MENTAL HEALTH AND WELLBEING IN THE POLICE AND EMERGENCY SERVICES SECTOR

Date: November 23, 2022

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KEY EVENTS

On November 23, 2022, David Lawrence, Professor of Mental Health in the School of Population Health at Curtin University & Adjunct Professor in the School of Population and Global Health at the University of Western Australia, presented on *Mental Health and Wellbeing in the Police and Emergency Services Sector*. Following the presentation, a question-and-answer period ensued with questions from the audience and CASIS Vancouver executives. The key points discussed were experiences by retired service personnel, and generational attitudes among police and Emergency Medical Services (EMS) towards mental health conditions.

NATURE OF DISCUSSION

Presentation

Mr. Lawrence provided a comprehensive overview of his study, Answering the Call, which found that a supportive workplace culture and practices were essential towards helping police and emergency personnel, who were at a high risk of exposure to traumatic events and development of mental health conditions. A fear of workplace stigma and concerns over career impacts can leave officers and emergency personnel less likely to seek help sooner rather than later. At the same time, the lack of labour within police agencies may force an officer to return to work sooner than they should, leaving them less time to process things after a traumatic event. All of this can play a role in widening the delay between ones developing symptoms and seeking help.

Question & Answer Period

Professor Lawrence covered questions about his experiences with veteran and pensioner respondents who participated in his survey, and generational differences in how mental health conditions are currently being perceived among personnel. Regarding the former, Professor Lawrence stated that the majority of the 650 people who had been surveyed from this sub-group were still being affected by their experiences after leaving service. In terms of generational attitudes within the police and EMS, Professor Lawrence found that the survey results definitely show a generational divide in how mental health is being viewed by newer personnel, as opposed to those in the senior leadership. Despite maintaining a consensus that mental health conditions are a result of a lack of resilience, many among the senior leadership are ostensibly suffering from their own mental health symptoms because of their own experiences in the field.

BACKGROUND

Presentation

Professor Lawrence's purpose behind conducting the study, Answering the Call, was to determine a baseline understanding of mental health and wellbeing of police and Emergency Medical Service (EMS) employees by examining risk and protective factors at both the individual and organisational levels; the sub-groups that were at risk; and the factors that influenced help-seeking. Employees form a significant majority of the personnel altogether in sectors that includes police, fire and rescue, ambulance, and the State Emergency Service (SES); thus, providing the requisite justification for initiating this study. To unpack a better understanding of the prevalence of mental health risks, the study utilised two measures: psychological distress (K10) and probable Post-Traumatic Stress Disorder (PTSD). Psychological distress measured the extent of mental health issues in the form of anxiety and depression, whereas probable PTSD evaluated the probability of PTSD within each sector across a given period. Both measures were important for answering the study's research questions regarding at-risk sub-groups, the risk and protective factors associated with diagnosis for anxiety, depression, and/or PTSD, as well as factors influencing help seeking.

Surveys administered to participants showed that a significant proportion of employees across sectors are suffering from high psychological distress, commensurate with anxiety and depression, while the rate of probable PTSD is highest in police personnel, but significant across all sectors for those that have served for more than 10 years. The rate of high psychological stress among

personnel is more than double that of those personnel suffering from very high psychological distress; however, both categories, in total, outweigh the rate of psychological stresses seen in the general Australian population by more than double. Additionally, those in the very high category are likely to have serious mental health conditions, compared to those in the high category who are suffering from anxiety and depression, but can be treated through the primary care/psychologist services sector. PTSD can arise from exposure to traumatic events, work intensity, burnout, and shift lengths and, while the rate of PTSD rises for personnel across all sectors that have served for more than 10 years, it is particularly high in police that are suffering more from it compared to other sectors. Anxiety, depression, and PTSD are the three most common mental health conditions that affect Australian police and EMS personnel, with a significant percentage being afflicted by suicidal ideation in the past twelve months because of these conditions.

Professor Lawrence stated that, due to the nature of these professions, personnel will encounter obstacles to their mental health; however, individual protective factors that promote positive mental wellbeing—such as, good sleep quality, good physical health, use of available supports, and strong social support—can mitigate the impact of such obstacles. Results show that a large proportion of personnel suffer from poor quality sleep and, as research shows a negative correlation between sleep quality and psychological distress, these results indicate that poor sleep quality is a factor in much of the reported psychological distress. Professor Lawrence also suggested that undesirable working arrangements in the form of high intensity shift work over the long term can also impact one's mental wellbeing, in that employees are more likely to be exposed to traumatic events that they may not be able to sufficiently process afterwards. Conversely, strong social support through colleagues and family can alleviate these risk factors, especially if such support involves reciprocity from the employee's end. A significant portion of employees who report receiving high levels of social support are those who give similar levels of support to others as well.

Professor Lawrence stated that high levels of alcohol consumption is often used to manage symptoms of anxiety, depression or PTSD, and often results in personnel not taking more proactive measures to seek help. This could be addressed by reducing stigma against those suffering from anxiety or depression, improving mental health literacy, and improving the level of support given to those suffering from probable PTSD or psychological distress. Of the types of stigma outlined by Professor Lawrence, perceived stigma appears to be the

biggest driver in preventing employees from seeking help. Nearly half of those surveyed suggested that they would be comfortable working with someone who had anxiety or depression, though believed that others would not. Additionally, a significant number of personnel who sought help deemed the level of care they received to be inadequate. Professor Lawrence suggested that a potential solution lies in organisational policies, such as formal or informal debriefs, if conducted in a supportive way Such a policy could function as a support mechanism and provide an opportunity to discuss their feelings after witnessing a traumatic event; however, more research is needed as to whether this would act as a protective factor.

Question & Answer Period

Professor Lawrence illuminated that many retired police service employees who fall within the veteran and pensioner sub-group, continue to suffer from mental health symptoms long after retirement, largely due to the lack of infrastructure and mandate in place for post-retirement support. The majority of the 650 respondents who were surveyed indicated that retirement led to losing access to close social support at work which left them feeling unsupported. As Professor Lawrence notes, state-level police services differ from military veteran affairs in the sense that the former does not have the capacity to provide post-retirement care since there is no similar system or mandate in place. However, this is a gap that is currently being addressed in Australia.

Professor Lawrence stated that the generational difference in attitudes towards mental health conditions is profound, especially in terms of philosophy and perception regarding the occupation of policing. Those in senior ranks typically become leaders after dedicating many years of service and see the profession as a calling, leading them to undertake many different challenges. The overcoming of these personal challenges can foster the view that mental health conditions are a weakness, and this exacerbates the lack of mental health literacy regarding their own issues surrounding mental health, causing symptoms to go unaddressed for many years. Helping senior personnel seek treatment under these circumstances will be a significant issue moving forward.

KEY POINTS OF DISCUSSION

Presentation

- A significant portion of employees across sectors suffer from high psychological distress, commensurate with anxiety and depression. The

rate of probable PTSD is highest in police personnel, but significant across all sectors for those that have served for more than 10 years.

- At the individual level, risk factors in the form of poor quality sleep, difficult working arrangements, and low-levels of social support can negatively influence mental health and wellbeing.
- Anxiety, depression, and PTSD are the three most common mental health conditions among Australian police and EMS personnel, and this is emphasised by a significant percentage being afflicted by suicidal ideation.
- Due to the nature of these professions, personnel will encounter obstacles to their mental health; however, individual protective factors such as, good sleep quality, good physical health, use of available supports, and strong social support can promote positive mental wellbeing
- Perceived stigma—that is, individual thoughts and beliefs regarding the attitudes of others towards mental health conditions—appears to be the biggest driver in preventing personnel from seeking help, and this can be compounded by a lack of mental health literacy.

Question & Answer Period

- Retirement can lead to the loss of social support for personnel. Additionally, those who retire due to mental health can feel alienated by the community and upper management.
- Survey results indicate that there is a generational divide between senior leadership and new recruits in policing. Senior personnel can view mental health conditions as a sign of weakness, which can result in the neglect of their own symptoms.
- A better infrastructure and accompanying mandate is needed for the post-retirement care of police veterans & pensioners.

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