Workplace mental health: development of an integrated intervention strategy for an Australian policing organisation

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20 Workplace mental health

Development of an integrated intervention strategy for an Australian policing organisation

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Mental health problems in the working population

Mental health problems account for 24 per cent of total years lost due to disability and are the third largest cause of the overall disease burden in Australia (Begg et al., 2007; Mathers et al., 1999). The majority of these mental health problems occur in working-age Australians, with one in five Australians aged 25–64 years experiencing an anxiety, affective, or substance use disorder (AIHW, 2010).

Past studies across a number of countries have demonstrated that stressful working conditions, such as the combination of high job demands and low job control (job strain), have detrimental impacts on mental health (Bonde, 2008; LaMontagne et al., 2010; Stansfeld and Candy, 2006). In Australia, previous research has estimated a job strain-population attributable risk for depression of 13 per cent among working males and 17 per cent among working females (LaMontagne et al., 2008) and an associated cost burden of $730 million per year nationally (LaMontagne et al., 2010). This is only a fraction of the total depression-related workplace costs, which we have estimated at $12.6 billion per annum (LaMontagne et al., 2010) but likely underestimates the job stressor-attributable burden of mental health problems, as other job stressors (e.g. bullying, job insecurity) and other mental health problems associated with job stressors (e.g. anxiety, burnout) have not been accounted for (LaMontagne et al., 2010).

In parallel to the growing recognition of and responses to job stress, interventions to promote mental health and mental health literacy in the workplace are gaining acceptability as a means to prevent, screen, and effectively manage depression, anxiety, and other mental health problems among employees in various industrialised democracies (Jorm, 2012; LaMontagne et al., 2014; Martin et al., 2009; Sanderson and Andrews, 2006). A prominent Australian example of this is beyondblue’s National Workplace Programme, which aims to raise awareness of depression and anxiety as treatable illnesses, to improve help-seeking behaviours, to reduce stigmatising attitudes, and to develop confidence and skills in providing help to people who might be experiencing a mental illness.

Another Australian example is Mental Health First Aid (MHFA), which has been developed by Professor Tony Jorm and others. MHFA seeks to improve mental health literacy by developing knowledge and skills on how to recognise common mental disorders and provide 'First Aid' support until professional help can be obtained, increasing understanding about the causes of mental disorders, improving knowledge of the most effective treatments,
and reducing stigma (Kitchener and Jorm, 2004, 2006). There is evidence of effectiveness of
MHFA from various studies (Kitchener and Jorm, 2006), including randomised-controlled
trials (Kitchener and Jorm, 2004) and cluster randomised-controlled trials (Jorm et al.,
2010). In addition to improvements in mental health literacy, there is also some evidence of
improvements in mental health among MHFA trainees (Kitchener and Jorm, 2004).

These programmes address some aspects of mental health literacy, but not all; to date,
they have tended to emphasise the secondary and tertiary levels, with less emphasis on
primary prevention. In the workplace setting, primary prevention should include reduc-
tion of work-related risks to mental health, as well as the enhancement of mental health-
promoting aspects of work. Job stress prevention features prominently here, and is relevant
in all work contexts (Noblet and LaMontagne, 2006).

Where job stress interventions have tended to focus on the primary and secondary inter-
vention levels, mental health literacy interventions have tended to focus on the secondary
and tertiary levels, and the two have tended to operate independently (LaMontagne et al.,
2014). A fully integrated approach would bring these together to encompass primary,
secondary, and tertiary intervention. There is growing recognition among employers of
the value of such integrated or comprehensive approaches, which to some extent are
practiced in Europe (Barry and Jenkins, 2007) but rarely in Australia (LaMontagne et al.,
2014). This stems from growing recognition of the need to fulfill occupational health and
safety obligations with respect to psychological as well as physical health, as well as growing
awareness of the impact of common mental disorders (work-related or otherwise)
on productivity at work (e.g. sickness absence, presenteeism) (LaMontagne et al., 2010;
Martin, Sanderson et al., 2009; Sanderson and Andrews, 2006).

Accordingly, we define workplace mental health literacy as the knowledge, beliefs, and
skills that aid in the prevention of mental illness in the workplace, and the recognition,
treatment, rehabilitation, and return to work of working people affected by mental illness.
This includes consideration of working conditions and their influence on mental health,
as well as addressing mental illness among working people regardless of cause.

Stress and mental health problems in the police sector

In this chapter, we describe the development of a workplace mental health literacy inter-
vention for use in the policing sector. The intervention is currently being used in a cluster
randomised-controlled trial in Victoria Police.

While all occupations are potentially exposed to job stressors, some occupations are
more exposed than others. Research in the Australian context (Noblet et al., 2009) as well
as internationally (Johnson et al., 2005) has identified police work as being particularly
stressful. High levels of job stressors in police have been linked to burnout, work–family
conflict, (Hall et al., 2010), depression, partner violence (Gershon et al., 2009), psycho-
logical distress (Noblet et al., 2009;), and suicide (Loo, 2003). Like other occupations,
high job demands (e.g. time pressures and work overload), low supervisor or collegial
support (Collins and Gibbs, 2003; LaMontagne et al., 2012; Noblet et al., 2009), and low
levels of control (i.e. latitude in deciding how to do one’s work) have been found to be
significant sources of stress in police work (Collins and Gibbs, 2003; Noblet et al., 2009).
It is also necessary to consider that stress-induced mental and physical health outcomes
in police may also be linked to their greater exposure to violence and distressing events
(Penalba and Leite, 2006; Waters and William, 2007). However, evidence to date suggests
that organisational sources of job stress such as excessive job demands, lack of control, and
low levels of social support are better predictors of police distress (Brown and Campbell, 1990; Kop and Euwema, 2001; Kop et al., 1999) than operational factors, such as exposure to violence and trauma.

There have been a number of job stress intervention studies in the police sector (Amaranto et al., 2003; Patterson et al., 2012). However, these have tended to focus on improving individual responses to stressors (secondary intervention, such as developing officer coping strategies), rather than addressing stressors (primary intervention, such as improving decision-making processes). Given that many of the stressors experienced by police stem from both individual and organisational sources, it is appropriate to address intervention efforts at both of these levels. This is further supported by the findings of systematic reviews of job stress intervention studies, which indicate that the most effective interventions combine secondary worker-directed (e.g. coping and time management skills) with primary work-directed intervention (e.g. moderation of demands, improved supervisory support) (Bambra et al., 2009; LaMontagne et al., 2007).

Recognizing the need to better address job stress and mental health in their workforce, Victoria Police, a partner in this project as well as the intervention site, was keen to develop and implement a comprehensive workplace mental health literacy program. Victoria Police is one of the largest employers in Victoria (approximately 15,500 employees), and has one of the highest job stress-related claims burdens in the workers compensation system thus making it a well-suited intervention site.

**Workplace prevention of mental health problems: guidelines for organisations**

The first phase of the project involved developing guidelines for organisations wishing to implement a strategy for workplace prevention of mental health problems, encompassing mental health problems that may be caused by work, and also those that may become apparent in the working environment. The resulting guidelines have been disseminated and are available at [https://mhfa.com.au/cms/guidelines#mhfaprevent](https://mhfa.com.au/cms/guidelines#mhfaprevent).

The guidelines were developed on the basis of those items with the highest level of endorsement from the Delphi panels engaged for that project, and consist of ten broad areas of focus. These included:

1. have a mental health and well-being strategy
2. foster a work environment that supports and encourages mental health
3. balance job demands with job control
4. appropriately reward employees' efforts
5. create a fair workplace
6. provide workplace supports
7. manage staff effectively during times of organisational or role change
8. develop leadership and management skills
9. provide mental health education to employees.

The guidelines may be used to facilitate the development of an integrated workplace mental health literacy intervention strategy. However, organisations wishing to implement the guidelines are likely to need assistance in tailoring the guidelines to their particular organisational contexts.
An integrated approach to workplace mental health literacy: intervention strategy

This chapter provides the details of an integrated workplace mental health promotion programme for an Australian policing organisation. The strategy touches on all ten elements of the Workplace Prevention of Mental Health Problem Guidelines for Organisations. The strategy draws on two prior studies we have conducted at Victoria Police – the VicHealth-funded Creating Healthy Workplace stress prevention pilot and a WorkSafe-funded study to identify police members’ mental health literacy needs.

Intervention design

Figure 20.1 provides an overview of the integrated intervention strategy for promoting workplace mental health at Victoria Police.

As shown, the purpose of the integrated intervention strategy is to improve:

1. psychosocial working conditions (supervisor support, job control, and workload), and
2. mental health literacy (proximal outcomes).

This, in turn, will reduce perceived stress at work (operationalised and measured as job tension), improve mental health (operationalised and measured as increased job satisfaction and reduced psychological distress), and work productivity and performance (operationalised and measured by Victoria Police data on sickness absence and work output).

The intervention will engage all ranks and levels within participating police stations in a range of activities. Together, the intervention activities address both primary and secondary prevention of mental health problems in a work context.

- The main primary prevention activities include engaging senior sergeant and sergeants in (a) 360-degree leadership assessment (focusing on stress prevention leadership competencies and (b) leadership skill development workshops. Workshops will focus on fostering a work environment that supports and encourages mental health; balancing job demands with job control; appropriately rewarding employees’ efforts; creating a fair workplace; providing workplace supports, and managing staff effectively during times of organisational or role change; appropriately managing mental health-related under-performance; and educating staff around mental health.

- The main secondary prevention activities include providing other ranks (all members below the rank of sergeant in a station and non-sworn members) with training that focuses on how to manage workload effectively, cope effectively with stress, resilience and some aspects of mental health literacy.

We will also meet regularly with existing peer support officers at each intervention station. The purpose of this will be to ensure that peer support officers fully understand the project and are prepared to engage in meaningful peer-to-peer dialogue around mental health.

Intervention delivery

To optimise feasibility and effectiveness, the program will be implemented on a station-by-station basis (see Figure 20.2).
Figure 20.1 Integrated intervention logic Creating Healthy Workplaces: Stage 2.

Note
CHW Stage 2 refers to the integrated program, as funded by the NHMRC partnership project grant

Step 1 The program will commence with a station survey.
Step 2 Station command will complete be a 360-degree leadership assessment and engage in a 90-minute feedback and development session with a psychologist. The session will help station command to explore the links between their leadership style, station culture and employee well-being outcomes measured by the baseline survey). The desired outcome is for senior sergeants to recognise what they can do to prevent workplace mental health problems at a station level as well as to be highly engaged in the intervention activities at their station. The session will also ensure that station command is prepared to support their station through the intervention (and beyond).

Step 3–4 Sergeants will commence the 360-degree tool and engage in a 90-minute feedback and development planning session with a psychologist.

Step 5 Senior sergeants and sergeants will attend CHW workshop 1 (Leading for Well-being), which will be delivered by Deakin University staff. The workshop will build leaders’ supportive management skills (e.g. providing effective feedback, providing support, having effective conversations, effectively developing members, etc.).

Step 6–7 Sergeants will receive the first two of four individual leadership-coaching sessions with a trained coach. The coaching sessions will focus on building rapport, fine tuning leadership development goals (e.g. ensuring that there are SMART goals and that the goals align with overarching programme goals), and then completing a series of structured activities that focus on
Figure 20.2 Integrated intervention delivery strategy.

Note
CHW=creating healthy workplaces

members (e.g. the skill/will model) and checking in on any actions taken since workshop 1.

Step 8 Senior sergeants and sergeants will attend CHW workshop 2 (Healthy Minds@Work for managers), which will be delivered by the Police Psychology Unit at Victoria Police. The workshop will continue to build leaders' supportive management skills, focusing, in particular, on how to manage mental health in the workplace (e.g. appropriately managing mental health-related under-performance and addressing suspected mental health concerns in the workplace, taking action to support members with a suspected mental health problem). Peer support officers will also be encouraged to attend this session.

Step 9–10 Sergeants will receive their third and fourth individual leadership-coaching sessions with their Peer Coach. Sessions will focus on any welfare-related conversations that have taken place since workshop 2, as well as follow up on progress towards their leadership goals.

Step 11 Senior sergeants and sergeants will engage in a half-day, wrap-up workshop focusing on key learnings that took place and progress made towards their goals. Sergeants will discuss how they can work together as a team to continue progress made towards programme goals and set 1–3 team goals (to be followed up and supported by the senior sergeants moving forward).

Step 12 The 360-degree assessment may be re-administered for those who request it.
Step 13–14 Two follow-up, station-level surveys will be implemented to assess change to baseline levels.

Other activities

Other ranks (all those below sergeant rank) will participate in a two-hour Healthy Minds@Work foundation workshop. This workshop will address mental health and stress-related stigma and provide tools for managing stress at work.

Junior members (those with less than five years service, including probationary constables) will benefit from the more supportive leadership approach taken by their ‘corro’ (‘correspondence’) sergeant (formal supervision), more feedback, development and coaching from other senior members in the station (informal supervision), and a greater number of supportive conversations with peer support officers. We believe this whole of station, systems approach to improving workplace mental health literacy will be more effective and sustainable than implementing individual-level intervention activities (e.g. training for members) as is the status quo within Victoria Police at present.

Feasibility, sustainability, and capacity building

Our approach has been designed with feasibility and sustainability in mind and with a conscious effort to pass knowledge gained through the project on to those who could be responsible for delivering the programme internally in the future.

Drawing on existing expertise and internal knowledge and resources

Our approach integrates our work with existing Victoria Police programmes. This will ensure that our work adds unique value to the organisation, whilst still ensuring that the approach is feasible and sustainable. Our long-term aim is for Victoria Police to have the capacity, knowledge and resourcing to roll the programme out across the whole of the organisation after the research project concludes.

Our strategy involves partnering closely with members of Victoria Police — namely, the Welfare Services (peer support) and the Police Psychology Unit to roll out various aspects of the intervention (i.e. The Healthy Minds@Work programme for managers and for other rank members). These programmes were developed by Victoria Police and are a new addition to their mental health strategy.

Building new capability

We ran a ‘Coach-the-Peer Coach’ training programme within Victoria Police alongside the CHW programme. This programme involves us directly developing selected Victoria Police staff members to play the role of ‘coach’ in delivery of the programme. Special care has been taken to select members who have the right combination of factors needed to be a Peer Coach (e.g. ‘psychological mindedness’, supportive, warm, other focused). These members were hand selected by Welfare Services (the peer support coordinators) who have direct knowledge of the members. All Peer Coaches are sworn members (sergeant rank or above) who have already been trained (and served for an extensive period) as peer support officers within the organisation.
Selected members were emailed directly by the head of the peer support programme and invited to attend a full day Coach-the-Coach workshop.

It was expected that members who attended the workshop would be able to perform the following actions by the end of the workshop:

1. explain the purpose of the Creating Healthy Workplaces (CHW) project to others
2. recognise the role that Peer Coaches will play in the CHW project
3. identify key differences between coaching and other styles
4. describe how coaching can be applied to develop supportive, healthy leaders and, in turn, reduce job stress and increase well-being in a policing context
5. identify several practical coaching tools and when, where, and how to use them
6. effectively apply various coaching skills as part of a structured (and unstructured) coaching process.

Thirty-two participants attended the workshop (approximately 16 sworn members and 16 members of the police psychology unit, police welfare, or peer support).

**Communication strategy**

A critical element of the programme is to secure high levels of support, commitment, and buy-in from all levels of the station and, in particular, senior members. Members will be more likely to ‘buy-in’ to the programme if they hear about the value of the programme from other members. As such, we will ‘sell’ the programme to each intervention station by tapping into ‘champions’ from previous CHW intervention sites. Champions from each new site will then help us to on board subsequent sites.

It will also be important to demonstrate to junior and other members that the programme is truly integrated – that is, that we are attempting to simultaneously improve their working conditions as well as how they handle stress and mental health issues. There are a number of elements to the full programme, and all members need to know that there are things being done in parallel (that they don’t necessarily see), as well as what they are directly participating in.

**Consultation with Victoria Police**

We completed two pilot projects as part of our preparation for the current project. This involved: (1) piloting the leadership development and coaching aspects of the program; (2) assessing member mental health literacy needs; and (3) conducting a series of subject-matter expert interviews to ensure that the intervention logic was relevant and feasible.

**Job stress prevention strategies in a policing environment: key learnings from the Creating Healthy Workplaces project**

We implemented a pilot study in Victoria Police that looked at work-based strategies for preventing stress, funded by the Victorian Health Promotion Foundation (VicHealth).

Whilst a full review of this project is beyond the scope of this chapter, a summary is provided in Figures 20.3 and 20.4 respectively. This includes our programme logic, including prioritised stressors, stress prevention strategies, and desired outcomes, as well as the intervention process.
As described here, the aim of the CHW stress prevention pilot was to improve supervisor support and job control through a coaching-based leadership programme for sergeants. The programme was designed and implemented using participatory action research (PAR) principles. The programme addressed both work/organisational-level strategies (sergeant leadership coaching and the implementation of a new workload management system) with worker/individual-level (workload management training) activities. A novel feature of the programme was its coaching style of delivery to enable effective and sustained behaviour change. The model included:

- leadership assessment and feedback
- three, full-day workshops (start, middle and end of programme), and
- four individual leadership coaching sessions.

The individual coaching sessions were carried out by a member of our team who is a practicing organisational psychologist, in partnership with senior police members as 'trainee' coaches. The latter was included to allow for organisational capacity building.

Feedback from station command and external coaches was positive. Sergeants demonstrated the desired behaviour changes, including providing more regular and constructive feedback and putting a greater emphasis on developing junior members. Senior staff members have observed and reported high levels of commitment from the sergeants and a noticeable improvement in station morale. A comprehensive evaluation of the programme is currently underway.

In line with a PAR model, a number of programme improvements were made to the CHW programme in response to participant feedback. This resulted in high levels of engagement and buy-in from the group and a more effective delivery mode. Participants were particularly positive about the coaching-based methodology and flexible implementation style of the programme.

<table>
<thead>
<tr>
<th>Prioritised needs</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity of work</td>
<td>Mentor-mentee 'corro' shifts</td>
<td>Primary:</td>
</tr>
<tr>
<td>Administration/paper work</td>
<td>Sergeant/senior constable training in supportive management &amp; group coaching</td>
<td>• Improved supervisor support</td>
</tr>
<tr>
<td>Inadequate feedback</td>
<td>New workload/brief management system</td>
<td>• Improved job control</td>
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<tr>
<td>Lack of access to</td>
<td></td>
<td>• Reduced job strain</td>
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<tr>
<td>senior members</td>
<td></td>
<td>Secondary</td>
</tr>
<tr>
<td>Inconsistent advice</td>
<td></td>
<td>• Reduced burnout</td>
</tr>
<tr>
<td>Limited access to</td>
<td></td>
<td>• Greater engagement</td>
</tr>
<tr>
<td>computers</td>
<td></td>
<td>• Increased job satisfaction</td>
</tr>
<tr>
<td>Unworkable forms/ systems</td>
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*Figure 20.3 Creating health Workplaces Stress Prevention plot (funded by VicHealth): Program Logic.*
Changes made to the programme

On the basis of feedback from participants themselves, junior members with the intervention station, and members of the delivery team, several changes were made to the programme:

1. Participating sergeants will receive an individualised 360-feedback session on their leadership style. The feedback will be provided by an organisational psychologist and will occur prior to the leadership development workshop. This will help sergeants to understand their strengths and development areas.

2. Each sergeant will receive and sign a coaching agreement prior to the first coaching session, which outlines our responsibilities to them and what their responsibilities are in the programme. This will help to hold leaders to greater account for behaviour change.

3. Each sergeant will draw on their 360-degree assessment feedback to form individual leadership goals and a leadership developmental action plan. Each sergeant will provide a current performance rating for each goal (a score out of ten). Their senior sergeant will also rate the sergeant’s current performance against each leadership goal. This will help ensure that the senior sergeant understands and supports sergeant goal achievement.

4. Senior sergeants will attend the leadership workshop with their sergeant group (supporting point 3) to ensure that they understand the focus of the programme and can support the development of their sergeants.
The workshop material will remain largely the same. Minor changes are:

a. Inclusion of an exercise in which each sergeant will share their feedback with their peers. We will then set up a buddy system (peer to peer) to ensure that peers give each other feedback more regularly and support each other. Buddies will be chosen on the basis of strengths and gaps where possible, so peers can learn from each other’s strengths.

b. Include group discussion on: What should good performance look in the station? (i.e. ensure that performance expectations are aligned and promoted consistently). What do we want to be known for as a leadership group? What do we, as a leadership group, commit to doing to enable high performance and well-being of our station?

Only one coach will coach each sergeant. The coach will be a senior uniformed police member (senior sergeants or above), or a registered psychologist or member of the research team who has attended the Coach-the-Coach programme. Coaches will receive ongoing supervisor and support from an experienced coaching psychologist.

Identifying police member’s mental health literacy needs

A complementary study was conducted to identify strategies for improving police member’s mental health literacy. Five junior (probationary and confirmed and senior constables) and 13 senior (sergeant level and above) uniformed members were recruited to participate in semi-structured interviews. The interviews focused on mental health literacy, mental health needs, and strategies to address workplace mental health in Victoria Police. The interviews were recorded and transcribed. A qualitative thematic analysis was undertaken to identify key themes. The findings were combined with previous knowledge and understanding of Victoria Police as a work setting and incorporated into recommendations for an integrated approach. These key themes, findings, and recommendations were then presented to seven subject-matter experts (SMEs) for validation and feedback. Feedback from the SMEs on the feasibility and relevance of the recommendations was then incorporated into the proposed integrated approach.

Overall, it was found that senior members had better mental health literacy (knowledge, beliefs, and skills that help prevent workplace mental health problems and understanding of what to do for people affected by mental illness) than junior members. There was a significant level of stigma associated with mental health issues in a policing context, and inconsistent experiences of mental health first aid training. Most police members learned skills associated with helping people with mental health problems through life experience, rather than through formal training. Interviewees only felt comfortable approaching a small selection of their leaders to discuss mental health issues. Members preferred training via case studies, role play and other mediums, rather than online. Lastly, interviews identified the meaningfulness of their work and camaraderie with their work colleagues as positive and well-being-promoting aspects of their work with Victoria Police.

Consultation with subject matter experts

We consulted with seven subject-matter experts (SMEs) to test whether our intervention protocol is relevant, practical, and feasible for Victoria Police. SMEs were chosen on the basis of their expertise or relevant experience with one or more aspect of the intervention protocol. The seven experts included:
• a senior sergeant with an interest in staff welfare and peer support
• a senior occupational health and safety member
• a representative of the police psychology unit
• two inspectors with a significant staff welfare portfolio
• a senior peer support manager.
• an inspector with expertise in Sergeant and Senior Sergeant leadership training.

The SMEs confirmed and validated the results regarding mental health literacy within Victoria Police, including the suggestions made by members for how to address mental health literacy gaps in this context (e.g. role play and face-to-face contact rather than online training). They also offered constructive feedback and advice that enabled the intervention strategy to be refined and finalised in preparation for implementation in the upcoming NHMRC partnership project. In particular, the SMEs endorsed the integrated, station-by-station approach; the use and integration of both new and existing resources; and the coaching-based delivery method. They reiterated the importance of engaging early with station leadership and applying a consultative relationship management approach.

Conclusion

Whilst it is well recognised that improving workplace mental health is a critical organisational issue, approaches to date have tended to differ in focus. Job stress interventions have tended to focus on the primary and secondary intervention levels, whereas mental health literacy interventions have tended to focus on the secondary and tertiary levels, and the two have tended to operate independently (LaMontagne et al., 2014). A fully integrated approach, such as that described here, brings these together to encompass primary, secondary, and tertiary interventions. The current chapter builds on previous work on workplace mental health interventions to detail an integrated approach to workplace mental health literacy in the policing sector. We reported on the results of a recent qualitative interview study at Victoria Police to identify mental health needs and integrated these findings with what we currently know about implementing job stress prevention strategies in this context. The resulting intervention takes a systems approach, specifying activities that can be implemented at the station, leadership, and individual level to simultaneously prevent job stress and promote mental health.

The intervention strategy will be implemented within Victoria Police using a randomised-controlled trial as part of our NHMRC partnership project, with the long-term aim of improving workplace mental health in this setting.

Acknowledgements

We continue to be grateful for the extensive support of Victoria Police. Particular thanks to Craig van Dugteren, Graham Wilson, and Dr Alexandra West, the Police Psychology Unit and the Peer Support Unit. The Victorian Health Promotion Foundation (VicHealth) funded a key component of the integrated approach to workplace mental health literacy (Creating Healthy Workplaces: Stress Prevention Pilot, 2011–2014). This project forms part of a larger National Health and Medical Research Council (NHMRC) Partnership Project with Victoria Police, WorkSafe and VicHealth (APP#1055333).
Notes

1 NHMRC partnership project with Victoria Police, WorkSafe and VicHealth (2013–2015), led by
CIA LaMontagne and others.

2 Coaches will be sworn Victoria Police members (sergeant rank and above), a registered
psychologist, or a member of Faculty who has completed our Coach-the-Peer-Coach training
programme.

3 This study will form part of a companion paper.

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