balance workshops
- Introduce standardised Emotional Intelligence (EIQ) workshops
- Introduce web based psychological assessment survey to assess measures relating to job control, health, absence and acceptance.
- Promote use of Health & Safety Hazard Management - HSO notification system
- Reintroduce mental health first aid workshops
- Reintroduce ASSIST training sessions
- Reintroduce fatigue management training sessions for managers/OICs