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THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Senior Sergeant Greg Dean – 2017 Churchill Fellow

To investigate early intervention into mental illness in serving police and peer support for former police employees

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Signed:

Greg Dean

Dated: 20 September 2018



REWARDING AUSTRALIANS STRIVING FOR EXCELLENCE

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Disclaimer

There may be some sections of this report that contain descriptions of events that may become distressing to some readers. The author has attempted to minimise the publishing of these.

All precautions need to be taken by readers that if exposure to these types of descriptors causes a reaction then please contact your preferred support network.

Acknowledgments

Firstly, I would like to acknowledge and pass on my deepest appreciation to the Winston Churchill Memorial Trust of Australia for bestowing on me the honour of being awarded a 2017 Sir Winston Churchill Fellowship. This honour has allowed me to travel to all parts of the world to research a topic that I'm extremely passionate about. Amongst the travel and research, I was provided with opportunities to meet, interview and build lifelong contacts and friendships with people I would not ordinarily be given opportunities to liaise with. They include Chiefs of Police, Sheriffs, an Attorney General, a Monsignor, Members of Parliament and clinical experts in the mental health field. I also met some outstanding police officers in all three countries, who have been exposed to some of the most traumatic critical incidents known to first responders. Their resilience and courage was quite amazing and their willingness to spend time with me and recount their stories will forever be appreciated. It truly was a once in a lifetime opportunity.

Secondly, I would like to acknowledge and thank my two referees who agreed to validate the importance of my Fellowship and that I was the right person to undertake this journey. Without their support and encouragement, I am in no doubt that my Fellowship application would not have been as smooth as it was. Chief Commissioner of Victoria Police, Mr. Graham Ashton provided my professional reference. Mr. Ashton's leadership around improving mental health in Victoria Police for all employees since he became chief commissioner in 2015 has been outstanding. He has been a champion of change in this area and solely responsible for the commissioning of the Victoria Police Mental Health Review [1]. My personal reference was supplied by the now retired Commander of Victoria Police's Human Resource Department, Mr. Shane Cole. Over an extended period of time Commander Cole was responsible for the development and implementation of numerous different systems and process solely designed to improve the workplace and working environment for police officers around their mental health. He has retired from Victoria Police leaving behind an excellent legacy in this area.

Lastly, but most importantly, I would like to pass on my sincere gratitude and love for my wife Natalie, daughter Ashleigh and son Ryan. Their love and support allowed me to undertake this most vital journey and I will be forever grateful for the sacrifices they made to facilitate it.

Keywords

1. Police
2. First responders
3. Law enforcement
4. Mental health
5. Help seeking
6. Peer support
7. Psychologist
8. Stigma
9. Early intervention

Executive Summary



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To investigate early intervention in mental illnesses for serving police and peer support for former police employees

Through education and knowledge, mental illness amongst police officers and other first responders is finally getting the attention it deserves. There are many, many current serving and former police officers who live daily with the restrictions imposed on them by illnesses such as PTSD (Post Traumatic Stress Disorder), depression and anxiety. Police officers throughout their career are exposed to many traumatic events or incidents that the average member of the community may never be exposed to in a lifetime. If treatment is not sought to address the emotions or reactions created by attending these traumatic events, then mental illnesses can result. Unfortunately, due to the policing culture and the stigma aligned with help seeking, the majority of these illnesses go undiagnosed and/or untreated. Victoria Police has made some great strides forward recently in addressing mental illness by releasing its Mental Health Review in May 2016 and the subsequent Mental Health Strategy and Wellbeing Action Plan [2].

To research early intervention methods or models in regards to mental illnesses amongst policing as well as peer support programs for former police officers I visited the USA (United States of America), Canada and the UK (United Kingdom). I spent time with twelve different law enforcement agencies, visited two mental health wellbeing retreats, four externally contracted mental health/counselling providers, an attorney general and a monsignor. I spent some very sobering hours talking to police officers who responded to some of the most horrific critical incidents; such as the Sandy Hook Elementary School shootings in Newtown Connecticut in 2012; the San Bernardino terrorist shootings in 2015; the murders of policewomen Fiona Bone and Nicola Hughes in Manchester in 2012 and the Manchester Arena bombing in 2017.

Throughout the vast majority of my research it became apparent that Victoria Police is a clear leader when it comes to established process, systems and infrastructure to deal with or provide opportunities to address general wellbeing and mental health wellbeing amongst its employees. What was established though, in particular across the USA, is that police employees at management level are well practiced, and confident in having conversations with their staff and normalising mental health discussion in the workplace, hence encouraging help seeking behavior. Another major lesson learnt during my research is the importance of the location of mental health providers and internal wellbeing units. All law enforcement agencies I visited utilised these services at stand-alone locations separated from police buildings or complexes. This encouraged help-seeking and allayed feelings of apprehension and embarrassment and promoted confidentiality.

Apart from sharing my report with Victoria Police, I intend sharing my learnings and recommendations with all policing jurisdictions around Australia and New Zealand utilising the Australia and New Zealand Policing Advisory Agency (ANZPAA). I also wish to share my report with other emergency service agencies such as fire and ambulance organisations to allow them to also have an opportunity to improve their respective mental health and wellbeing programs.

Fellowship Programme

Angwin, California

- West Coast Post Trauma Retreat

San Bernardino, California

- Chief Jarrod Burguan – San Bernardino Police Department
- Lieutenant Michael Madden – San Bernardino Police Department
- Sheriff John McMahon – San Bernardino Sheriff's Department
- Dr. Nancy Bohl-Penrod, Ph.D. – The Counselling Team International
- Dr. Tammy McCoy-Arballo, Psy.D. – The Counselling Team International
- Deana Kahle, M.S. – The Counselling Team International
- Ret. Dep. Sheriff James Nunn – The Counselling Team International

Phoenix, Arizona

- Ret. Detective Manny Angulo – PISTLE (Post Incident Stress & Trauma in Law Enforcement)
- Dr. Robbie Adler-Tapia, Ph.D. – Tapia Counselling & Psychological Services
- Officer Dan Antrim – Scottsdale Police Department
- Officer Vanessa Vella – Tempe Police Department

Connecticut

- Ret. Colonel Dan Stebbins – Connecticut State Police
- Dr Karen Alter-Reid, Ph.D. – Karen Alter-Reid, Ph.D.
- Officer Will Chapman – Newtown Police Department
- Chief James Viadero – Newtown Police Department

New York, New York

- Lieutenant Steven Jerome – NYPD Chaplains Unit
- Monsignor Robert Romano – NYPD Chaplains Unit
- Lieutenant Janna Salisbury – NYPD Employee Assistance Unit
- Ret. Detective John Petrullo – P.O.P.P.A.

Ottawa, Canada

- Sergeant Brent McIntyre – Ottawa Police Service
- Matt Skof – Ottawa Police Association
- Deputy Chief Steve Bell – Ottawa Police Service
- Attorney General Yasir Naqvi – Member of Provincial Parliament
- Dr. Neda Amani – The Real You

London, United Kingdom

- CEO Gill Scott-Moore – Police Dependents Trust
- Eleck Dodson – Metropolitan Police Service

Manchester, United Kingdom

- Julie Warren – Greater Manchester Police
- Janet Campbell-Smith – Greater Manchester Police
- Sergeant Martin Lally – Greater Manchester Police Federation
- Dr. Ian Hesketh – Oscar Kilo
- Jenna Flannigan – Oscar Kilo
- Sergeant Stuart Charlesworth – Greater Manchester Police

Harrogate, United Kingdom

- CEO Patrick Cairns – Police Treatment Centre
- Mark Oxley – Police Treatment Centre

Kent, United Kingdom

- Janine Jury – Kent Police

Background

Victoria Police has acknowledged through the release of its Mental Health Review in May 2016 that there are some significant issues to be addressed around the mental health of its employees. Among a large number of issues, it identified that there needs to be more proactive leadership to reduce stigma and eliminating cultural behaviours that most likely prevent help seeking in an effort to provide earlier intervention. Not only will earlier intervention result in greater health of the employee, it will reduce the number of days off work and the cost of mental health WorkCover claims.

According to data obtained from Victoria Police's WorkCover insurer Gallagher Bassett, an employee is away from the workplace on average for 103.23 shifts when diagnosed with a psychological injury and 31% of all WorkCover claims are for mental health injuries. Employees with a psychological injury are only 64% likely to return to work, compared to 93% if they sustain a physical injury. Furthermore, 78.58% of the WorkCover claim costs are for mental health injuries [3].

To provide support to its nearly 20,000 employees and their immediate family members, Victoria Police's Wellbeing Services consists of Welfare Services, Police Psychology Unit, Peer Support Coordination Unit, Chaplaincy Unit, Internal Witness Support Unit, a number of case managers, a Retired Peer Support Officer as well as two Employee Assistance Providers. Wellbeing Services provides a 24/7 confidential service, that includes an immediate response to critical incidents if required. It is staffed with eight fulltime welfare officers, seventeen police psychologists, a peer support coordination unit that coordinates approximately 800 trained peers across the State of Victoria, two head chaplains that coordinate approximately eighty volunteer chaplains, two fulltime staff in the internal witness support suit and a retired peer support officer who coordinates a group of approximately sixty retired peers.

This fellowship is an opportunity to research other police departments' systems, processes, policies and infrastructure to establish whether there are better practices being utilised elsewhere that could assist and improve the way Victoria Police and other emergency service jurisdictions across Australia approach mental health amongst their employees.

West Coast Post-Trauma Retreat

Located in the Napa Valley, approximately 110 kilometres north of San Francisco, the West Coast Post-Trauma Retreat (WCPR) is a residential program designed for first responders to recognise and work through the signs and symptoms of work related stress and mental health injuries, such as PTSD.



My host for the week at WCPR, retired Anitoch Police Officer Nick Turkovich, generously offered me a role at the retreat as a peer. Nick's 25 year career with Anitoch Police Department (PD) finished in 2012 due to several injuries he sustained in the line of duty. Nick established peer support within the Anitoch PD in 1992 after he and some of his colleagues were involved in a number of officer involved shootings. Nick became involved in WCPR in 2008 and in 2015 he became the Peer Director. Nick has been trained in Basic and Advanced Critical Incident Stress Management, Officer Involved Shooting Critical Incident Intervention, Basic Peer Support, Suicidal Subjects Intervention, Crisis Intervention and Advanced Peer Counselling. He has been a certified instructor in Advanced Peer Counselling for over twenty years.

The retreat is made available to both current and retired police, fire, paramedics, corrections and dispatcher personnel. The retreat first commenced in 2001, with each program running for six days and five nights. Since its inception there have been 171 programs conducted with approximately 1,100 first responders lucky enough to have the privilege of attending. Each retreat is staffed by experienced first responders acting as peers, mental health clinicians and chaplains, who are all specifically trained in trauma recovery. Throughout the course of the week attendees participate in educational segments, clinical treatment, peer support from other first responders, intensive group debriefings and individual therapy. A comprehensive ninety day plan is provided to each attendee at the conclusion of the program to provide them with structural direction as they return home.

To provide a safe and confidential environment for the promotion of healing, education, and support to those dedicated to the emergency service professions
(WCPR Mission Statement)

Attendance at WCPR is available through either self-referral or after a referral from your clinician and costs approximately \$6,300(AUD). This cost includes accommodation and meals for the week as well as services provided by staff at the retreat. Dependent on individual circumstances, the cost is often covered by workers compensation schemes, some departments cover the cost utilising training funds and on some occasions, attendees have to self-fund their attendance.

My observations of the week was that it was an intense program for the participants who were required to undergo sessions in EMDR (Eye Movement Desensitisation and Reprocessing) therapy, one on one clinical therapy and intensive group debriefing in the 'rubber room.' As the week progressed, it became clearly apparent, both physically and emotionally, that each of the attendees was making great strides in their health. It was never more apparent than when facial selfies of each attendee from day one were compared to another selfie taken on the last day. The difference in their appearance from when they first arrived until the final day was remarkable.



At the conclusion of the week at WCPR I contacted a number of the attendees approximately four weeks later and asked them how they enjoyed the week and what difference they felt it made to their health and future.

"I've been struggling with PTSD for almost 20 years. After a week with peers and clinicians etc, I have experienced very noticeable improvements. I've been testing it daily and feel I can rejoin the world again. I've been going out in public every day since with no noticeable negative triggers."

“I believe WCPR has somewhat changed my outlook on my job and life in general. It has helped me understand my PTSD and coping mechanisms and has given me tools to work on how I deal with it and manage my stress.”

“I feel it saved my life. I was in a very dark place for a long time and could not hide anymore. My brick walls and isolation was so bad. I feel my bricks are coming down and the isolation is lessened. I feel calmness inside of me. I am not afraid anymore. I know I have a lot of hard work to do and I’m ready. It is a magic house.”

The popularity and success of WCPR has resulted in another retreat being established in Kansas. Its success also led to the creation of the Significant Others and Spouses (SOS) program, which is aimed at partners of first responders. The SOS program was established in 2004 and there are three programs run each year. Its format is conducted along the same lines as WCPR and shares the same cost and length of program.

San Bernardino, California

I chose to visit San Bernardino to research the law enforcement wellbeing response to the 2015 terrorist attack in which fourteen people were shot dead (including the two perpetrators) and twenty-two seriously injured. The shooting occurred on 2 December at the Inland Regional Centre (IRC) where a staff Christmas party was being held. The two people responsible for the deadly shootings were later killed by police in a shootout not far from their residence. This shooting was the deadliest terrorist attack in the USA since the 9/11 attack in New York and the deadliest mass shooting since the Sandy Hook Elementary School shooting in 2012.

San Bernardino is located in southern California, approximately 96 kilometres east of Los Angeles and has a population of around 215,000. It covers an area of around 210 square kilometres and is policed by both the San Bernardino Police Department (SBPD) and San Bernardino Sheriff’s Department (SBSD). At the time of my visit, San Bernardino Police Department was staffed with 261 sworn police officers and 180 civilian employees. On the other hand, the San Bernardino Sheriff’s Department polices San Bernardino County, which is the largest county in the USA and there are approximately 3,800 employees. These are

made up of both sworn officers and civilian staff.

To assist me in researching the wellbeing response I was lucky enough to be given time to visit Chief Jarrod Burguan and Lieutenant Mike Madden from SBPD and Sheriff John McMahon from SBS.



Chief Jarrod Burguan – San Bernardino Police Department

Chief Burguan (far left) has been a police officer with SBPD for twenty-six years and the chief since December 2013. Prior to joining SBPD he was an officer with Riverside County Sheriff's Department. During his career with SBPD he has supervised and managed every division within the SBPD. Chief Burguan was duly recognised for his leadership and management of the tragedy that was unfolding in his city and he became the face of the SBPD in media coverage across the world.

After tracking down the two people responsible for the shooting, police from both San Bernardino Police and Sheriff's Departments were involved in a shootout in which both terrorists were killed. Two police officers were also injured during the shootout. The shootout lasted approximately five minutes with twenty-three officers discharging their weapons, resulting in at least 440 shots being fired. There were approximately eighty-one shots fired by the terrorists. There were around eighty to ninety SBPD officers who responded in some capacity to this incident, with seven of them discharging their firearms in the shootout. Apart from those SBPD officers involved in the shootout, there were also a significant number of officers that responded directly to the scene of the initial shooting where the twelve victims were killed. Lieutenant Mike Madden (above right) was in charge of the entry team at the IRC by Chief Burguan in an active shooter situation. At that stage, it was unknown if the shooters were still present in the building. Although it turned out that they had already left the building, the unspeakable trauma and the confronting nature of the scene that Lieutenant Madden and his entry team came across was something that no person is prepared for. Apart from arming themselves with an arsenal of weapons, the two

terrorists had planted three separate bags within the IRC that contained pipe bombs. Thankfully they didn't detonate. Chief Burguan indicated that Lieutenant Madden, his entry team and the subsequent homicide investigators who conducted the investigation into the deadly shootings, were more affected than those involved in the shootout.

At the time of these shootings, SBPD had in place an internal policy regarding officer involved shootings. The policy stipulates that any police officer involved in a shooting who discharges their firearm, is required by the policy to sit down with a psychotherapist before the completion of their shift on the day of the shooting as well as within three to five days after the shooting. If the officer does not comply with this policy, then they are not cleared to come back to work. Even in the event that the officer does not wish to participate in the meeting, they must still attend. The policy also provides those officers involved with three days off work. Each of the seven SBPD officers who discharged their firearms in the shootout complied with the policy and apart from their entitled three days off, there were no sick leave or workers compensation claims submitted for a psychological injury. The policy also allows Chief Burguan to mandate compulsory psychotherapist attendance for any incident he believes would benefit his staff. Chief Burguan can delegate this authority to any officer in a management position if he sees fit.

For the other employees that were involved in the incident, including civilian staff such as radio dispatchers, there was a mandated group counselling debrief held three months after the incident. From SBPD's perspective, there was only one employee of the eighty to ninety who were involved, submitted a workers compensation claim for a psychological injury from this incident. Chief Burguan was very open and honest with me in his reflection of his handling of the wellbeing component post this incident. His only regret was that if he had his time again he would have mandated a psychotherapist visit for every employee involved. Not long after this incident Chief Burguan got this opportunity when there was a fatal school shooting in San Bernardino in April 2017, where three people were shot dead. On this occasion, he did mandate a psychotherapist visit under the officer involved shooting policy. There were no workers compensations claims lodged or personal leave days taken after this tragedy.

Chief Burguan indicated that the SBPD does not have the wellbeing infrastructure like

Victoria Police and relies on peer support for all their internal welfare needs. They externally contract their clinical assistance and counselling to The Counselling Team International, who provide psychotherapist services like in the case of an officer involved shooting. They pride the ability of their leadership and management group to communicate and normalise wellbeing conversations, especially around mental health. Chief Burguan indicated that a pleasing by-product of the officer involved shooting policy, was an apparent reduction in the stigma amongst officers to receive assistance from a psychologist. As the policy requires officers to visit a psychologist it removes the stigma of help seeking. Most officers have accepted the policy and can see the benefits it brings.

The SBPD does not have any formalised program to support retired officers.

Sheriff John McMahon – San Bernardino Sheriff’s Department

The San Bernardino Sheriff’s Department is responsible for policing an area of just over 52,000 square kilometres with a population of approximately 2.1 million people. Sheriff John McMahon was appointed as sheriff in December 2012 and was re-elected in 2014. Sheriff McMahon has been a member of the SBSD for thirty-three years and was in the



position of Sheriff at the time of the terrorist shootings.

Sheriff McMahon (left) outlined how the SBSD does not have any internal structured wellbeing unit, apart from peers and a heavy reliance on chaplaincy. A number of their chaplains frequently ride-along with patrol officers to not only provide support but to experience first-hand the environment the police officers are faced with in their day to day roles. Peer support also forms an important role in officer wellbeing. They are fellow officers who volunteer their time to provide support to their colleagues after a critical incident through providing an opportunity for the officers to talk about their experiences immediately after the incident. Quite often these peer supporters have previously experienced the particular critical incident the officer has been exposed to, such as an officer involved shooting.

The SBSD also shares a contract with The Counselling Team International to provide their

officers with clinical support. The contract provides unlimited clinical support to officers during the contract period and isn't based on a per visit or maximum number of visits.

The SBSB also has an officer involved shooting policy and the sixteen officers from the SBSB who discharged their firearms in the terrorist shootings were mandated to visit a psychologist in the same way officers from SBPD were. There were over one hundred SBSB officers involved in the incident and Sheriff McMahon was very proud to indicate that none of his staff required to take time off through workers compensation and the longest time taken off was a couple of days on sick leave. There were no complaints about the officer involved shooting policy and every officer complied with the process. Due to the scale of the incident they also utilised peers and their chaplains. Sheriff McMahon also delegates the mandatory psychologist appointment policy to his station commanders so they can activate either personal or group appointments for their staff who attend any event, which they deem may have a psychological impact.

The SBSB does not have any formalised program to support retired officers.

The Counselling Team International



The Counselling Team International (TCTI) provides employee support through their highly qualified mental health professionals and have been doing so since 1985. The Director of TCTI, Dr Nancy Bohl-Penrod, Ph.D. (left) says they provide support to over 150 law enforcement agencies across California plus many others throughout the USA. Nancy is a psychotherapist and a trainer and holds a Ph.D. in Clinical Psychology and a Masters Degree in Counselling/Education.

Nancy has been working with and providing support to first responder agencies since the inception of TCTI, where they started by providing an on-call 24/7/365 critical incident street management service to the SBSB. Nancy has attended and lead teams of mental health professionals to more than 1,000 critical incidents during her career and includes events such as the siege in Waco, Texas, the TWA flight disaster in Long Island, New York, the typhoon disaster in Guam, the Alaska Air disaster in Los Angeles, 9/11 terrorist attacks both in New York and at The Pentagon, numerous catastrophic natural disasters and the

terrorist shooting in San Bernardino in 2015. Nancy was also my host whilst in San Bernardino and coordinated all my visits and research whilst there and I will be forever grateful for her friendship, guidance and assistance.

The offices of the TCTI are located in a business park in San Bernardino and are very non-descript in appearance. Nancy believes this is vitally important when dealing with first responders, in particular police officers, as it reduces embarrassment and the stigma associated with help seeking. TCTI provides an Employee Assistance Program (EAP) for first responders and their family members at no cost. Some of the more common assistance provided through the EAP service includes; marriage, family and interpersonal relationship issues, depression, financial pressure, alcohol and substance abuse, trauma, PTSD and EMDR therapy. Nancy's team provides a 24/7 on call service to those first responder agencies that contract with TCTI and strive to respond within two hours or within twenty-four hours out of California. There are just under fifty mental health professionals working amongst the TCTI team.

Dr. Tammy McCoy-Arballo, Psy.D.

Tammy is one of the team at TCTI and was kind enough to give me some of her valuable time to discuss her role and that of TCTI with law enforcement. Tammy (left) is a qualified



Clinical Psychologist and qualified in critical incident stress management and crisis counselling. She is also a qualified trainer and specialist in EMDR therapy and has worked extensively with first responders after the San Bernardino terrorist attacks. She's a trained hostage negotiator and led a team of psychologists to assist in the recent Mandalay Bay shootings in Las Vegas. Tammy is a big supporter of the officer involved shooting policy that mandates officers must see a psychologist immediately after the incident and another follow-up visit a few days later before they can return to work. TCTI then report to SBPD to update them on whether the officer has attended or not so a determination can be made in relation to their return to work status. She believes it has made big inroads in reducing the stigma of help seeking by police officers as they are not seen to be 'soft' by getting help because they are required to see the psychologist due to policy and not a personal decision they have made. Culture

and stigma in policing has prevented exactly this because the officer doesn't want to be seen by their colleagues to be asking for help and be seen to be weak. After asking Tammy how she addresses an officer that doesn't want to participate in a mandated meeting she replied, *"Let us psychologists do our work."* She indicated that even if an officer sat in the meeting mute she would still provide them with some basic information along with some information brochures for them to read in their own time. *"The seed was planted"*, she said. More often than not, the officer would readily participate in the second meeting. She said that many departments now have mandated psychologist visits for officers attending incidents involving the death of children and some even have policy that allows managers to mandate visits for any incidents they deem necessary.

Tammy is both an EMDR therapy specialist and trainer and utilises the therapy extensively on first responders. As a therapy it is not long and drawn out and achieves quick results. It can provide very successful results within a couple of sessions for a single traumatic event and most people undergoing the therapy, finish with positive results. Tammy estimates that she has around a 90% success rate with EMDR as a treatment therapy with her clients. It can be used for any type of trauma, but it is most commonly used for events that result in patients suffering significant trauma.

Deana Kahle, M.S.

Deana is also a mental health professional and a member of TCTI team since 2011 as a counselling psychologist as well as being certified in Critical Incident Stress Debriefing and EMDR therapy. She provided support at critical incidents such as the 2013 Los Angeles airport shooting, the Mandalay Bay shootings in Las Vegas and the 2018 Montecito mudslide.

Deana, like Tammy, is an advocate for EMDR therapy for people suffering from significant trauma. She indicated that numerous significant traumas can be treated and fixed within one to two sessions and reported that she has a success rate of 90-95% when treating clients with EMDR. The only barriers to successful EMDR therapy for trauma are when issues such as addictions with alcohol and drugs exist in the background.

Retired Deputy Sheriff James Nunn

James was a Deputy Sheriff with San Bernardino Sheriff's Department until his retirement in 2004. He now provides assistance to TCTI around his policing experience.

James outlined how all police officers in southern California have their private health insurance premiums paid for by their department from the day they commence in the police academy. It includes coverage for their family members and for any level of coverage or category. Of interest though are the entitlements southern California police officers receive on retirement in relation to their outstanding sick leave. The officers can elect either one of the following two options;

- Receive a cash payment of 50% of the outstanding sick leave hours.
- Receive 100% payment of the outstanding hours into a medical trust account to be used to pay their health insurance premiums post retirement.

These entitlements are completely different to circumstances currently in existence in Victoria Police as all outstanding sick leave is lost by the employee on retirement. Frequently, this results in Victoria Police officers utilising all their outstanding sick leave before retirement, which results in the employee being absent from the workplace for a significant period of time. Therefore, on most occasions the workplace is short an employee for the period of absence. The entitlement in southern California prevents a workplace being short an employee as well as providing financial assistance to the worker post their retirement in the form of paid health insurance premiums.

Another simple strategy that was brought to my attention was the use of an officer's long service leave. Officers are required to use their long service leave within six months of it being credited otherwise they lose the entitlement. This strategy has been developed to ensure officers have a compulsory break from work.

Phoenix, Arizona

Phoenix is the capital city of Arizona and is policed by numerous policing agencies including county, municipal, college, tribal and federal police organisations. My host whilst in Phoenix was Manny Angulo. I owe a great deal to Manny as he was my very first contact in the USA when I started planning my Sir Winston Churchill Fellowship itinerary. Manny provided me with great advice, direction and contacts all over the USA in policing. His hospitality was first class and he introduced me to some outstanding police officers and mental health professionals that were very generous with their time and enlightening with their experiences and knowledge.

Manny is a retired police officer having served almost twenty years with both the Maricopa Sheriff's Office and Mesa Police Department. He was a patrol officer as well as a gang detective before he medically retired in 2013 after being diagnosed with PTSD after attending a traumatic critical incident.

P.I.S.T.L.E. (Post Incident Stress & Trauma in Law Enforcement)

Manny is the Vice President of P.I.S.T.L.E. who are a not for profit organisation that provides support and resources to law enforcement officers who are battling the effects of stress from critical incidents incurred in the line of duty.

No officer left behind

(PISTLE aim and mission)

The staff at PISTLE are either current or retired police officers and provides services to both serving and retired officers such as; peer support groups, training, advocacy, treatment options and family support. PISTLE also works with numerous mental health professionals who are qualified and experienced in trauma and utilise their services regularly if required.

During my stay in Phoenix, Manny was kind enough to invite me as a guest on a number of private and confidential peer group meetings. PISTLE facilitate these group meetings in a

number of different locations around Phoenix as well as in Tucson, which is about 170 kilometres south-east of Phoenix. The peer group meetings, which are held weekly, are private and confidential meetings held at the offices of psychologists who are part of the EAP. The meetings I attended had approximately 6-8 participants, all who were current or retired police officers and with various levels of illness. The meetings are a forum for the officers to get together and openly and confidentially discuss their critical incidents that caused their illness and the struggles they have and are going through. The discussion, advice and support generated in these meetings provided great comfort to the officers and all attendees reported to me how beneficial these peer group meetings have been to their health and recovery. Family members are also invited to attend these meetings. Many serving police officers utilise these peer group meetings as a form of treatment for their illness as they are reluctant to utilise EAP services due to confidentiality concerns and them having no confidence in the workers compensation system. Experienced and trained facilitators from PISTLE convene and oversee the meetings. Many of the attendees expressed to me how their attendance at the meetings had saved both their relationships and lives.

Dr. Robbie Adler-Tapia, Ph.D.



Dr. Robbie Adler-Tapia (pictured left) is an extremely well known psychologist who has worked with individuals impacted by trauma for over thirty years. She has many publications on mental health for first responders and she is an EMDR therapy approved consultant and certified therapist. She also has a number of publications about EMDR therapy. She is a mental health consultant to P.I.S.T.L.E. and one of its co-founders. She has her own business, Tapia Counselling & Psychological Services. Dr. Adler-Tapia is also part of the EAP service offered in Phoenix to police officers and their families where each officer is entitled to twelve free counselling sessions per year. Dr. Adler-Tapia indicated that the separation of treatment and the work place or their department is important and helpful so that the employee feels like they have privacy and don't run into work colleagues while in treatment. She said that it makes sense to offer wellbeing services and support at locations away from police premises to avoid triggers and trauma reactions.

Dr. Adler-Tapia indicated that most police departments in Phoenix don't have an internal wellbeing unit and rely generally on peers. However, some of these peers are not funded or internally supported and most officers don't trust the peer support officers for fear of being reported to their superiors and losing their firearms qualification. Although there is a workers compensation scheme in Arizona for police officers, most will not submit a claim for a psychological injury due to the likelihood of the claim being rejected. Dr. Adler-Tapia outlined how the workers compensation insurer assesses each claim utilising three descriptors; unusual, unexpected or extraordinary. If the incident you are claiming caused your injury falls within one of these descriptors, then your claim will be approved. However, it is well known that the insurer sees every incident you attend as a police officer in Arizona is not unusual, unexpected or extraordinary; therefore, almost all psychological injury claims are rejected. Compounding this is the fact that all documentation submitted around your claim is made public if your claim is denied and therefore is no longer confidential. The unfortunate nature of the workers compensation scheme in Arizona is that police officers choose not to submit claims for psychological injuries. That then means if the officer takes time off work, it will impact their sick leave entitlement. That then quite often results in the officer not taking time off work to recover from their injury to preserve their sick leave.

Dr. Adler-Tapia, as mentioned above, is an expert in EMDR therapy and is recognised internationally for her knowledge and application of the therapy. She has published many papers on the subject and recently presented a Webinar to Australians in June 2018 through the EMDR Association of Australia on *Haunted: EMDR Therapy for First Responders and Public Safety Professionals*. Dr. Adler-Tapia indicates that EMDR therapy provides great results for first responders and the therapy is *"practical and first responders don't have to talk that much or deal with their feelings...."* *"I think it's best practice for everyone and people get results. I think that's what first responders like too."*

Dr. Adler-Tapia describes how EMDR therapy works on her website as;

'EMDR therapy is a method of psychotherapy that helps people resolve emotional distress and heal from symptoms that are caused by disturbing life experiences. EMDR therapy promotes the healing process that is necessary to work through a psychological trauma. It is recognised

by the American Psychiatric Association, the World Health Organisation, and the Department of Defence as an effective treatment of trauma and other disturbing experiences.'

'During therapy, clinicians trained in EMDR therapy traditionally direct lateral eye movement during a therapy session. This can also be accomplished through tapping the hands or audio stimuli. By having the patient focus on specific memories surrounding a traumatic event, the therapy requires less clinician-led interpretation and instead allows patients to gain insights through accelerated intellectual and emotional processes [4].'

Officer Involved Shooting Policy

Almost every policing agency in Arizona has an officer involved shooting policy. The policy in Arizona adopted by these departments requires officers who discharge their firearms to immediately take a minimum of three days off work and during that time they must visit a psychologist at least once before they can be cleared to return to work. The mandated time off work differs from department to department. If officers don't comply with the policy then the psychologist reports to their department and they are prohibited from returning to work. The purpose of the policy is to ensure that every officer involved in a shooting receives the appropriate psychological assistance and given the best opportunity for their own recovery as well as increasing the safety of their colleagues once they return to work. Phoenix Police Department has just taken the policy one step further. Once their officers have been involved in a shooting they are mandated to take thirty consecutive paid days off and within those thirty days they must visit a psychologist for a minimum twelve sessions before they are able to return to work. Already this year, there have been thirty-four officer involved shootings in Phoenix alone.

Dr Adler-Tapia is one psychologist who conducts these mandated psychologist visits post an officer involved shooting, and in her opinion, if they weren't mandated then most officers wouldn't attend. She also believes it reduces the stigma of attending because they must attend. Their spouses are also allowed to attend if they wish. The psychologist visit becomes even more important in Arizona when the shooting is fatal because the officer is automatically charged with homicide. That criminal process may take up to eighteen months to conclude on top of any civil law suit filed by the deceased's family.

Officer Dan Antrim – Scottsdale Police Department

I didn't get the opportunity to meet Officer Antrim in person but he was kind enough to discuss his officer involved shooting with me over the telephone whilst I was in Phoenix.

Dan has been an officer with Scottsdale Police Department for thirteen years and is a qualified Special Weapons and Tactics (SWAT) negotiator and a dog handler. In February 2018 he was off-duty working as security at a shopping centre in Scottsdale when he confronted a male suspect for shop-lifting in the multi-level car park. When the suspect was verbally challenged by Dan he turned towards him and raised a firearm at him. Dan responded by discharging his firearm, which fatally wounded the suspect.

Scottsdale Police Department's officer involved shooting policy mandates that officers must take five days off after the shooting and within those five days the officer must visit a psychologist at least once. There are six contracted psychologists to the Scottsdale Police Department, Dr. Adler-Tapia being one of them. If Dan didn't attend a psychologist appointment within the timeframe, he would not be cleared to return to work.

Apart from the mandated days off work and the psychologist visit, Dan attributes his quick return to work on full duties and his good health to a number of other factors.

- Peers who had previously been involved in officer involved shootings were put in touch with Dan immediately, so they could share their experiences and prepare Dan for what lay ahead.
- He was personally contacted by his Chief and he and his family were offered support. The family support was greatly appreciated and they felt like they were part of the 'police family'.
- He constantly received contact and support from his colleagues and members of Scottsdale PD Command. Dan outlined how this contact was very overwhelming and appreciated.

Dan returned to full duties eight days after the fatal shooting and is still receiving support from colleagues and managers. He feels exceptionally well supported. Scottsdale PD does not have any internal wellbeing support and employees are left to their own devices by

seeking support through the EAP. If an employee chooses not to access the EAP then the only support they and/or their families receive is through police colleagues and management. Dan was extremely impressed and complimentary of the support he and his family received from within the Scottsdale PD and he has no doubt it was because of this that his psychological wellbeing is so healthy. It provided early access to help seeking and the conversations normalised his feelings and emotions and never once did he feel ashamed or fearful of taking the time off work, asking for further assistance or being a burden on the workplace.

Officer Vanessa Vella – Tempe Police Department

Early Sunday morning on 1 April 2018 I arrived at Tempe PD for one of the opportunities I was looking forward to most on my Fellowship. My host Manny from PISTLE had arranged for me to accompany Officer Vanessa Vella on a ride-a-long during her ten hour patrol shift. I'll be honest, I was a little nervous. I was invited into the shift briefing with Vanessa's patrol sergeant and her fellow patrol colleagues. After being introduced to everyone I was asked to provide a short outline of my role in Victoria Police and my work area. After describing to them what Victoria Police's Wellbeing Services provides they were all dumbfounded. Almost all of them wanted to move to Australia immediately and join Victoria Police. From what they explained, they were all essentially left to their own devices in regards to looking after their own psychological wellbeing and if you decided to come forward then you were in fear of becoming non-operational as your firearms qualification would be removed from you. There is a Peer Support Team but officers don't trust them around a lack of privacy and confidentiality and they are not very active as a support team and frequently don't reach out to officers in need.

On the whole, the shift from Vanessa's point of view was a quiet shift compared to 'normal'. My initial conversations with Vanessa centred on safety during vehicle intercepts and firearm possession. Vanessa opinion was that 80-90% of people in Phoenix legally carry a firearm either on their person or in their vehicle. It wasn't until I asked Vanessa where she would like me to position myself during a vehicle intercept that I got an accurate perception of how dangerous policing was in the USA. I was instructed to immediately get out of the police vehicle and to 'take cover' behind the rear passenger side corner of the police vehicle where I could still maintain view of the intercept but also be in a relatively

safe area. I was to remain there until Vanessa gave me the all clear that it was safe to come forward. To watch the cautious and methodical process Vanessa went through at each intercept was eye opening and very exhausting. To me it looked like each intercept could be her last and that every driver and passenger was being treated as if they were in possession of a firearm and wanted to cause her harm. Thankfully, each intercept went without incident. It made me realise how more trusting and lucky we are in policing in Victoria and perhaps a lot of the time we are too trusting. The other thing that struck me was that every shift Vanessa works is solo, regardless of what shift she worked. This shift we shared was one of the only shifts in her four years that she had company in her 'cruiser'.

Within the first few hours of our shift I noticed that we had driven across one particular bridge that spanned the Tempe Town Lake. Although noticing that we had crossed it multiple times, I just thought it was because it was the main thoroughfare in Vanessa's patrol zone. As the shift went on and Vanessa felt comfortable opening up to me; she outlined her reason for driving over this bridge so often. In October 2015 she was the first officer to respond to a report of a vehicle that had driven into the lake around 12.15 am. Without any thought for her own safety Vanessa dived into the lake and somehow removed two adults and two children, aged two and one, from the vehicle. She then commenced CPR but unfortunately all four were deceased. Not long after bringing the four members of the one family to the surface she realised there was another child, aged three, still missing. Vanessa went to go back into the water but was prevented from doing so by a supervisor for her own safety. Police divers later recovered the body of a three year old child still strapped in a child restraint in the back seat. The incident was later ruled a murder-suicide after the father deliberately drove the family car into the lake, which contained his wife and three children. Vanessa told me she still to this day, blames herself for not getting the three year old child out of the car and wonders whether she could have saved him. Although she knows that it was highly improbable, if not impossible, she still blames herself.

Vanessa has since being diagnosed with PTSD as a result of this incident, but has never received any support or assistance from the Tempe PD to care for her psychological wellbeing. She explained that she was never contacted by the peer support team and the subsequent debrief was arranged when she was on a day off. Due to concerns that if she

contacted the EAP for assistance, it would be reported back to her superiors, she decided to make her own arrangements for assistance. She knew that if her superiors found out that she was unwell psychologically, they would remove her firearm from her and she would be unable to work. That would then cause financial problems as she was a single mother and sole carer to her ten year old son. Vanessa was left to self-fund her own psychological visits, which she ceased prematurely due to the financial strain. She has never lodged a workers compensation claim because of the environment surrounding such claims in Arizona and therefore; anytime off she had to take was from her own sick leave. She has sought support and assistance from PISTLE and that was of great assistance and she maintains contact with them through Manny. To this day, Vanessa still reports for duty after being diagnosed with PTSD, although her colleagues are mostly unaware. She has to work to support herself and her son. Vanessa did indicate that the benefit in seeking support from PISTLE and her own psychologist is that it is offsite and she wouldn't need to attend police premises. If she had to attend a police building it would have definitely prevented her from help seeking.

Just over a month after our ride-a-log and on Mother's Day, a male shot himself dead in front of Vanessa during one of her shifts. Once again, the peer support team 'failed her' as no one reached out to support her. The incident debrief went ahead without her because she was processing a driver for drunk driving.

Vanessa was granted a meeting with her Chief of Police where she outlined all her concerns and the lack of support services and the existing culture within the Tempe PD. There is ongoing dialogue with the Chief and Vanessa is hoping it may lead to some positive changes sooner rather than later.



Officer Vanessa Vella

The vast differences between the experiences of Officer Antrim compared to Vanessa just highlights how important immediate support and assistance is to officers when confronted with traumatic events.

Connecticut

Connecticut is a north-eastern state of the USA, situated north of New York State. It has a population of approximately 3.6 million people and like many other policing jurisdictions in the USA is made up of State, City, College, University or Tribal police departments. My reason for visiting Connecticut was to research and get an understanding of the police wellbeing response to the fourth deadliest mass shooting in the USA's history – the Sandy Hook Elementary School. On that day in December 2012, twenty grade one students and six staff were shot dead by a lone gunman who later killed himself.

Retired Colonel Dan Stebbins

At the time of the Sandy Hook Elementary School shooting, Colonel Dan Stebbins was the Commander of the Connecticut State Police. He was notified of the shootings and made his way to the scene. Colonel Stebbins became the Incident Controller in charge of the scene and subsequently oversaw the investigation. As a result of his involvement in this tragedy,



Dan (left) was diagnosed with PTSD. What he and the other officers saw on that day was 'horrific' and no person can prepare themselves to deal with such carnage and tragedy. The Connecticut State Police at the time had approximately twenty volunteer chaplains, Peer Officer Support Teams (POST) and an EAP that was staffed by a sergeant and three to four police officers. Both the POST and EAP services took referrals from officers for psychological assistance but they relied on officers

self-reporting to their service for these referrals to be made. Dan activated both the POST and EAP teams to provide support and assistance to all officers involved and group support sessions were provided at local hotels. Apart from these group support sessions, any other assistance and support for officers was purely reliant on them making contact themselves. Apart from the obvious tragedy the officers were subjected to at the scene on the day, many of them attended the funerals of the children and staff over the following days.

Colonel Stebbins did not immediately seek out any assistance for his own health after the incident, even after being handed a business card of psychologist Dr. Karen Alter-Reid. The trigger for Dan to seek help for himself came about a week after the shooting when he was at a recital for his daughter's school class. Dan had his first 'meltdown' that evening when the curtains were drawn to reveal her grade one students standing there on stage. Dan started having flashbacks, nightmares and was excessively sweating.

Not long after, Dan had a conversation with another Police Chief who recommended to him that he should consider undergoing EMDR therapy. It was this discussion that reminded him of Dr. Alter-Reid's business card and he made contact with her shortly thereafter. Dan then commenced EMDR therapy with Dr. Alter-Reid and he swears by the benefits of it and credits the therapy for his good health and the life he currently leads. Although Dan has since retired and is no longer involved in policing, he travels across the USA presenting about the Sandy Hook Elementary School shootings without any detrimental effects to his health. He feels in control of his health and has learnt to deal with hurdles put in front of him through undergoing the EMDR therapy.

After seeing Dr. Alter-Reid, Dan attempted to encourage all officers exposed to the shootings to visit Karen and her staff to pro-actively seek assistance for their psychological health. It became clear to Dan that no officers were taking that opportunity and he believed that due to the stigma and/or the shame they felt in help seeking. Concerned that officers weren't taking the opportunity, he went and spoke to Karen, who then arranged numerous group sessions with officers to speak about her services, the importance of help seeking and EMDR therapy. The group sessions were extremely important as it enabled Karen to get the message across to the officers whilst in the company of their colleagues and that they weren't doing it alone. Apart from the group sessions, Dan also attributes the subsequent uptake of officers in seeking help through EMDR therapy by the fact that he lead by example by undergoing EMDR therapy himself. It showed that if it was alright for the Colonel to ask for assistance, then it must be also okay for others too.

Dr. Karen Alter-Reid, Ph.D.

Dr. Alter-Reid is a Clinical Psychologist in Stamford, Connecticut. She maintains a private practice and is the Founder and Coordinator of the Fairfield County Trauma Recovery

Network (FCTRN), which provides PTSD education and EMDR therapy treatment for first responders and public safety officials. She is an EMDR therapy Trainer, Specialty Presenter, Consultant and Facilitator. She's the Clinical Advisor for the Stamford Fire Department and has produced numerous papers and conducted presentations on EMDR therapy and trauma within first responder agencies. Her services were invaluable when responding to Hurricanes Katrina and Rita, the Christmas Day fire in Stamford, Connecticut in 2011 that killed a family of five including three children and the Sandy Hook Elementary School shootings. Karen and her colleagues from the FCTRN provided treatment to first responders, families, children and teachers all involved in the Sandy Hook shootings; much of it on a pro bono basis. Karen has presented on trauma and EMDR therapy at the Connecticut State Police Academy and the Federal Law Enforcement Officers Association.

Karen (right) has built up a great rapport with many first responder agencies, particularly those in Connecticut. Not long after the tragedy at Sandy Hook, Karen was contacted by Dan Stebbins. Colonel Stebbins was looking for assistance with his psychological wellbeing and as mentioned earlier he underwent EMDR therapy provided by Karen. In fact, Karen herself says she contracted PTSD as a result of treating and supporting so many police officers involved that day. Karen's simple



explanation on how EMDR therapy works is, *"It helps the brain process thoughts and symptoms of PTSD by joining the dots and not leaving any unknowns."*

I spoke to Karen about her opinion on help seeking barriers for police officers, particularly in the light of Colonel Stebbins indicating that not many officers involved in the Sandy Hook tragedy had taken the opportunity to seek assistance under their own steam. It wasn't until group information sessions were arranged that officers started seeking that help. She believes that the main reason behind this is the stigmatised feeling in seeking treatment. Karen also indicated the stigmatised feeling would also be relevant if treatment services were located on site at police premises and that police officers would be reluctant to be proactive with their help seeking if the services were inside police premises, unless there was a very open and accepting atmosphere to counterbalance the stigma.

Police Officer Will Chapman – Newtown Police Department

On the 14 December 2012 Officer Will Chapman had been working with the Newtown Police Department for four years and was sitting at his desk completing some paperwork. Little did he know on that day his life would change forever. Just after 9.30 am that morning, Will responded to a call at Sandy Hook Elementary School where a gunman had shot and killed twenty grade one students and six teachers and staff. When Will arrived at the school with three other colleagues, he could still hear gunfire ringing out inside the school. Not long after he entered the school building the gunshots ceased. As he searched through the school Will came across staff members who had been shot dead in hallways before he entered one of the grade one classrooms. The horror Will encountered in that classroom is unimaginable and it was a privilege to spend a number of hours with him. To witness his strength, courage, positivity and his outlook on life is a testament to his character and the treatment he has received since the incident, both clinically and through personal support from his family, colleagues and most notably his Chief of Police and his Captain. Most astonishingly, Will's main role with the Newtown PD now is as a School Resource Officer in the Middle School at Sandy Hook. To think Will's psychological wellbeing is in such a place that he can carry out his daily duties working in an environment surrounded by such negative memories and triggers is amazing.



Will (left) indicated that at the time of the shootings there was very minimal support available to officers and it was essentially left up to each individual to access help themselves. A week after the Newtown PD arranged for a number of behavioural therapists to attend, but it didn't assist as no one knew them, therefore there was no trust. Apart from an informal debriefing the eight or nine Newtown officers participated in before they went home that night with a peer support officer, there was nothing further offered to assist them with their health. Will, to this day says that unofficial debrief was one of the best things he could have participated in immediately after the incident. The officers just sat around in a circle with the peer support officer in the middle and spoke candidly about their experiences. It was completely unofficial and unscripted, but extremely beneficial in Will's eyes. In total, there were fifteen officers from the Newtown PD that responded in some capacity to the tragedy and fourteen of those officers

are still serving in Newtown today.

Will continued to work after the shootings without having anytime off until exactly one month later when he became 'really snappy' with a work colleague. When he realized that his behaviour was unusual he sought assistance from psychologist Michael Crouch. Michael is a partner of Dr. Alter-Reid's at FCTRN. Will then took approximately two and a half months off work during which time he started undergoing EMDR therapy with Michael. During his time off, Will underwent five to six EMDR therapy sessions and he attributes his recovery and current good psychological health to EMDR therapy. Will provided me with a very simple explanation of how he believes EMDR therapy assists the brain in recovering from trauma. That explanation is;

'EMDR helps put together a video image from individual snap shots. By removing the missing detail between those individual snap shots it allows your brain to control your emotions and symptoms and not control you.'

On his return to work after the EMDR therapy, Will has not had any further time off.

The other change that had a significant impact in the improvement of not only Will's health but also the health of other Newtown officers exposed to the shootings, was the workplace environment at Newtown PD. Will says that the morale for the two to three years post the tragedy was poor, but in early 2016 when Chief Viadero was appointed Chief of Police, things almost immediately changed. Chief Viadero and the Captain are very invested in, and push self-care overtly and are very supportive of all staff. It became accepted at work to ask for help and it continues today for any circumstance around officer's psychological health. Will indicated that it was no different at work now to sit around the mess room table and let everyone know that you have a psychologist appointment tomorrow compared to an appointment with your doctor for a broken arm. This environment broke down all barriers and stigma, which normally prevent help-seeking. The Chief's wife even makes an effort to connect with all the families to provide them with comfort that support. Will articulated that it's his belief that the best band aid after a critical incident is ensuring the right person is made available for the officer/s to talk with. That person has to 'get' policing and 'get' what police officers do and in that sense he says it needs to be a sworn

police officer. Although he acknowledges psychologists have the knowledge required, unless he knew them he would be skeptical of their worth in the immediate aftermath of a critical incident. That's why he placed so much value in the unofficial debrief he participated in with the peer support officer. He also advocates all support personnel being located in external premises and not within police buildings to make it more comfortable for officers seeking help. Although Newtown PD doesn't have any formalised wellbeing support services, Will said that if they did and they were located within police premises then it would severely impact on his willingness to access their services in person.

Chief James Viadero – Newtown Police Department

Chief James Viadero commenced in his new role in Newtown PD in January 2016 with over thirty years of policing experience. His experience includes being the Chief of Police at a large metropolitan department as well as being a Commander at SWAT and major crime units, where he was exposed to his fair share of traumatic events. Officer Chapman made it very clear numerous times during our meeting that he credits Chief Viadero with his current good health and the fact that he is still working fulltime. Will outlined how Chief Viadero's leadership, compassion and ability to normalise mental health conversations with his staff provided a work environment that allowed all staff to openly discuss their health issues, whether physical or psychological, and not be afraid to ask for help.

Chief Viadero (right) was kind enough to give me some of his time, even though it was unplanned, and shared some of his thoughts and philosophies on how he creates such a positive work environment for his staff. One of his drivers is to change the culture of policing where problems were never discussed, as it was seen as a sign of weakness. Chief Viadero's thoughts and philosophies are;



- *“Know the people that work for you, know what makes them “tick”, encouraging a personal relationship with them as well as keeping the relationship professional.”*
- *“I believe we must make it clear to our officers that there is no shame in seeking help. Attending to our mental health in no different to seeking help for a physical injury.”*

- *“I share my own personal experiences, fears and failures with my officers. It breaks down barriers and ultimately allows me to detect when they are experiencing difficult times.’ This encourages them to be open and lets them know they are not alone.”*
- *“The best tool we possess as police officers is our ability to speak with people; diffusing situations and solving problems. Far too often we forget to do the same with our people.”*
- *“I know it’s difficult for superior officers to do all this because their professional persona requires them to keep subordinates at a distance. In my view, this couldn’t be further from the truth. You can keep a professional relationship while being empathetic and open to our staff. It’s based on respect.”*

New York, New York

New York City is the largest city in the USA with a population of around 8.5 million people. The NYPD (New York Police Department) is made up of seventy-seven patrol precincts and is one of the oldest municipal police departments in the USA with around 55,000 employees; made up of around 36,000 sworn officers and 19,000 civilian staff. The wellbeing infrastructure within the NYPD is the closest support system to that of Victoria Police with an Employee Assistance Unit (EAU), Chaplaincy Unit and an internal Psychological Unit.

Employee Assistance Unit

The EAU is led by Lieutenant Janna Salisbury who was kind enough to give me some of her busy schedule at their relatively new premises in Lower Manhattan, only a few blocks from the 9/11 memorial. The EAU moved from its old location at police headquarters at 1 Police Plaza to its current location in a non-police building in June 2015, which Janna indicated has been such a positive move towards encouraging employees to seek assistance. Like many of the other police departments I visited during my research, the NYPD also believe that many police officers don’t seek assistance from support services if they are located on police premises as it increases anxiety, nervousness and apprehension.

The EAU is staffed by eleven sworn, two civilian and two administration staff who provide a 24 hour peer and critical incident support, as well as providing education about their

services to new recruits and existing staff. The Psychology Unit has four psychologists that respond to critical incidents and conduct fitness for duty assessments and fifteen who conduct recruit assessments. Psychological assistance is provided initially to employees through the Psychology Unit but any ongoing psychological services is provided through the EAP service, which is funded through the employees own personal health insurance, which in turn is funded by the NYPD. The EAU operates independently of the Psychology Unit both in response and work location as the Psychology Unit is located on the other side of New York City. From a response perspective, the EAU respond initially and make an assessment after providing peer support and psychological first aid to affected staff before deciding whether they require the attendance of the Psychology Unit. The main reason behind the separate response is the stigma associated with police officers seeing a psychologist and the benefits in police officers speaking initially to other police officers. The EAU divides its staff amongst the five boroughs in New York City to breed familiarity between employees and the EAU staff to encourage proactive contact between employees and the EAU.

The NYPD also has a 'firearms discharge' policy, similar to other officer involved shooting policy outlined previously in this document. Every officer that discharges their firearm is to be referred to one of the NYPD psychologist for a 'debriefing' in the immediate aftermath of the incident and the officer is also required to re-visit the psychologist for an assessment before they are allowed to return to full duties.

The EAU have a number of other initiatives that they utilise to promote their services and image amongst all NYPD staff. They attend an arranged family day at the training academy where they speak to family members of recruits and hand-out various forms of advertising material such as mouse pads, pens, note pads, key tags and brochures advertising their services so that officers' family members are aware of their existence and what supports are offered. The mouse pads have been forward to all workplaces within the NYPD and the Chief of Police made it compulsory for key tags to be fitted and stay fitted to every set of car keys issued within the NYPD.



Mouse Pad



Key Tag

Every employee in the NYPD is personally issued with Apple iPhones, which come with EAU branding and contact phone number on the phone's home screen as well as wellbeing applications being permanently installed within the phone. The EAU also attends and speaks to every newly appointed commanding officer (senior sergeant equivalent in Victoria Police) about the expectations they have of the new manager from a staff wellbeing perspective and to educate them on the services provided by the EAU.

There is no formal retired officer process or program in place, although retired officers can still access the services of the EAU.

Chaplaincy Unit

After negotiating the heavy security at the entrance to NYPD headquarters I spent some time with Lieutenant Steven Jerome and Monsignor Robert Romano of the NYPD Chaplaincy Unit. Steven is the Commanding Officer and Monsignor Romano is the Assistant Chief Chaplain. The Chaplaincy Unit is staffed by twelve chaplains who represent many different religious denominations and provide NYPD employees with spiritual assistance, moral guidance and confidential counselling. They assist with recruit graduations, weddings, baptisms and ceremonial occasions as well as present to recruits on their services during the training phase at the academy. There is a chaplain on call every night in New York City to assist the EAU when responding to a critical incident or if an employee requires individual chaplaincy assistance. Chaplaincy works alongside and with the Self Support Unit who provide assistance to employees after injury or disease and the Employee Relations Unit who provide assistance to families with concerns or at times

around the death of employees.

The Chaplaincy Unit utilises surveys completed by recruits as they enter the academy around their religion to establish what denomination of chaplains need to be employed. All new chaplains are hired by the mayor and/or governor of New York City, although the interviews are conducted by the Chaplaincy Unit.

Police Organization Providing Peer Assistance

Police Organization Providing Peer Assistance (POPPA) is a volunteer organisation that provides 24/7 confidential, safe and supportive environment to both serving and retired NYPD police officers. I was lucky enough to spend a few hours with POPPA's Director Mr. John Petrullo, who is a retired twenty year NYPD detective. POPPA was established in 1996 after there were twenty-six police officer suicides in 1994-5 and today it provides intervention, prevention, self-care and resiliency services through its peer support and clinical referral network. There are approximately 200 active and retired peer support officers who volunteer their time along with a network of around 120 clinicians who provide assistance to officer referrals. Of the 200 peer support officers, seventy-five of them are retired officers and they all undergo eight days of training before they are qualified to support officers. The NYPD Command Team is extremely supportive of POPPA and allows active officers completing this training to do so 'on duty'. POPPA receives approximately 400-425 calls for assistance every year and most of these calls are because the officer doesn't trust the NYPD with their privacy and they are also apprehensive in asking for assistance from the EAU as they may lose their firearm and therefore be made non-operational. The calling officer is also confident that when they call POPPA they will be able to speak to a current serving or retired police officer. POPPA is also located in a non-police building and Mr. Petrullo says that it is vital to maximise the help seeking opportunities for officers.

POPPA has a Trauma Response Team (TRT) that is staffed by two peers each day who respond to any incident where there is a fatal injury, an officer involved shooting, a police suicide or any gruesome scene. They have an arrangement with the Operations Centre that POPPA is to be notified whenever an incident fitting the criteria is filled. They also provide a 24/7 hotline and suicide prevention line manned by a peer support officer. Although not

part of the NYPD, POPPA shares an excellent relationship with them and is allowed to present at the police academy, all promotional programs, executive level training as well as being allowed to post all promotional material (posters, business cards) in stations and precincts. They also contact and speak to all returning officers from military deployment.



Mr. John Petrullo

POPPA works closely and well with the EAU, a relationship that hasn't always been positive. Both units assist each other and work together to ensure the best possible outcome for the injured employee.

During the 9/11 tragedy, POPPA deployed their peer support officers to walk around 'Ground Zero' to speak to all police officers on duty. In the one to three years post 9/11, POPPA was receiving around 1,700 calls per year and conducted numerous group debriefings. POPPA also sends their peer support officers to critical incidents around the USA, such as the Boston bombing and the Montecito mudslide, to assist local wellbeing work units.

Ottawa, Canada

Ottawa is the capital city of Canada and essentially is policed by three main police organisations. The Ottawa Police Service (OPS) is the main law enforcement agency in Ottawa with the Royal Canadian Mounted Police (RCMP) responsible for policing the parliamentary district and the Ottawa Provincial Police policing the main provincial highways. The OPS has a strength of around 1,400 sworn officers and 600 civilian employees. My research led me to Ottawa because the province of Ontario is one of the

first places in the world to introduce presumptive legislation for PTSD amongst first responders. In other words, when a first responder lodges a workers compensation claim for PTSD, the legislation mandates that the injury was caused by the workplace until proven otherwise by the insurer. This allows the worker to receive immediate treatment for their PTSD without having to wait for the result of independent medical examinations or interviews with insurance investigators. The main benefits with presumptive legislation are quicker returns to good health and work along with the financial benefits from an insurance perspective. This legislation was introduced in April 2016.

Ottawa Police Service – Wellness Unit

My host for the week, Sergeant Brent MacIntyre (right), is a newly appointed Peer Support Coordinator within the OPS Wellness Unit. The Wellness Unit was only formed in May 2017 and along with Brent there is another sergeant as well as, Director Angela Slobodian. During my time in Ottawa, Brent was busy recruiting their first thirty new peer support officers, who were due to commence in their roles in early July 2018. Amongst the thirty peer support roles were twenty sworn officers, five civilian



employees and five family members. The Wellness Unit provides 24/7 assistance and support to all employees of the OPS as well as their family members. They also provide an EAP service, which is self-activated by the employee via the OPS intranet page and each employee is provided with seven to eight sessions with a clinician. Further visits are provided free of charge if required. This service is also made available to retired officers, family members and all dependents, regardless of their age. There is no specific program designed to assist officers who have retired or resigned. There is no formalised training provided for recruits or staff around mental health and general wellbeing. The Wellness Unit's office is located in an office building not attached to or identified as a police building and Director Slobodian says, *"I do think having separation is important as it provides a sense of anonymity for the member."* She goes on to say, *"It is secluded enough and away from the usual traffic at other sites that folks will feel comfortable."*

Although the OPS don't have their own psychology unit they have between twenty to

twenty-five psychologists at their disposal that are assessed and vetted by the OPS. These psychologists are not employed by OPS and are not available 24/7 as they are employed elsewhere, but they could utilise a few of them in an on call basis if needed. They have three part time chaplains, although at the time of my visit, only one was active. Apart from his role of assisting employees in a wellbeing setting, the chaplain assists with weddings, police funerals and baptisms.

Matt Skof - Ottawa Police Association

The Ottawa Police Association was pivotal in the campaigning for the implementation of the presumptive legislation, which was tabled in April 2016. I spent some time with their President, Matt Skof who indicated that they were heavily involved in discussion with the then Liberal government after firefighters had earlier secured presumptive PTSD legislation for themselves. PTSD was chosen as the only mental illness covered by this new legislation as it was seen as the easier mental illness to diagnose as a workplace injury, although it requires a higher level of diagnosis compared to other mental illnesses. The diagnosis must be made by either a psychologist or psychiatrist and there are no time limitations in regards to the diagnosis. Once the claim has been lodged and approved by the Workplace Safety and Insurance Board (WSIB) the employee gains access to all additional services to commence treatment for their illness under financial cover from the WSIB.

Since the legislation was tabled, there was an increase of 850% in reportable workers compensation claims for PTSD in 2016 (19) when compared to those lodged in 2015 (2) and a further 5% increase in 2017(21) when compared to 2016. Experiences by officers who have lodged claims since the legislation came into effect has clearly outlined a significantly less onerous process and a definite decrease in the anxiety and stress suffered by employees going through the claim process. These experiences have been reported to the Association by many injured workers utilising the new system. The legislation has also resulted in a significant time and cost savings through less advocacy work by the Association when representing employees to navigate the WSIB process. Matt indicated that by far the most positive improvement since the introduction of the legislation has been the experience for injured employees and the feeling of being supported by the Ottawa Police Service. They feel that they are being supported to do their job and if they exposed

to trauma that results in them being diagnosed with PTSD, then their claim is immediately supported and approved, which provides the earliest possible intervention. This no doubt will result in a faster return to good health and a quicker return to work. The Association was not in a position to provide me with any data since the commencement of the legislation around return to work or cost savings due to the infancy of its implementation. Obviously Matt and his team are extremely positive about the presumptive legislation and advocate its purpose and implementation.

Deputy Chief Steve Bell - Ottawa Police Service

At the time of my visit, Deputy Chief Steve Bell held the portfolio for Support Services and Planning and played a significant role in the wellness strategy. He indicated that prior to the Wellness Unit being established in May 2017, there was no support provided to employees around welfare and wellbeing.

When we discussed the presumptive legislation, Mr. Bell indicated that there has been an increase in costs since its implementation due to the greater number of claims being submitted. He also indicated that OPS command expected this and were prepared for it. He said that OPS were now paying 33% more per dollar for each claim to the insurers since the implementation of the legislation. In other words, for every \$1 in a claim the OPS were paying the insurers \$1.33.

Even in light of the OPS paying additional costs as a result of the presumptive legislation, Deputy Chief Bell said it has been great for all employees as it showed excellent support by the OPS towards its staff as well as providing all staff with greater confidence that they will return to better health and work earlier. Unfortunately, due to the infancy of the legislation, OPS were not in a position to provide me with any data surrounding return to work timeframes or costs savings from a claim perspective.

Yasir Naqvi - Attorney General of Ontario

At the time of visiting, Mr. Naqvi he held the position of Ontario's Attorney General, but at the time of the presumptive legislation being implemented he was the Liberal Government Minister for Community Safety and Correctional Services, hence was the Minister

responsible for its implementation.



From the outset of our meeting, Mr. Naqvi (left) made it clear to me that his government's decision to introduce the presumptive legislation for police and other first responders was *'the right thing to do'* as a government. He outlined that presumptive legislation was already in place for cancer in fire fighters and war cancers in military personnel, so it was only fair that it be implemented for PTSD in first responders. The other impact that influenced his government's thinking around the introduction of presumptive legislation was the increase and prevalence of police officers committing suicide and the toll it was taking on the Ottawa Police Service, the police officer's family and the community.

Mr. Naqvi created a working party so he and his government could understand PTSD and PTSD diagnosis and many first responders were included in the working party. It was through this working party that he gained a better understanding of the impact PTSD was having on police employees and their families. Although Mr. Naqvi was acutely aware of the financial cost the legislation was going to have on his government, he said that morality took over from the potential financial burden. He said the visible impact on the day the Bill passed in parliament was amazing, with many first responders openly crying and overcome with emotion in the house.

Unfortunately my time with Mr. Naqvi was cut short due to his extremely busy pre-election schedule, which was only about six weeks away.

Dr. Neda Amani, MD. - The Real You

The Real You[5] is a not for profit health and wellness program that was founded by Dr. Neda Amani, MD. in 2003 in an effort to improve patients health through changes to their nutrition and lifestyle choices. Dr. Amani is the CEO (Chief Executive Officer) and founder of *The Real You* and says, *"Our program has shown that it is possible to tackle mental health and chronic diseases by improving diet, increasing exercise, enhancing mindfulness, and*

changing the way people think.”

Our mission is to provide a multidisciplinary approach to preventative and holistic healthcare. Our vision is to educate and empower individuals to live with optimal health and fulfill their highest potential.

(The Real You Mission Statement & Vision)

The program offers a number of different medical disciplines to their clients who all work together as team to achieve disease prevention and health promotion. *The Real You* team consists of doctors, a clinical psychologist, a naturopath, a physiotherapist, a fitness trainer, a massage therapist and yoga education and training. Clients get access to all of these services throughout the duration of the program.



Dr. Amani (left) explained that *The Real You* has been working exclusively with the Ottawa Police Service since 2007 and in 2016, signed a five year contract with the OPS to provide the program to 200 employees a year for the term of the contract. The program runs for eighteen months at a cost of approximately \$8,800 (AUD) per employee, which provides of the services offered by *The Real You*. Of this cost, \$4,500 is paid by the OPS and the remaining \$3,300 is paid for by the employee’s health insurance, which is covered by the OPS. Apart from the services provided by *The Real You* program, the current contract with the OPS includes numerous wellness services available to all employees, including workshops and presentations on healthy living (fitness, nutrition etc). The program is also involved with a number of executive command and senior civilian employees regarding an overall wellness strategy and any health issues/challenges facing the OPS. OPS employees need to be referred to the program either through the OPS Wellness Unit or the Health & Safety Officer.

In 2016, an external and independent evaluation was conducted by *The Real You* into its work and the value of the program with the OPS from 2011-2014 [6]. It was after these

results were published that the OPS decided to enter into the five year contract. The results were obtained after participants, OPS leadership and *The Real You* team members were all interviewed and asked the following questions.

1. *“How would you rate your health and wellbeing in the following areas now when compared to when you started The Real You program?”*

- 87% as having much better or better eating habits/nutrition
- 70% as having much better or better strength of muscles and bones
- 69% as having much better or better energy levels
- 68% as having much better or better body fat/weight
- 56% as having much better or better mood
- 52% as having much better or better dealing with stress
- 49% as having much better or better sleep
- 47% as having much better or better self-esteem/confidence
- 45% as having much better or better pain in joints, muscles and headaches
- 44% as having much better or better blood pressure
- 37% as having much better or better alcohol consumption

2. *“How would you rate your general state of physical and emotional health now compared to when you started the Real You program?” (0 being poor health, 10 being excellent health)*

At the start of the program:

- 52% rated 0-6/10
- 48% rated 7-10/10

At the end of the program:

- 6% rated 0-6/10
- 94% rated 7-10/10

3. *“To what extent do you agree/disagree that changes you have made have also changed the attitudes and behaviours of other people that you know?”*

- Of your family: 66% stated strongly agree or agree
- Of your OPS colleagues: 46% stated strongly agree or agree

- Of your friends: 38% stated strongly agree or agree

Other improvements *The Real You* program ascertained from this evaluation were:

- Participants stated a 60% increase in engagement, productivity and reduced absenteeism at work
- Participants also report a 50% reduction in workplace conflict.

These results clearly outline some significant benefits for an employer and its employees and as such the OPS decided to invest in the program long term. Dr. Amani is very proud of the programs results and the positive impact it's had on the OPS.

London, England

London is the capital city of England and the United Kingdom with a population of around 8.8 million people. London is policed by two different policing organisations, the Metropolitan Police Service (MPS) and the London Police Service. The London Police Service is responsible for policing the City of London, which is only about 2.8 square kilometres in size, with strength of around 1,084 employees. The MPS on the other hand is responsible for policing the area of Greater London, which is divided into thirty-two boroughs and covers an area of around 1,600 square kilometres with approximately 31,000 sworn officers and just over 18,000 civilian staff, community support officers, volunteers and special constables.

Eleck Dodson - Metropolitan Police Service Occupational Health



Mr. Dodson (left) is a civilian employee of the MPS and the manager of their Occupational Health Services. He is responsible for managing Optima Health, an external provider who provides MPS employees with health services. All employees access both physical and psychological services through Occupation Health Services as the MPS does not have a formal welfare or wellbeing unit, peer support program or EAP service. Some boroughs have started their own welfare units but they are

not supported in anyway by the MPS.

If an employee requires counselling or psychological services they can access up to ten free sessions through Occupational Health Services before a re-assessment is conducted if the employee wishes to have more sessions. However, very rarely do employees contact Mr. Dodson's work unit to obtain these services as they are required to report any employee to MPS Command if they do so. Therefore, the threat of being reported to Command creates a reluctance to ask for assistance as they will be removed from operational duties so the employee most often will opt to access these services themselves privately or through the Police Dependents' Trust (see coming pages). The MPS does not provide any support for the families of employees.

My research was unable to find any workers compensation scheme that supports MPS employees if they require time off or payment for injuries, whether physical or psychological, as a result of their work. If an employee is injured, they can apply to the MPS for assistance financially in a similar fashion to workers compensation but the cover only lasts for the first twelve months. Once the employee's application has been approved, the MPS will then pay the employee's salary at 100% for the first six months, 50% for the second six month period and if further time off is required past twelve months, the employee does not receive salary payments until they return to work. Once again, the employee would need to apply to the Police Dependents' Trust for financial assistance or otherwise remain unpaid.

Gill Scott-Moore - Police Dependents' Trust

The Police Dependents' Trust (PDT) was set up 1966 after the murder of three police officers and has been operating since then to provide confidential financial, practical and emotional support for all serving and former police officers, civilian staff and their families who have suffered harm as a result of their policing role. The harm can be both physical and psychological and the PDT relies solely on funding from donations and fundraising from the general public. Each year, the PDT needs to raise around \$4.5 million to continue supporting officers and their families and since its inception it had assisted around seven thousand beneficiaries to the value of \$81 million.



CEO Gill Scott-Moore (left) outlined how the PDT supports forty-eight police forces across England, Scotland, Wales and Northern Ireland. During 2017 the PDT were able to generate over \$3 million in income. In the past two years, Gill has been trying to move the PDT into becoming a more proactive organisation and providing assistance earlier to prevent an issue growing instead of purely operating similar to a benevolent fund. The PDT has recently embarked on a campaign to improve their brand and image through education and awareness right across the United Kingdom, which has resulted in increased activity for them.

Employees must register with the PDT to be eligible for assistance. Once registered, assistance is provided through application by themselves, a work colleague or a family member. The assistance is applicable to police officers' family in the case of their death or incapacitation caused during the execution of their duty or for a police officer themselves if they are incapacitated as a result of an on-duty incident. A family member includes a spouse, partner, and children but can also include elderly parents, other relatives, foster/adoptive and step children. In the case of a request for psychological support, a referral must accompany any request from a clinician that confirms the psychological injury and that the injury has been sustained from the workplace. Apart from the financial and psychological support, other supports provided maybe relationship issues, addiction advice, financial difficulties, and support for education for children such as the payment of school or university fees in certain circumstances. The PDT has also provided financial assistance to officers to be re-trained or qualified in another field or occupation if as a result of their injury they are unable to remain within policing. As mentioned earlier, the PDT provides financial support to those employees who are off work on workers compensation and reach the time threshold that affects their salary. This type of assistance might be to help the officer with the paying of medical bills or mortgage installments.

From a psychological injury perspective, the PDT can provide financial assistance to provide support for further support sessions with a counsellor or clinician if they utilise their allocated allotment through their department. The PDT can also provide employees with funding for specialist clinical support as Occupational Health Services only provides

for basic counselling. The PDT also allocates financial payments to police departments through grants to assist them with wellbeing initiatives and have done so recently ranging from \$5,000 through to \$270,000 (AUD).

Manchester, England

The city of Manchester is approximately 335 kilometres north-west of London and has a population of just over half a million people. Greater Manchester Police (GMP) are responsible for policing the city and surrounds and have a workforce of around 6,300 sworn officers, 1,100 volunteer and community support officers and just under 3,000 civilian staff. I was interested in the GMP wellbeing response to the 2017 Manchester Arena terrorist suicide bombing where twenty-two innocent people were killed. In addition, I was also interested in their general wellbeing and welfare infrastructure.

Greater Manchester Police Welfare & Wellbeing Unit



I had an opportunity to meet with Julie Warren (left), who is the manager of the Occupational Health and Welfare and Janet Campbell-Smith (right) who is the manager of Wellbeing Services. Their office is located in an unidentified building at the rear of the Sedgley Park Training School in Manchester and the two units have different responsibilities when it comes to welfare and wellbeing.

The Occupational Health and Welfare team is set-up to provide assistance to staff in relation to on-duty related physical injuries and illness only after being referred by line management of the injured employee. The team consists of a physiotherapist, doctors and a clinical nurse and they assist with medical assessments of recruits and Hepatitis B injuries. The Wellbeing team, which only commenced in August 2017 (three months after the Manchester Arena bombing), is staffed with three fulltime civilian welfare officers; a registered mental health nurse to triage management initiated psychological referrals and a part time psychologist and psychiatrist. One of the wellbeing staff is on call overnight and they respond if required to a critical incident or if a member is in crisis. Like Victoria Police Wellbeing Services, they never respond directly to the scene and their main role initially to

administer psychological first aid to the injured employee. Psychological injury assistance is only provided to employees by the wellbeing team for injuries sustained whilst on duty. There is no assistance provided to employees who sustain psychological injuries or illnesses off duty. There is no assistance or support provided to family members of employees.

Three welfare officers are trained counsellors and provide support and assistance to the employees themselves and if clinical support is required, the employee makes an appointment with the EAP contracted to the GMP. Non-psychological matters such as addiction, personal issues, financial or legal advice are also provided by the EAP.

These welfare officers also work with wellbeing liaison officers that have been allocated to each of the seven police regions within the GMP. These liaison officers act as a conduit between their respective regions and the Wellbeing and Welfare teams by supporting the management teams and Command within their regions. Apart from a one hour session during the twenty week recruit program, there is no mental health training or education provided to employees.

Within two to three hours of the deadly Manchester Arena attack, Welfare was notified and activated where initially up to 600 officers required assistance but eventually nearly 1,000 officers needed to be spoken to. To assist with this task, five EAP staff was requested to assist, but a decision was made that they were not going to 'ambulance chase' employees and would rely on management or employees making referrals. As a result, only sixty to seventy employees were identified and spoken to. The majority of the support was provided to attending officers by the GMP Federation and not by the GMP.

The GMP has no formalised support program designed to provide assistance to retired or resigned employees.

Sergeant Martin Lally - Greater Manchester Police Federation

The Greater Manchester Police Federation is the staff association that represents the sworn officers making up the GMP. They have around seventy representatives who

perform various roles to assist and represent the officers in areas such as legal, discipline and health and safety. Sergeant Martin Lally is the Lead of the Health and Safety portfolio and has been a part of the Federation team since 2014. He joined GMP in 2002 and spent fifteen years in an operational role at Bolton. Martin is a coordinator and trainer of the Trauma Risk Management (TRiM) peer support focused system that is designed to assist those exposed to traumatic events.

Martin (right) was good enough to spend some time with me to outline the support provided to GMP officers by Federation, as well as the specific wellbeing response to those involved in the Manchester Arena tragedy.



With the GMP Wellbeing team only being established in August 2017, the GMP Federation was the only provider of psychological wellbeing support to GMP employees who had been exposed to traumatic events. In 2016, the GMP Federation started offering trauma support through utilising the TRiM process, although as a process, it has been used widely since the 1990's. The GMP Federation decided to invest in the TRiM process to support and protect the employees as there was no psychological support infrastructure provided by the GMP Department. TRiM as a process, is there to provide support for those exposed to events such as those involving serious injury, death or traumatic scenes and is used by twenty-three different police forces across the United Kingdom. As a trainer, Martin is involved in speaking about TRiM and its process and benefits at the training academy to the recruits as well as participants on promotional courses. TRiM is utilised for both sworn and civilian staff and there are currently thirty-one trained TRiM practitioners within the GMP. Although not facilitated by the GMP Department, it is becoming more and more widely utilised especially after its success in the aftermath of the Manchester Arena bombing. TRiM practitioners, although qualified in facilitating the TRiM process, are not welfare or wellbeing experts, counsellors, doctors or mental health professionals. They are colleagues or peers who are trained to understand the effects that traumatic events have on people and who understand the importance of confidentiality. They need to be good listeners and communicators that allow them to offer practical advice and assistance.

The TRiM process can be facilitated in an individual or group setting and ideally takes place

forty-eight hours after the traumatic event. The first forty-eight hour period immediately after the event is utilised as a planning and briefing phase where potentially affected employees are identified and contacted for the purposes of undergoing the TRiM process. The idea behind TRiM is for the practitioner to find out how the employee is coping with an event by conducting an assessment through a face to face discussion where risk factors and behaviours, access to social supports, use of alcohol and drugs, sleep patterns, historical trauma or life stressors, acute stress reactions are explored and discussed. At the completion of the assessment the aim is for the practitioner to arrange any assistance and support for the employee that they may require to deal with their health concerns. That may be in the form of referrals to trauma based clinicians, counselling services, internal support services such as wellbeing work units or simply providing information about normal and natural reactions to traumatic events and to discuss coping strategies. Another important component of the TRiM process is a follow-up interview and assessment one month after the event to establish how the employee is coping and whether there are any other interventions required. The action implemented after the initial interview and assessment is vital to ensure early intervention.

In the aftermath of the Manchester Arena bombing in May 2017, TRiM was utilised as the main wellbeing response to support all of those employees exposed to the event. Of the 1,089 GMP employees identified, 189 were identified and consented to undergo the TRiM process, which was facilitated by nine TRiM practitioners. Although the GMP Wellbeing team hadn't been formed by this time, the on-call GMP Welfare Unit was notified and assisted by establishing a welfare hub and arranged the assistance of the EAP provider. GMP Welfare also assisted in the TRiM briefing process and had approximately sixty-seventy employees referred to them as a result of the TRiM assessment process. The Welfare team decided that they weren't going to proactively contact employees outside of these referrals and relied on line managers or the employees themselves to make contact with them if they needed assistance. From his involvement in the Manchester Arena bombing, Martin estimated around a 90% success rate with TRiM for those employees who underwent the process. He credits a lot of its success due to it being a peer based system and the fact that employees are dealing with and speaking to their peers and that "*cops just simply like it.*" Since its success in the aftermath of the Manchester Arena bombing, Martin has seen an extensive increase in the number of TRiM activations within GMP. He has no

doubt that this is due to employees seeing the evidence of the system working and it's tried and tested. Its popularity can also be seen by the increase in the number of TRiM practitioners since the bombing. At the time of my visit to Manchester there were thirty-one practitioners compared to nine at the time of the bombing. Although extremely positive about the role TRiM plays in trauma response, Martin does acknowledge that there are currently still some negatives. Those negatives include educating GMP employees about TRiM and that there is no national agreement in the United Kingdom around its use. These negatives he hopes will disappear as it becomes more widely used and knowledge around its purposes becomes more common.

Oscar Kilo

Oscar Kilo [7] was launched in 2017 and is a consultancy service for police departments within the UK. It provides an evidence based guide and resources to deliver first class support to staff. Although initially designed for police, it is also now being utilised for all other emergency services.



Dr Ian Hesketh (left) at the time of our meeting was a sworn police officer with the Lancashire Police Department but on secondment to the College of Policing as a Senior Policy Advisor. Dr. Hesketh developed the Blue Light Wellbeing Framework [8] for Oscar Kilo, which assist emergency service organisations invest in the wellbeing of their staff. Jenna Flanagan (above) is Oscar Kilo's Coordinator and in charge of communications and engagement and its communication and strategy.

Oscar Kilo was developed to provide a platform for employers to share learnings and best practice in relation to wellbeing, encouraging everyone to invest in their own staff utilising other initiatives and tools. By signing up to Oscar Kilo, organisations are issued with a secure login to the Oscar Kilo website that allows you to complete an online assessment aligned with the Blue Light Wellbeing Framework. This framework is a statement of intent that shows your organisations commitment to the health and wellbeing of your staff. On completion, organisations have the ability to audit and benchmark themselves against a set of standards tailored to your organisational needs as well as identifying any gaps that may

be in place preventing the best wellbeing function for their employees.

"Our mission is to be the home of the evidence base and best practice for emergency services wellbeing."

(Oscar Kilo Mission Statement)

Once an organisation has completed a plan under the Blue Light Wellbeing Framework it can be submitted to Oscar Kilo who arranges for it to be peer reviewed by another police department. Once adopted, the framework provides a clear structure that can guide organisations into developing clear strategies and plans to ensure wellbeing becomes business as usual. As well as having access to the Blue Light Wellbeing Framework, organisations have access through the Oscar Kilo website to publications such as strategic and tactical planning templates, psychological risk management guides, responding to trauma guide and real story animations.

Oscar Kilo was initiated to provide departments with structure and direction in relation to the wellbeing of their employees as most didn't have such initiatives or processes. Each police department has now signed up to Oscar Kilo and has a nominated champion that liaises with and works with Oscar Kilo.

Sergeant Stuart Charlesworth – Greater Manchester Police



Sergeant Charlesworth (left) has been a sworn officer with the GMP Department for twenty-three years, ten years of that as an operational sergeant. In September 2012 Stuart's shift started like any other and he briefed his staff for the shift ahead. At around 11.00am, two of his staff, Constables Nicola Hughes and Fiona Bone, were brutally murdered as they attended a routine call for assistance at a private premise in Mottram, Manchester.

Both policewomen were shot multiple times as they approached the house and then further injured when a hand grenade was thrown at them whilst they lay injured from the gunshots. Stuart was the first police officer on the scene.

Due to a perception by Stuart of a lack of support from his managers and other workplace issues, he didn't seek assistance for his own mental health until June 2016. By September 2016, Stuart was diagnosed with PTSD. The symptoms and behaviours Stuart was dealing with leading up to his diagnosis were; increased anxiety and emotional arousal, difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and feeling jumpy and easily startled. Initially, he only took a couple of weeks off work because isolation at that stage was an issue for him so he returned to work without seeking assistance for his health. Stuart outlined how after the incident, he was more concerned with looking after his staff than looking after himself because he thought that was his role as their sergeant. There was no welfare assistance or support provided to Stuart on the day of this incident and he's still not sure whether a formal process would have been beneficial. However, he insists that if he was provided with at least some information about normal reactions he may experience, coping strategies or perhaps even information for his family members, then the path his health took may well have been different. Once diagnosed, Stuart said he was initially embarrassed but once he identified what was causing his health and lifestyle issues, it enabled him to work towards addressing the illness.

Due to a change in management at some stage post the incident, Stuart found his health took a positive turn due to the excellent support he received. The support completely changed his mind set and outlook resulting in him self-referring to the GMP Occupational Health Unit. He made a point of indicating that his move in self-referring to the Occupational Health Unit was also assisted by the fact that the unit works out of an unidentified police building and in fact he stated he would not have sought their assistance, had he been required to go into a police building. He believes this is vital when encouraging police employees to seek help, in particular sworn officers, that they are provided with a confidential environment to visit where they will avoid potential identification and embarrassment.

The attributes Stuart's new inspector possessed that made him feel more supported and led to him feeling more comfortable in seeking help. This included an ability to have regular conversations with him that resulted in them being normalised, maintaining frequent contact with him even when he was away from the workplace, facilitating roster

changes to allow medical or clinical appointments without being questioned, no intrusive explanations as to why he needed to take sick leave, which all provided an environment that allowed Stuart to not have any concerns about what he said in the workplace in front of his colleagues around his illness. Stuart credits his inspector for his health being where it is today.

Stuart's health is now at a point where he is called upon regularly to deliver presentations to his colleagues across GMP about his incident, including to command. He promotes the importance of early help seeking and the role support from managers' play in the recovery process. A number of employees have contacted Stuart after they have seen his presentation and advised him it resulted in them seeking successful assistance for their illness. Although TRiM wasn't available to Stuart at the time of his incident he believes that it would have been just what he needed.

Police Treatment Centre – Harrogate

Although not initially part of my itinerary, it was suggested to me by numerous police officers in Manchester that I needed to visit the Police Treatment Centre (PTC) in Harrogate, Yorkshire. I was able to find some spare time in my schedule and I'm so glad I did. Not only was the drive from Manchester to Harrogate full of beautiful English scenery and countryside, but the facility itself was amazing. This facility has been a convalescent home for police officers since 1897 and is still on the same site today. Today there is a second PTC, located in Castlebrae, Scotland.



Police Treatment Centre - Harrogate



Chief Executive Officer of the PTC, Patrick Cairns (left), was kind enough to offer me an opportunity to spend some time at the PTC, including an overnight stay. The PTC offers paying current sworn officers the opportunity to attend and participate in either a two week intensive physical/physiotherapy or a psychological treatment

program. Retired officers are only able to participate in an abridged physical program at this stage, but work is being done currently around a retired officer psychological wellbeing program. To participate in these programs, officers are required to contribute through payroll deductions on a monthly basis of around \$14 for serving officers and \$5 for retired officers. If an officer is not contributing and wishes to utilise either program, they can do so by either paying upfront around \$900 and get immediate attendance or elect to pay twelve individual monthly contributions and wait until those payments have been made before being able to use the facility. Generally, an officer is entitled to one attendance per twelve month period unless a second visit is required under medical or clinical advice. During 2017, each facility had around 3,500 officers attend the programs, although there has been a significant increase in the attendee numbers over the past couple of years at the psychological program. In 2015 only 5% of the total attendees were to the psychological program but in 2017 that number jumped to 25%. Due to the increasing popularity of the psychological program a more structured wellbeing program commenced in April 2016. Officers can attend the PTC for injuries that occur on or off duty

When attending the facility, attendees are provided with either single or double rooms and all meals are provided by in-house catering staff and all medical, clinical and wellbeing supports and services are included. Attendees can have their partners join them over the weekend and child minding facilities are also provided in a separate building but a carer must be provided by the attendee. Rooms that are vacant on weekends are available for use by other officers and their families as bed and breakfast type accommodation and assists with financial costs incurred in running the PTC. It costs around \$7.1 million (AUD) to fund the PTC each year and 90% of this cost is drawn from the monthly contributions of officers. A significant amount of the income comes from donations and sponsorship.

The PTC is equipped with an indoor heated swimming pool, a hydrotherapy pool, fully equipped gym and spin cycle room. There is also a physiotherapy room, an outdoor tennis court, gym, sports hall and billiard room.



During my stay at the PTC, I met with Mark Oxley, (left) the facilities Clinical Manager and Head Nurse Helen Birks (left) who both work within the psychological wellbeing program. There is a wellbeing program commencing every Monday that runs for ten days with ten participants per program. Initially there were eight participants but that number as increased to ten due to the increasing popularity of the program. The program runs all year except for the two weeks over the Christmas and New

Year period and there was a waiting list at the time of my visit of around five weeks in Harrogate and two weeks in Scotland. During the two weeks, attendees on the psychological wellbeing program participate in the following sessions;

- Stress awareness
- Relaxation
- Yoga
- Coping strategies,
- Tai Chi
- Mindfulness
- Sleep workshop
- Box Fit
- Essential oil workshop
- Nutrition for wellbeing
- Resilience
- Counselling
- Individual therapy session
- Walking
- Allocated spare time to utilise PTC facilities (pool, gym, tennis etc)

To attend the psychological wellbeing program attendees must have a medical referral from their doctor, clinician or departmental Occupational Health Unit before they can apply for attendance. Once an application is received, the head nurse will call the officer and triage their application to assess their suitability for the program. The program is based around officers suffering from mild to moderate levels of stress and/or anxiety and not so much aimed at those suffering from PTSD. Officers with PTSD aren't excluded from attending, but their acceptance to attend will depend on results from the triage process.

During the triage process assessments are done with potential attendees against the Patient Health Questionnaire (PHQ) to assess their level of depression and the Generalized Anxiety Disorder (GAD) to assess their level of anxiety. These assessments are conducted on application, admission and discharge from the program and subsequently have provided some great feedback for the program around its usefulness and impact on the attendees' health as a result of their attendance at the program. The results from the triage questioning are compared to the PHQ & GAD table that determines their subsequent levels of depression and anxiety.

The table below outlines the average PHQ & GAD scores from 1,176 attendees at the PTC since this triage process began.

	Application	Admission	Discharge
PHQ	14.8	14.6	4.4
GAD	13.2	13.1	3.8

The tables below outline the different levels of both depression (PHQ) and anxiety (GAD) dependent on the patients score.

PHQ Score	Level of Depression
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

GAD Score	Level of Anxiety
0-5	None
6-10	Mild
11-15	Moderate
16-21	Severe

The data above paints a clear and positive picture on the benefits of officers attending the Psychological Wellbeing program at the PTC. It outlines both on application and admission,

after completing the PHQ and GAD assessments, officers on average are presenting with a moderate and in the case of depression almost to the moderately severe levels of depression and anxiety. After undertaking the Psychological Wellbeing program, officers are discharged with PHQ and GAD assessment scores that indicate they have no levels of depression and anxiety. At the time of my visit to the PTC, they were developing a six week discharge assessment to understand how an officers' health was longer term after they had exited the program. The success of the wellbeing program can also be indicated by the fact that of the 2,000 attendees only 20 or 1% have returned to undertake the program a second time.

Police departments have also started utilising the PTC for proactive wellbeing opportunities such as the Lancashire Police Department. They recently teamed up with the PTC to facilitate a one day 'Recharge Day' that each and every 4,000 of their staff must attend. For around \$55 (AUD) per employee they have sessions on coping strategies, stress awareness, sleep workshop, nutrition, relaxation, free time to make use of the pool, gym and other facilities as well as being provided lunch. At the time of my visit, the first 'Recharge Day' had just been completed and feedback was outstanding. What might seem to be an expensive venture initially I'm sure will in the end return savings both in their officers long term health and productivity as well as fiscally. The PTC has also just commenced offering workplaces the opportunity to participate in wellbeing weekends. Work units with up to ten participants can arrive at the PTC Friday afternoon and depart on Sunday afternoon for around \$2,700 (AUD) per group and choose to incorporate any of the sessions offered on the psychological Wellbeing program. The fee includes accommodation, all meals and full use of the PTC facilities.



Heated indoor pool



Spin cycle classroom

Mark and Helen said one of the best things about the PTC and its programs is that it is conducted in a controlled environment where the only people in attendance are fellow police officers and have the luxury and opportunity they all deserve.

Kent Police Counselling and Wellbeing Services

The final destination of my extraordinary Churchill Fellowship experience was the Kent Police Counselling and Wellbeing Services Unit. Like all other welfare or wellbeing units I visited throughout my fellowship, Kent's was located in an unmarked building. A Wellbeing Unit has been present in Kent for twenty-five to thirty years and historically staffed with two sworn police officers. The sworn officers were replaced with civilian staff once they retired.



Janine Jury (left) is the manager of Kent's Counselling and Wellbeing Services Unit and she works alongside six civilian staff that provide counselling and support to the 12,000 staff in both the Kent and Essex Police Departments. Each of the staff are qualified counsellors and wellbeing advisors and in the absence of an EAP, they provide counselling services to both sworn and civilian staff for a range of both on and off duty issues. There is no support or services provided to family members, except post a police shooting. The Counselling and Wellbeing Services Unit are extremely proactive and conduct training and educational presentations around mental health and trauma at the training academy as well as at promotional courses for sergeants and inspectors. They also present to high risk specialist units such as those dealing with child exploitation, crime scene unit, negotiators and the collision investigation unit. Over the past three years the unit has seen a steady increase in the number of referrals for assistance, which Janine says is pleasing to think that staff feel safer in asking for help. Referrals for Kent in the 2015/16 year were at 360, 457 in 2016/17 and 503 in 2017/18.

One of Janine's staff is an EMDR therapy practitioner and Janine is extremely positive about the way EMDR therapy assists people process and deal with single based and non-complex trauma. She said it trains the brain to think differently to process events clearly and

smoothly without traumatising the patient.

Up until 2008, Counselling and Wellbeing Services in Kent provided an on-call service to respond to critical incidents overnight, however that ceased when Kent and Essex started to utilise TRiM in 2005 as a peer based process to assist staff that had been exposed to trauma. There are 100 trained TRiM practitioners in the Kent Police Department with a mixture of both sworn and civilian staff and around sixty to seventy are active practitioners. Janine is the lead coordinator and TRiM is now utilised as their critical incident response tool.

Further Research (email, telephone and internet)

Stockton Police Department (USA) – Family Education

In 2017, the Stockton Police Department was the winner of the National Law Enforcement Officers - Officer Wellness Award [9]. A component of their winning entry surrounded mental health information sharing and education to family members of graduating officers at their graduation parade.

At graduation, the Police Chief and his wife meet each new officer and their loved ones where they are presented with a gift bag, which contains books that discuss the demands and stress of becoming a police officer.

Currently there is no educational or information session in Victoria Police that is designed to educate police employees' loved ones on the demands of becoming a police officer, both from a physical and psychological perspective. Loved ones more often than not will be the most likely person to notice changes in the behaviour of police employees due to the stressors and rigors of police work. Therefore, if they are educated in identifying these changes in behaviour and what the symptoms might be for psychological injuries, then it may assist the officer in seeking help earlier. I consider the graduation ceremony probably the most important and proudest moment for all police officers and most likely the only event in their policing career where their loved ones will be guaranteed to be present. It is also marks the beginning of their career so education at this time for their loved ones enables their health to be monitored from the outset.

British Columbia, Canada – Presumptive Legislation

After visiting Ottawa, Ontario to research presumptive legislation since its inception in April 2016, I became aware of further presumptive legislation being enacted in other parts of Canada around mental health injuries in policing. I made contact with Tom Stamatakis from the Vancouver Police Union who was kind enough to outline the new legislation in the province of British Columbia that was recently enacted in May 2018.

The main difference in the presumptive legislation in British Columbia, compared to Ottawa, is the type of psychological injuries it covers. You may recall that the legislation in Ontario only covered those employees that had been diagnosed with PTSD and no other psychological injuries. The new legislation in British Columbia covers all psychological injuries that arise from exposure to a traumatic event or cumulative exposure to traumatic events that an officer is exposed to while at work. Tom indicated that his team and the British Columbia Provincial Police Association started advocating for the presumptive legislation on the back of an increasing suicide rate amongst police officers as well as many officers being diagnosed but not covered by the insurers. This resulted in their health declining and going untreated. This transpired into officers not being able to perform their role at work along with other social impacts such as excessive alcohol consumption, substance abuse, domestic violence and financial issues. It also created an environment of non-help seeking because officers didn't want to go through the workers compensation process.

Initially Tom indicated that their government was hesitant to proceed with the legislation due to potential fiscal implications and the anticipated increase in numbers of workers compensation claims and the costs associated with medical and clinical treatment immediately upon a claim being lodged. This barrier was eventually broken down when government was able to see the benefits, both from a financial and resourcing perspective. Having healthy people at work far outweighed the costs of having officers off work for extended periods of time.

Presumptive legislation similar to that in British Columbia has also been enacted recently in the provinces of Alberta, Manitoba and Saskatchewan and all other provinces (five) are also in the process of enacting legislation. Due to the infancy of this legislation in provinces

across Canada, there is no data available yet to confirm any trends or results.

United Kingdom – National Association of Retired Police Officers

Apart from in the United Kingdom, I was unable to find any formal assistance and/or support programs for retired police officers during my fellowship. The National Association of Retired Police Officers (NARPO)[10] is an extensive organisation in England and Wales that represents over 89,000 retired police officers. It also supports police widows and widowers and has been operating since 1919, NARPO now has 108 branches across the country.

For a small annual fee of \$37 NARPO members have access to numerous services and up to date advice and support in many different areas. These include financial advice around pensions, all forms of insurance, legal services, wellbeing advice and information, holiday and travel deals, discounted vehicle purchases, membership information for various clubs and organisations, subscription to a regular newsletter and job opportunities that are frequently advertised on the NARPO website.

The wellbeing section of NARPO's website provides easy to navigate advice, information and links to a wellbeing toolkit, tips for beating smoking, mental health information, alcohol and sensible drinking advice. It also includes information on how to manage your stress, sleeping tips and advice, how to balance work and home life and links to the Police Treatment Centre and opportunities to attend the annual conference.

Victoria, Australia – Code 9 Private Facebook Group

Whilst away it became clear that all wellbeing support services within police departments were all located in unidentified buildings and not within police complexes. This is currently not the case with Victoria Police's Welfare Unit. To obtain the views and opinions from current serving and former Victoria Police members suffering a mental illness, I requested a poll be conducted on the private Facebook Group named 'Code 9.' This group has been set-up for serving and former police officers, professional firefighters, paramedics and 000 call takers to provide a safe online environment to discuss issues that are affecting them as a result of their mental illness. There are over 2,000 serving or former police

officers in the group. The question posed to serving and former police officers was; 'Would you be more likely to seek assistance from Police Welfare if they were located at?' The two options made available for those who wanted to respond were;

1. Welfare Office at a standalone location
2. Welfare Office in an identifiable police complex.

A total of 139 responses were recorded with 131 or 94.2% of those respondents indicating they were more likely to seek assistance if Police Welfare were in a standalone location. This result in isolation tends to confirm why all support services I visited during my fellowship are also located in a standalone unidentified building.

Conclusion

For over eight weeks, my Sir Winston Churchill Fellowship allowed me to travel to three countries, travel just over 42,000 kilometres, meet chiefs of police, sheriffs, an attorney general, a monsignor, chaplains, clinical experts, volunteers and some extraordinary and dedicated police officers who willingly and passionately gave me some of their precious time to outline and share with me some traumatic circumstances they had faced. Every single person I met has inspired me in some way to work towards creating a safer workplace in policing regarding mental health. Whether that be through improving or implementing better systems and/or processes, reducing the stigma of help seeking, conveying the importance of and facilitating early intervention, educating leaders and managers about the importance of normalising mental health conversations in the workplace or providing opportunities for best practice in treating those diagnosed with a workplace diagnosed mental illness.

I recall having a conversation with Victoria Police's Chief Commissioner Graham Ashton not long before I left about what I was expecting to find on my fellowship. Mr. Ashton did say to me, "*you never know Greg, you might be surprised and find that we are actually leading the way in a lot of areas.*" Little did I know at the time, Mr. Ashton would be correct when it came to wellbeing infrastructure by way of dedicated work units developed to support and assist all employees and their families. Apart from the NYPD, no police department came

even close to what Victoria Police has in this regard and they were all extremely jealous of the wellbeing infrastructure Victoria Police have. Departmental leaders were extremely fascinated in how progressive Victoria Police is in relation to its vision and forward planning through the Mental Health Review and corporate strategies such as the Mental Health Strategy and Wellbeing Action Plan. I did, however learn, that leaders and managers, particularly in the USA, possess the ability to normalise conversations around mental health in the workplace as well as appearing to have more personal investment in their staff. This creates an extremely positive environment to facilitate early intervention and promote help seeking. It also reduces the stigma around reporting mental illness in the workplace. I believe this is something that can be vastly improved on within Victoria Police.

Major conclusions that I have arrived at, which will be reflected in my recommendations are (in no particular order);

- EMDR therapy is an extremely affective clinical method of treating psychological trauma.
- The importance of wellbeing supports and services being located at premises that aren't identified or within police buildings. It can and most likely will increase help seeking and removes apprehension and embarrassment in attending these support services.
- Internal policy mandating psychologist visits by employees after certain critical incidents will both ensure staff receive the best possible support and information as well as contributing to the reduction of stigma in help seeking.
- Presumptive legislation for diagnosed mental illnesses caused by the workplace can result in earlier intervention by ensuring injured employees receive both prompt and appropriate clinical assistance as well as reducing the anxiety in employees as they attempt to navigate the insurance process, which often causes additional stressors. This process can ensure employees return to better health sooner and return to work quicker.
- A dedicated retreat or treatment centre, which provides employees with an opportunity to improve their health and wellbeing in an environment that is safe and comfortable.

- A simple family education model allows for the loved ones of police officers to be educated in identifying the signs and symptoms of a mental illness as well as assisting them in accessing support and services, thus facilitating earlier intervention.

Recommendations

The following recommendations are made as a result of my research and the information I gathered during my fellowship from other policing organisations. This research and information gathered is detailed throughout this report. They have been created based on what has been both successfully implemented and resulted in positive outcomes for both the individual and his or her employer. Each recommendation can be considered independently or as a series of recommendations. They are not solely directed at Victoria Police and can be considered as relevant to any emergency service or other organisation. I am happy to explore anything further through my contacts to assist an organisation in exploring either one or more of these recommendations or during its implementation. These recommendations are in no particular order.

Recommendation 1:

- Presumptive legislation to be considered for all diagnosed mental illnesses found to have been caused by the workplace, or from the attendance at either at a single traumatic event or due to the cumulative effect of attending numerous traumatic events. This legislation will provide accelerated and appropriate treatment for the employee and result in a quicker return to good health and the work.

Recommendation 2:

- Internal policy to be created to mandate visits to a psychologist in the event of an employee/s involvement in nominated critical incidents, such as an officer involved in a shooting, or their attendance at certain traumatic events. The policy could also allow activation by managers within any workplace in relation to their staff who are exposed to any traumatic event or incident that may cause psychological harm.

Recommendation 3:

- The establishment of a retreat (West Coast Post Trauma Retreat) or treatment centre type facility (Police Treatment Centre) where psychologically injured employees can attend to receive clinical treatment, peer support and education on their health, lifestyle, nutrition and mental health. This establishment needs to be safe, comfortable and confidential.

Recommendation 4:

- That Victoria Police Wellbeing Services and other relevant work units to be re-located into premises that aren't externally identified or within a police building or complex. This will reduce anxiety, apprehension and embarrassment of injured employees attending these support services and most likely will also reduce the stigma of help seeking and improve self-referral opportunities.

Recommendation 5:

- All internal police psychology staff to be trained in EMDR therapy to gain a better understanding of its function and application. This will also assist when they are providing advice and assistance to injured employees and arranging referrals to the EAP service.

Recommendation 6:

- Consideration for the implementation of a proactive health and wellbeing program, similar to or in fact utilising *The Real You* program. The detailed and published results of *The Real You* program aligned to the Ottawa Police Service clearly outline the benefits for both the employee and employer and highlight improvements in both the employee's health and lifestyle.

Recommendation 7:

- All newly promoted employees from the rank of sergeant and above to receive a specifically designed electronic information pack outlining their roles and responsibilities in relation to the health and wellbeing of themselves and their staff,

both in the field and in the office environment. This pack could include items such as relevant contact numbers, email and intranet/internet addresses and links, information brochures, guidelines and references and information from relevant external stakeholders.

Recommendation 8:

- Family education to be included during each graduation ceremony where a family member is presented with a gift bag that includes Dr Kevin Glimartin's book; Emotional Survival for Law Enforcement, other relevant publications and information around mental health and support services offered.

Recommendation 9:

- Consideration for Victoria Police to personally issue all employees with mobile telephones with relevant wellbeing applications and contact details of both internal and external support services. This will ensure that all employees will have access to these services 24/7.

Recommendation 10:

- Key tags be produced that list the contact details for Wellbeing Services and be made a mandatory accessory to every set of car keys issued to Victoria Police.

Recommendation 11:

- Victoria Police Wellbeing Services contact details to be prominently displayed on mouse pads issued to every workplace as well as on every computer home screen within Victoria Police.

Recommendation 12:

- All employees to be required to expend their long service leave within a nominated time frame from its accrual date. This is to ensure employees have regular time off from work in an attempt to improve their work-life balance.

Recommendation 13:

- Consideration for employees to be given the option to cash out a certain percentage or invest portions of their sick leave entitlement into health insurance premiums on retirement or when exiting from Victoria Police.

Recommendation 14:

- Facilitate a visit to Victoria Police by Chief of Police James Viadero and Officer William Chapman from the Newtown Police Department in the wake of their involvement in the Sandy Hook Elementary School shooting in 2012. The purpose of their visit would be to talk to Victoria Police employees about the importance of knowing your staff, why normalising conversations around mental health is important and how important the role of a leader or manager can be in reducing the stigma of help seeking in relation to mental illnesses. These presentations can be recorded and then utilised as an online education tool in future years.

Dissemination

This report will be disseminated as follows, but is in no way an exhaustive list.

- The Sir Winston Churchill Memorial Trust
- Victoria Police – Chief Commissioner Graham Ashton
- Victoria Police – Deputy Commissioner Wendy Steendam – Capability
- Victoria Police – Other Executive Command
- Victoria Police – Executive Director Gabrielle Reilly - Human Resource Department
- Victoria Police – Acting Director Amanda Smillie - Wellbeing Services
- Victoria Police – Mental Health Program Office
- The Police Association Victoria
- Australia New Zealand Policing Advisory Agency (ANZPAA)
- All Australian Police Departments (via ANZPAA)

References

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- 2 www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=130710
- 3 Gallagher Bassett Monthly Report for claims up to April 2017
- 4 www.drrobbie.org/?page_id=35
- 5 therealyou.ca/
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