



Griffith Criminology Institute

Director: Prof Janet Ransley

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Commission of Inquiry
into Queensland Police Service responses
to domestic and family violence

Expert report on police mental health and wellbeing

On behalf of Griffith University and the Griffith Criminology Institute, I am pleased to respond to your request for the provision of an expert report on police mental health and wellbeing. I submit this expert report to the Commission of Inquiry into Queensland Police Service responses to domestic and family violence.

The following report is written drawing on over 20 years of experience in law enforcement both as a practitioner and researcher across Australian police agencies. I hold a PhD in Organisational Psychology and I am a Registered Psychologist. I am a recognised expert in the field of organisational psychology of policing. My work focuses on organisational practices of police agencies and the organisational experiences (in particular, mental health and wellbeing) of police personnel.

I have been recently awarded an Australian Research Council (ARC) (Linkage) Grant (with Professor Janet Ransley), in collaboration with the Queensland Police Service Commissioner, Katarina Carroll. The project will develop an early warning system for workplace health and performance, focused on improving the mental health and wellbeing of police personnel. I have also recently been awarded an ARC (Discovery) Grant, focusing on gender equity in policing across Australia and New Zealand. Internationally, I have a collaborative research partnership with the United States National Fraternal Order of Police (FOP), an organisation that represents over 360,000 law enforcement officers across the United States. We have recently completed a national study of police mental health and wellbeing of US law enforcement.

As requested, the following report focuses on ten (10) key questions that were provided by the Commission for response.

1. What is compassion fatigue? What is burnout?
2. What causes compassion fatigue and burnout (trauma/vicarious trauma)?
3. How can compassion fatigue / burnout be identified?
4. How does compassion fatigue / burnout usually affect an individual?
5. How do compassion fatigue and burnout affect an organisation's ability to perform its duties?



6. What is the current best practice for preventing compassion fatigue and burnout in organisations like the QPS?
7. How can compassion fatigue and burnout be managed / treated?
8. Whether there are any other systemic issues (specific to your area of expertise) that affect the function of the QPS / equivalent organisations?
9. What measures are necessary to ensure that training and practice supervision assists to assure continued good culture in an organisation like the QPS?
10. Can you provide detail about the ARC Linkage Project you are undertaking.

Thank you for the opportunity to provide a submission to the Commission of Inquiry into Queensland Police Service responses to domestic and family violence. Should you have any further questions, please do not hesitate to contact me [REDACTED]

Yours sincerely

A handwritten signature in black ink, appearing to be "JD" or a similar stylized monogram.

Dr Jacqueline M. Drew
Senior Lecturer
Griffith Criminology Institute



The following expert report on police mental health and wellbeing has been prepared by Dr Jacqueline M. Drew, Senior Lecturer, Griffith Criminology Institute, Griffith University. I hold a PhD in Organisational Psychology and I am a Registered Psychologist (Australian Health Practitioner Regulation Agency).

The following report is submitted in response to a request from the Commission of Inquiry into Queensland Police Service responses to domestic and family violence.

Overview

Police officers, often along with their first responder colleagues, are recognised as being at greater risk of experiencing adverse psychological outcomes as a result of the nature of their work. A recent national survey of Australian police found 10% of police had very high levels of psychological distress compared to 4% in the general population and 11% of Australian police had probable Post Traumatic Stress Disorder (PTSD) compared to 8% in the serving Defence Force. Police are estimated to experience PTSD at almost 3 times the rate of the general Australian population. Rates of depression and anxiety in serving police cohorts is of significant concern (Beyond Blue, 2018).

The high rates of mental health related issues experienced by police are often attributed to their exposure to an extraordinary and unusual number of critical incidents and trauma throughout their careers (Wagner et al., 2020). However, as will be discussed in this report, research evidence is increasingly pointing to the significant impacts, particularly in relation to burnout, to the impact of organisational and operational stressors. Recent research has found that the association between non-trauma stressors and poor mental health is in fact almost twice that of trauma stressors in public safety personnel populations (Carleton et al., 2020). Given this, there is a pressing need for police agencies to engage in organisational reform to promote healthy workplaces practices and this in turn, will lead to improved performance outcomes (Drew, 2019; 2020).

Police agencies need to develop wellbeing-focused strategic plans that include initiatives, interventions and programs that have a strong prevention focus. Targeting problematic job demands and organisational factors to create healthier police workplace environments is needed. There must be a recognition of the key role that leaders throughout the agency play in this regard. Coupling preventative, organisational approaches with reactive, individual strategies, in recognition that support will always be needed for those who do experience burnout, psychological distress and poor mental health outcomes stemming from their work, will provide a wholistic and more effective approach to improving police wellbeing and mental health. This will have a positive impact on the performance of individual officers and the overall police agency.

1. What is compassion fatigue? What is burnout?

1.1 Definition and Prevalence of Burnout

Research consistently finds that police across the world (United States, Canada, Australia, Spain, United Kingdom, Sweden, Turkey and Poland) experience high levels of burnout (Cole, Keech & Hamilton, 2018; Drew and Martin, 2022; Juczyński & Ogińska-Bulik, 2022). A national study of United States police found that over 50% of officers are experiencing high levels of exhaustion (Drew & Martin, 2022). A study of the Queensland Police Service (QPS) undertaken in 2018 reported that between 60 and 65% of police are experiencing at least some burnout (Cole et al., 2018).

Burnout is typically referred to as a syndrome rather than a medical condition. It results from chronic workplace stress that has been left unmanaged. It is comprised of three key dimensions, including 1. feelings of energy depletion or exhaustion; 2. increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and, 3. reduced professional efficacy (World Health Organization, 2019).

Burnout is not included as an official disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013). It may be diagnosed with a range of axis I disorders, typically anxiety and mood disorders. Classifications used by clinicians in cases where clients present with burnout-type symptoms may include "work-related" neuroasthenia, undifferentiated somatoform disorder, severe stress and adjustment disorder, "other reaction to severe stress", and major depression (van Dam, 2021).

Burnout has been recognised as an occupational phenomenon by the World Health Organisation (WHO) in its 11th Revision of the International Classification of Diseases (ICD-11; World Health Organization, 2019). The definition of burnout according to 11th Revision of the International Classification of Diseases has been provided above.

1.2 Definition and Prevalence of Compassion Fatigue

Some research has found that around 20% of officers report high levels of compassion fatigue (CF) (Brady, 2017; Burnett et al., 2020) while others have reported prevalence rates around 10% (Papazoglou et al., 2019). Compassion satisfaction is often experienced by approximately 20% of officers (Brady, 2017; Burnett et al., 2020).

CF has been defined as 'the phenomenon of stress resulting from exposure to a traumatized individual rather than from exposure to the trauma itself; an often extreme state of tension and preoccupation with the emotional pain and/or physical distress of those being helped can create a secondary traumatic stress (STS) for the caregiver and, when converged with cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment' (Cocker & Joss, 2016). Vicarious trauma (VT), STS and CF are frequently used interchangeably as they refer to indirect trauma resulting from 'second-hand' trauma exposure. CF, STS and VT capture prolonged exposure to traumatised victims and the inability of individuals to emotionally disengage from the traumatic experiences of those that they encounter at work (Papazoglou, Koskelainen & Stuewe, 2019). As such, occupations such as policing place employees at an increased risk of experiencing CF due to the nature of the work. CF

is associated with mental health outcomes such as anxiety, depression and PTSD (Cocker & Joss, 2016).

Studies of compassion fatigue now routinely includes measures of compassion satisfaction. It has been proposed that compassion satisfaction is a factor that can counteract the negative impacts of compassion fatigue. Compassion satisfaction is the motivation, reward and pleasure that an individual may gain from caring or helping others (Burnett, Sheard & St Clair-Thompson, 2020). Compassion satisfaction is seen as a protective factor that can reduce the likelihood of negative outcomes stemming from CF.

2. What causes compassion fatigue and burnout (trauma/vicarious trauma)?

2.1 When explaining the cause of burnout and how it develops, one of the most popular models in occupational health psychology is the Job Demands-Resources (JD-R) model. Employee health and wellbeing is an outcome of the balance between

- job demands (eg. workload, shift schedules, role conflict and ambiguity, physical demands) and
- resources (eg. job resources = effective leadership and supervision, social support from peers and supervisors, psychosocial safety climate, organisational justice; personal resources = resilience, intrinsic motivation, need satisfaction) (Lesener, Gusy & Wolter, 2019; Schaufeli & Taris, 2014).

The model proposes a health impairment process whereby higher job demands and fewer job and/or personal resources are related to higher levels of burnout. This in turn negatively impacts on employee health and wellbeing (Schaufeli & Taris, 2014).

2.2 Job demands in policing are often conceptualised as job-related stressors. There are three main categories: stress caused by traumatic events/critical incidents; operational stressors; and, organisational stressors

- organisational stress stems from those ‘stressors associated with the organization and culture of the environment in which the job is performed, (e.g., dealing with co-workers, feeling like you always need to prove yourself, inconsistent leadership style)’ (Carleton et al., 2020, p.1237)
- operational stress results from ‘stressors associated with doing the job (e.g., fatigue, occupation-related health issues, not enough time to spend with friends and family)’ (Carleton et al., 2020, p.1237).

2.3 Traumatic events are an inevitable and key source of harm in policing that result from critical incidents encountered in operational duties (Carleton et al., 2020). Critical incident exposures are experienced by most police, with the yearly incidence of exposure being reported to range from 46% to 92% (Wagner et al., 2020). Trauma can be directly experienced when the officer is directly involved in a critical incident, for example being shot at in the line of duty. Traditionally, the focus on health and wellbeing in policing has been on the impact of these types of critical incidents and the relationship between this trauma and the development of PTSD (Wagner et al., 2020). More recently (and relevant to the previous discussion on CF), trauma experienced as VT or STS, which involves being exposed to the trauma experienced by others, has attracted increased attention.

2.4 It is essential to recognise that strong evidence is emerging to indicate that non-trauma, occupational stressors (ie. organisational and operational stressors) are causing

high levels of burnout, psychological distress and mental health issues in our police populations (Drew & Martin, 2022; Purba & Demou, 2019; Wagner et al., 2020). Recent research has found that in public safety personnel populations the association between non-trauma stressors and poor mental health is in fact almost twice that of trauma stressors (Carleton et al., 2020). Of particular importance is the finding that that non-trauma stress is more strongly associated with poor mental health, even when shared variance amongst trauma and critical incident stress is removed (Carleton et al., 2020).

2.5 More research is needed to better understand the interaction and cumulative effects of trauma, organisational and operational stress on mental health and wellbeing outcomes for police (Wagner et al., 2020). But it is clear that based on current evidence organisational and operational stressors are important factors. To date, these types of stressors have not been adequately recognised or perhaps more specifically, been addressed by police agencies. Research focused on these critical questions form foundational work being undertaken as part of the current Australian Research Council (ARC) Linkage project on police mental health, a collaboration between Griffith University and the QPS (see Question 9 for more information).

3. How can compassion fatigue/burnout be identified?

3.1 The approach to identifying burnout and CF is two-fold. At the organisational level, police agencies should be engaged in continual monitoring of health and wellbeing of their staff. This ensures that agencies have a clear understanding of the prevalence of mental health and wellbeing issues in their organisation and are in a better position to identify factors (and monitor changes) related to workplace harms. At the individual level, individuals need to be aware of the risk of experiencing burnout and CF given their occupation and be resourced to assist in managing their own mental health and wellbeing.

3.2 Beginning with organisational approaches to identifying burnout and CF, police agencies should undertake regular monitoring across the organisation using screening tools. Some of the most frequently used tools for burnout are the Maslach Burnout Inventory (MBI), Oldenburg Burnout Inventory (OLBI), the Copenhagen Burnout Inventory (CBI) (De Hert, 2020). Yearly or two-yearly surveys of all staff should be undertaken. While surveys such as Working for Queensland are somewhat useful in providing some insights and allowing for across government comparison, focused state-wide surveys that collect data that is tailored to the organisational environment, culture and organisational experiences of police are needed. These surveys should be undertaken by experts who are trained in organisational psychology and have expertise that is specifically relevant to the police context. This will ensure that the most useful information is collected by the agency. In addition, the provision of this service by an expert in organisational psychology and policing allows for enhanced translation of the research into practice. The collaborative expert-police agency approach is being piloted through the current ARC Linkage project with the QPS.

3.3 Undertaking monitoring, as discussed above, allows the organisation to identify early predictors of burnout and puts them in a better position to take a prevention rather than reactive approach to wellbeing. Early predictors of burnout that can be identified by the organisation through monitoring include: job demands exceeding human resource capacity, competing pressures often emanating from incompatible and competing job

demands, lack of recognition and insufficient reward for work performance, perceptions of being devalued both in terms of the work performed and as an employee, a work environment that is perceived to be unfair or inequitable and lack of support from managers and supervisors (Maslach & Leiter, 2008). These early predictors of burnout are strongly associated organisational and operational stressors and lack of job resources (see Question 2).

3.4 In conjunction with organisational monitoring, leaders should be trained to both identify symptoms of burnout and have the knowledge and skills to provide support. Leaders can observe and monitor staff behaviours and attitudes on a daily basis to identify 'red flags' that are characteristic of an individual who might be experiencing burnout. These include increased cynicism and apathy, absenteeism, arriving late for work, making careless mistakes, reduced motivation to achieve goals, reduced work commitment and uncooperative behaviours (Bruce, 2009).

3.5 At the individual level, individuals need to be aware of the risk of experiencing burnout and CF given that the occupation of policing is likely to increase their chances of experiencing these outcomes. The organisation should assist employees to increase their knowledge, skill and ability to recognise symptoms and know what strategies and approaches are likely to be effective in reducing burnout and CF. Referring back to the JD-R model described earlier, this is relevant to enhancing the personal resources of police to manage their own mental health and wellbeing. Police agencies should also provide access to appropriate psychological services, whether internal or external to the organisation.

4. How does compassion fatigue/burnout usually affect an individual?

4.1 The consequences of burnout begin as psychological impacts, but when the factors causing burnout persist over time, they can develop into adverse biological and physical impacts for the individual and lead to negative work-related outcomes (Edu-Valsania, Laguia & Moriano, 2022).

4.2 At the individual level, burnout and CF share many of the same psychological impacts or symptoms. These include depersonalisation and detachment, psychological distress, cynicism, emotional exhaustion and feeling overwhelmed and/or helpless (Edu-Valsania et al., 2022; Papazoglou et al., 2019).

4.3 Burnout can reduce cognitive functioning, including difficulty in concentrating or making decisions. A recent systematic review of the literature (including generic populations not police-specific) focused on the association between burnout and cognitive functioning. It concluded that 'clinical burnout was associated with impairments in episodic memory, short-term and working memory, executive function, attention and processing speed, and fluency' (Gavelin, Domellof, Astrom, Nelson, Launder et al., 2022, p.96).

4.4 Relevant to policing, we need to reflect on both the volume and crime type that might result in specific types of work being more strongly linked to exhaustion and in turn, impact on decision-making. General (non-police specific) research has found that those experiencing high levels of exhaustion are most likely to engage in avoidant decision-

making. Those experiencing exhaustion do not have the cognitive resources to engage and might attempt to distance themselves both emotionally and cognitively from their work in an effort to cope with work pressure (Michailidis & Banks, 2016).

4.5 This may, in part, explain previous research that has found that police when policing domestic and family violence (DFV) calls officers are often viewed as unsympathetic, have an investigation rather than victim focus, and are more disengaged (DeJong, Burgess-Proctor & Elia, 2008; Lofuts, 2009). This may be exacerbated as volume of jobs increases without adequate resourcing. Research with QPS officers revealed that perceived competence and confidence of officers in respect to DFV jobs increases with experience. However, officer wellbeing, their capacity to do the job effectively and their compassion for victims decreases over time (Maple & Kebbell, 2021).

4.6 Burnout has been associated with mental health diagnoses. These include depression and anxiety (Koutsimani, Montgomery & Georganta, 2019). Burnout can manifest in physical problems. These include cardiovascular disorders, headaches, somatic complaints and musculoskeletal pain (Edu-Valsania et al., 2022).

4.7 Effecting both the individual and the organisation are behavioural and attitudinal impacts of burnout. These include job dissatisfaction, lower levels of organisational commitment, absenteeism and turnover and reduced performance (Edu-Valsania et al., 2022).

4.8 Individuals who experience burnout that is left unmanaged can begin to engage in negative and unproductive coping behaviours, such as alcohol and drug abuse (Cocker & Joss, 2016).

5. How do compassion fatigue and burnout affect an organisation's ability to perform its duties?

5.1 Organisational performance of police agencies is a sum of all those who work within its ranks. Reflecting on the individual impacts of burnout and CF (as discussed in Question 4), those who experience burnout may exhibit decreased functioning in the workplace.

5.2 High levels of burnout, CF, and poor psychological and physical wellbeing of police officers puts police agencies at risk of having a cohort of officers that are unable to excel in their policing duties. As highlighted earlier, burnout has behavioural and attitudinal impacts on personnel, including job dissatisfaction, decreased organisational commitment, higher levels of absenteeism and turnover and reduced performance (Edu-Valsania et al., 2022). These negative work attitudes and behaviours have significant impacts on the effective functioning and performance of organisations at the individual level and on the achievement of organisational goals and objectives.

5.3 When examining the impact of burnout and CF from an organisational performance perspective, we must also consider what drives work engagement. Work engagement is often considered as the opposite of burnout and is typically associated with positive organisational outcomes, such as high satisfaction and commitment, lower levels of

turnover and absenteeism and increased performance (Lesener et al., 2019; Schaufeli & Taris, 2014).

5.4 Work engagement can be conceptualised in several ways. Of specific relevance to policing, is work engagement and its impact on motivation to engage in essential policing activities. Attracting significant attention in the United States is de-policing, where police disengage from proactive police work, often as a tactic to avoid complaints and negative criticism from the public.

Of more relevance to this discussion is the relationship between burnout and de-policing. Some researchers have discussed de-policing as a reaction or coping strategy that might be used by officers to reduce stress, strain and exhaustion that is being experienced by what is perceived as a hostile community environment (Nix, Wolfe & Campbell, 2018). When police believe that they are trusted by the public, that community members defer to their power and that the community sanctions their authority, officers experience a sense of confidence and empowerment (Nix, Pickett & Wolfe, 2020). Conversely, when officers are working in an environment that involves significant levels of negative police sentiment it is likely that they will be at greater risk of experiencing higher levels of exhaustion and burnout (Drew & Martin, 2022). A large amount of research has studied de-policing in response to negative criticism of police in an environment where there are racial tensions between the police and community. Whether this might be a reaction to other issues facing policing that also attract significant and intense scrutiny, such as DFV, requires further exploration. Some recent preliminary research undertaken with QPS officers suggests that officers do identify unwelcome scrutiny as a key stressor when policing DFV (Maple & Keibell, 2021).

5.5 In addition to understanding how external factors might influence work engagement, is critical to consider the relevance of internal factors that might also be having an impact. One factor that must be understood in policing is organisational justice (OJ).

OJ is defined as an employee's perception of organisational fairness, the fairness of the decisions, behaviours and actions of the organisation. OJ is operationalised through understanding elements of procedural justice (perceived fairness of processes), distributive justice (perceived fairness of outcomes) and interactional justice (interpersonal behaviour of management) (Cohen-Charash & Spector, 2001). When decisions, behaviours and actions across these domains are perceived to be unfair, this negatively impacts on the employee attitudes, behaviours and performance. Research evidence is beginning to identify that OJ is a particularly important factor in police agencies and has a significant role to play in mitigating the impact of organisational stressors on job attitudes and wellbeing outcomes (Drew & Martin, 2022; Qureshi, Frank, Lambert, Klahm & Smith, 2017). Also, beyond improving job attitudes and wellbeing of police, OJ has the potential to influence how police interact with the community. Those that feel a lack of internal justice (OJ) can demonstrate fewer positive attitudes towards serving members of the public (Myhill & Bradford, 2013).

5.6 Police agencies provide a vital service to community. The success of any police agency is largely built on how effective their officers are in carrying out their duties and in the quality of the provision of such services. Police organisations who seek to provide effective and efficient policing services to the communities that they serve must have healthy, satisfied, motivated and committed employees, who perceive that they are treated

by their organisation in a fair and just manner and who believe that they are not the subject of unfair external scrutiny and critique.

6. What is the current best practice for preventing compassion fatigue and burnout in organisations like the QPS?

6.1 Best practice should always include a reactive approach to supporting those that experience burnout, CF and other mental health and wellbeing issues. However, a reactive approach should be seen as a strategy that is used when prevention measures have not been successful.

6.2 Many organisations still consider employee mental health and wellbeing as an individual or personal problem. As such, they respond to symptoms by providing resources that are focused on the individual, aiming to make the individual more resilient and/or better able to develop their own strategies for coping. Research conducted by Polkinghorne and Drew (2021) in a review of strategic mental health plans across Australian and New Zealand police agencies, found that most police agencies still have an unbalanced approach. Initiatives and programs tend to remain focused on the individual. Prevention must be focused not only on the individual but also on identifying and addressing workplace harms that stem from and are modifiable by the organisation.

6.3 Best practice approaches recognise that police wellbeing needs to focus beyond the impact of traditional trauma and critical incidents. It incorporates compelling and growing research evidence that organisational and operational stressors are strongly linked to the development of burnout, psychological distress and mental health concerns in police agencies. A wholistic understanding of police wellbeing includes an understanding that mental health and wellbeing involves both the independent contributions of traditional trauma and critical incidents, organisational stressors and operational stress and their complex interplay. To date, few police agencies have adequately addressed, through interventions and initiatives, the full spectrum of trauma, organisational and operational harms that are impacting on police (Polkinghorne & Drew, 2021).

6.4 Polkinghorne and Drew (2021) concluded that more emphasis needs to be placed on the development of interventions and programs that are designed to reform the organisational systems and culture of police agencies. Leaders (at all levels of the agency) have a critical role to play, leadership training that guides leaders to create healthy workplaces is needed. The ARC Linkage project being undertaken in collaboration with the QPS is designed, in part, to move the QPS towards this best practice through an evidence-informed approach. It seeks to better understand the underlying causes of harm across all domains and address system and cultural factors that may lie at the foundation of unhealthy police workplaces. The outcomes of the research will provide a foundation on which to build robust and evidence-informed, prevention strategies.

6.5 As identified earlier (see Question 3), yearly or two-yearly surveys of all staff should be undertaken in police agencies. Continual monitoring is essential once a baseline has been established. It can be used to monitor the trajectory of health and wellbeing of staff and also, assess the effectiveness of initiatives that have been implemented. Best practice would dictate that prevalence surveys and evaluation protocols should be undertaken by experts who are trained in organisational psychology and have expertise specifically relevant to the police context.

A model used in the United Kingdom by the Oscar Kilo: National Wellbeing Service (see <https://www.oscarkilo.org.uk/>) involves an ongoing collaboration with a university partner to collect yearly wellbeing-related data across police services in the UK. This research guides the development and implementation of initiatives and programs each year which are led by internal staff at the National Wellbeing Service. This approach ensures that experts are continually involved in the development and implementation of research that is line with current best practice and ensures that the research is valid, reliable and independent. The involvement of experts uplifts the work being done and through this well-developed collaboration the outcomes are practical in focus rather than purely theoretical or academic. The yearly wellbeing reports produced by Oscar Kilo, co-produced by the university partner and National Wellbeing Service, are widely recognised as a gold-standard approach.

6.6 Police agencies should have a dedicated wellbeing team to coordinate and drive mental health and wellbeing initiatives and programs. It is essential that police agencies have a team that is dedicated to overseeing the development, implementation and evaluation of its wellbeing strategy. A dedicated team ensures that mental health and wellbeing will be and remains a strategic priority and that strategy is translated into action. Police agencies who rely on teams that focus on workplace injury and injury management are more likely to result in reactive strategies to health and wellbeing and have a narrower focus than what best practice would demand (see 6.1-6.4). Wellbeing teams should be comprised of police, mental health trained practitioners and should seek to engage external experts to support their mission, aims and goals.

7. How can compassion fatigue and burnout be managed/treated?

7.1 Support should be provided to officers who are experiencing burnout and CF through the promotion and provision of appropriate psychological services. Services can be provided through internal, psychological services offered within the police agency or by external providers.

7.2 There are several treatment protocols that can be effective for those experiencing burnout. Across interventions some common themes emerge. Treatment usually aims to restore a healthy balance between both effort and rest, promote recovery from chronic stress and improve coping skills of the individual (van Dam, 2021). Clinicians can work with officers to educate them on self-care techniques designed to mitigate the impact of and better manage stress (Papazoglou et al., 2019). Self-care activities include mindfulness, resiliency, sleep hygiene, and physical exercise (Burnett et al., 2020).

7.3 It is critical that while burnout and CF can be partly addressed through increased use of individual strategies it is essential that organisational level reforms are identified and actioned. Initiatives that are designed to uplift leaders' knowledge and skills to be more aware of indicators of burnout, psychological distress and mental health issues and how best to support employees who are either identified or self-identify as needing help is critical. Many police agencies, including the QPS, have begun to design and implement these types of programs (Polkinghorne & Drew, 2021). However, as discussed previously, taking a more proactive approach is also required. Police agencies need to consider how to better develop leaders within their agencies to identify and reduce the

workplace factors that are creating unhealthy work environments. Leaders are in a position to address the job demands that are the causal factors of burnout and to actively ensure that job resources are provided to reduce the likelihood of job demands resulting in negative wellbeing outcomes. A research collaboration between Dr Jacqueline Drew and the Australian Institute of Police Management (AIPM) is currently exploring the development of more innovative and impactful leadership development programs that will address the police organisational system and cultural factors impacting on police officer wellbeing.

7.4 It must be acknowledged, particularly at the individual level, that a key barrier to managing and treating not only burnout and CF but broader wellbeing and mental health issues is the reluctance of officers to engage in help-seeking. A recent national survey of Australian first responders found that police have higher levels of personal and organisational stigma associated with help-seeking compared to their first responder counterparts (Beyond Blue, 2018). The challenge of overcoming mental health stigma and in turn, increasing the likelihood that officers will seek help is well documented here in Australian police agencies and across the world (Drew & Martin, 2021).

8. Whether there are any other systemic issues (specific to your area of expertise) that affect the function of the QPS / equivalent organisations?

8.1 Drawing together the evidence and discussion presented for each the questions above, I would like to reiterate several key points that are critical to agenda-setting for future reforms and to achieve best practice.

- A balanced focus must be undertaken to understanding the impact of trauma, organisational and operational factors on wellbeing outcomes for police;
- A balanced focus must be undertaken to understanding the individual and organisational causes of workplace harms that lead to wellbeing outcomes for police. Understanding how internal (eg. OJ) and external (eg. scrutiny and critique) environmental factors influence police behaviours and outcomes is essential, and may be particularly relevant to DFV policing;
- Following on from the points above – the development of mental health and wellbeing strategic plans by police agencies must include initiatives, interventions and programs that have a strong prevention focus and which adequately acknowledge that wellbeing is inextricably linked to reducing job demands and increasing job resources. A preventative approach should always be coupled with reactive approaches, in recognition that support will be needed for those who do experience adverse psychological outcomes stemming from their work.
- Police agencies must maintain a strategic and practical focus on improving the health and wellbeing of their employees by having a dedicated wellbeing team that is resourced to coordinate and drive mental health and wellbeing initiatives and programs across this organisation. This must be supported by ongoing monitoring of prevalence rates through relevant data collection and ongoing evidence-based evaluations of wellbeing programs and initiatives.

9. What measures are necessary to ensure that training and practice supervision assists to assure continued good culture in an organisation like the QPS?

9.1 A culture that values and supports the health and wellbeing of their employees is heavily reliant on police leadership, at all levels in the police agency.

9.2 Investment must be made at the strategic level, with a top-down agenda that drives the importance of healthy workplaces.

9.3 While executive support is critical, middle management level supervisors have an enormous span of influence in directly impacting large numbers of officers who they supervise. Middle-level police managers must be supported to manage their own health and wellbeing as a priority. Healthy leaders in turn will be in a much better position to positively influence the work context for those that they lead. They are essential in translating strategy, policy and programs into action.

10. Can you provide detail about the ARC Linkage Project you are undertaking.

10.1 In early 2021, Dr Jacqueline Drew (Griffith University), Professor Janet Ransley (Griffith University) and Commissioner Katarina Carroll (Queensland Police Service) were awarded an Australian Research Council (ARC) Linkage Grant to fund a three-year study on police mental health in the QPS. The project entitled, "An early warning system for police workplace health and performance" will build a comprehensive organisational model of police workplace health and performance. This project answers the call for immediate organisational reform of police workplaces resulting from an Australian national study (2018) and Australian Senate Inquiry (2019). Police experience harm that must be addressed through organisational improvements, leading to more efficient policing. This study, which is a first of its kind, will develop a practical early warning system (EWS) that promotes strategic and front-line leadership capability of the QPS, uplifting leaders to make a positive impact on workplace health and performance.

10.2 The first aim of the project is to address the insufficient knowledge and understanding in policing of the key predictors and mediators of workplace health and performance. There is a complex interplay of trauma, operational and organisational stressors that occur in this type of dominant and specific organisational culture. Police context-specific factors that to date have not been adequately studied will be included in a multi-faceted, predictive model of workplace health and performance. This will lead to a more nuanced understanding of police mental health and wellbeing than has been previously achieved.

10.3 The second aim of the project is focused on providing police organisations with clear and actionable advice on how to implement the research findings. To effect real-world change, empirically based advice that is tailored to police operational environments is crucial. This will be achieved through the development for the first time of an Early Warning System (EWS) designed to identify 'at risk' police work units. The EWS can be used by police leaders within an integrated holistic performance management approach, providing leaders with evidence-based 'red flags' that identify work units that are at 'high risk' for workplace health and performance problems.

10.4 This project will significantly increase the capability of the QPS to proactively identify and allocate targeted and relevant resources to remedy the underlying factors that are causing workplace health and performance issues within specific police work units. It provides opportunities to track and evaluate, over time, the efficiency and effectiveness of resource allocation and interventions that are being implemented to address workplace health and performance.

10.5 Research results stemming from the project will begin to be released in mid-October, 2022.

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