

**EDUCATION AND EMPLOYMENT REFERENCES COMMITTEE  
7 NOVEMBER 2018**

**MENTAL HEALTH CONDITIONS EXPERIENCED BY FIRST RESPONDERS,  
EMERGENCY SERVICE WORKERS AND VOLUNTEERS**

**Home Affairs Portfolio  
Australian Federal Police**

**Question title: Comparison in costs associated with health related outcomes  
before internal reform projects**

Senator Rex Patrick asked:

**Senator PATRICK:** The AFP have been making a fair amount of effort in this space over the last couple of years. You would be aware that I was an adviser to Senator Xenophon when he was raising some of these issues. You have gone through Broderick, Phoenix and the ANAO. Out of that, there have been a number of changes in terms of training and support services, medical services and so forth. Do you have a measure of the cost associated with that? I think you guys are probably more advanced than some of the other police forces. I want to get a feel for the cost that has been involved with this particular area so that we can get a metric as to what it is likely to cost in other jurisdictions.

**Ms Bird:** I have got the employee figures. It would be a good exercise—and I haven't done it yet—to group up all the costs associated with the work that we have done. I certainly have employee costs in terms of the building of the teams in accordance with the Phoenix recommendations. In terms of one holistic figure for everything and every man-hour of effort that goes into this, I haven't got that together. What I can give you is that in the last financial year—that is, 2017-18—we spent about \$8.3 million on employee costs and \$17.1 million on supplier funds to support health related outcomes. We expect to spend similar this year or build that slightly in accordance with the Phoenix ramp-up.

**Senator PATRICK:** How does that compare to a couple of years ago before Broderick, for example?

**Ms Bird:** I'd probably have to take that on notice; I haven't got that comparison going backwards.

*Answer:*

There has been significant investment in reform initiatives across the organisation which is positively influencing how mental health is supported and promoted.

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Total costs are represented below:

### Health Costs

	2017-18	2016-17	2015-16	2014-15	2013-14
<b>Organisational Health</b>					
Employee costs	8,294	5,114	5,235	5,810	6,687
Specific Supplier costs	1,756	1,340	685	604	577
<i>Total Organisational Health</i>	<i>10,050</i>	<i>6,454</i>	<i>5,920</i>	<i>6,414</i>	<i>7,264</i>
<b>Rest of the AFP</b>					
International Operations	12,561	18,037	17,959	17,945	14,500
Other AFP	2,741	2,664	2,502	2,368	2,567
<i>Total Rest of AFP</i>	<i>15,302</i>	<i>20,701</i>	<i>20,461</i>	<i>20,313</i>	<i>17,067</i>
<b>Total</b>	<b>25,352</b>	<b>27,155</b>	<b>26,381</b>	<b>26,727</b>	<b>24,331</b>

### Reform Costs

Health Costs - Reform \$'000	2017-18	2016-17
Leadership Centre	18	-
Safe Place	2,075	984
Reform Initiatives (including Identify, Involve, Improve workshops)	887	705
Other Reform Costs	420	353
<b>Total Reform</b>	<b>3,400</b>	<b>2,042</b>

The AFP has continued to increase its investment in health related support since the 2015-16 FY. These costs have been separated in the tables above.

Costs attributed to Organisational Health directly support health initiatives for the organisation. The increase in costs during the 2017-18 FY are due to the implementation of the Welfare Officer Network around Australia. This led to an increase in Organisational Health FTE and employee costs which will continue into the 2018-19 FY.

Costs attributed to International Operations cover medical costs for members including pre and post deployment medicals and medical support costs whilst deployed offshore. The reduction from the 2016-17 to the 2017-18 FY relates to the drawdown of the Regional Assistance Mission to Solomon Islands (RAMSI) which included a change in mission activities and a commensurate reduction in medical support.

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**Question title: Implementation status of ANAO Report recommendation**

Senator Urquhart questioned the progress of the ANAO Report and timeframes for implementation:

**Dr Sanders:** All of the ANAO recommendations are underway, Senator. All of them have been phased in the health and wellbeing strategy to at least commence implementation within the next three years. Some of them are easy to achieve and some of them overlap. Certainly, for example, psychological screening for high-risk roles is well underway.

**Senator URQUHART:** Look, I'm happy if you can give me some more detail around those six recommendations on notice—where they're at and the time frame that you're looking at to implement them.

**Mr Colvin:** We'll give you some detail, Senator.

AFP Response:

Each of the six recommendations have been accepted and all are being progressed. Each recommendation has been phased in the *AFP Health and Wellbeing strategy 2018-2023* to commence implementation within the next two years.

Please see Attachment A for full details.

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## Attachment A

### ANAO Audit – Managing Mental Health in the Australian Federal Police (AFP) – Recommendation Status Report

Recommendation No.	Recommendation	Target Date	Status
1	The AFP develop a comprehensive organisational health and wellbeing strategy and governance arrangements based on an integrated approach to staff mental health and wellbeing which incorporates policies, programs and practices that address the AFP's specific risk profile.	Commence implementation within 1-2 years (May 2018 – May 2020)	The <i>AFP Health and Wellbeing Strategy 2018-2023</i> was launched to the organisation on Tuesday 15/05/2018. Accompanying the strategy is an implementation plan and program of works with various project commencement dates from 1 year to 5 years.
2	The AFP analyse, define and report on mental health risks across the organisation in a consistent manner and develop arrangements to align employee mental health and wellbeing resources to areas assessed as highest risk. During this process the AFP should also assess the effectiveness of the existing controls and treatments used to mitigate mental health risks.	Commence implementation within 1-2 years (May 2018 – May 2020)	Trauma tracking (referred to as "iTrack") pilot project has been implemented across eight teams in ACT Policing and Forensics (82 participants) taking part.  The pilot is due for completion in February 2019 at which time a program evaluation will be undertaken. Pilot results will determine future action.
3	The AFP implement a mandatory mental health training framework for all AFP employees, tailored to the various capability requirements throughout their career lifecycle that provides information on identifying signs and symptoms of mental health injury (in self and others) as well as guidance on how to conduct meaningful conversations with staff and colleagues about their mental health.	Commence implementation within 1 year (May 2018 – May 2019)	As at 13 November, a total of 330 participants have been trained in Mental Health First Aid (MHFA) since the first course delivery in May 2018.  The AFP is exploring online learning opportunities in partnership with external parties for both MHFA and Resilience training for all AFP members and resilience training for recruits.  The AFP is engaging an external contractor to develop a new health education framework. This will include a training needs analysis and outcomes that will be tailored to the various capability requirements throughout the employee lifecycle. This project is scheduled to commence in Jan 2019.
4	The AFP develop formal processes to monitor and	Commence implementation	Health standards for offshore deployments have been drafted

	<p>provide assurance that:</p> <p>a) Employees in specialist roles have their psychological clearance in place before commencing in the role; and</p> <p>b) Mandatory mental health assessments and psychological debriefs are undertaken for those who require them, in a timely manner.</p>	<p>within 1-2 years (May 2018 – May 2020)</p>	<p>and are expected to be finalised by December 2018.</p> <p>Health Standards for recruits and high risk roles have been completed.</p> <p>An external medical expert has been identified and is being engaged to draft comprehensive psychological standards for sworn policing and protective service officer candidates and psychological standards for offshore deployment standards.</p> <p>Psychological clearances and a graduated exposure to elicit material program are considered mandatory prior to commencing in high risk roles.</p> <p>Negotiations have commenced with the relevant area of the AFP to have this requirement captured within the skills and qualifications component of the Job Family Model which will trigger alerts and barriers to occupying roles without relevant clearances.</p>
5	<p>The AFP, in reviewing available support service options, uses a risk-based approach to determine the optimal mix of services to target identified organisational mental health risks, including:</p> <p>a) Linking the outcomes of that review with the development of an organisational health and wellbeing strategy;</p> <p>b) Ensuring the health and wellbeing strategy also addresses the cultural change required to support and encourage employees to access mental health services when required, particularly after involvement in critical incidents or prolonged exposure to high-stress roles; and</p> <p>c) Establishing performance measures for the selected support services, and implementing monitoring and</p>	<p>Commence implementation within 1 year (May 2018 – May 2019)</p>	<p>The <i>AFP Health and Wellbeing Strategy 2018-2023</i> was launched to the organisation on Tuesday 15/05/2018. It includes an implementation plan and program of works encompassing all elements of this recommendation.</p> <p>Various components of this project will be influenced by the AFP Health Risk Profile which is being addressed through recommendation 1.</p>

	evaluation arrangements to ensure those services are systematically assessed.		
6	<p>The AFP:</p> <p>a) Consolidate disparate systems and hard copy records in order to establish an electronic health records management system that allows a single point of access to high level health information for each AFP employee; and</p> <p>b) Establish a strategy for analysing employee health information against data in areas such as workplace incident reporting, Comcare claims, unscheduled leave, exposure to explicit material and information on deceased personnel in order to assist in identifying and addressing known psychological injury risk factors.</p>	Commence implementation within 1-2 years (May 2018 – May 2020)	<p>User requirements have been defined, with an aim to further refine once system limitations are known.</p> <p>Technology enhancement will begin in January 2019. It is an initial step with ongoing investment and development required into the future.</p>