



**Victoria Police
Specialist
Investigators
Support Unit:**
*A Workplace
Mental Health and
Wellbeing Initiative*



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Citation: Maher, J, Muir, C, McKernan, H, Pfitzner, N & McCulloch, J (2020)
Victoria Police Specialist Investigators Support Unit: A Workplace Mental Health
and Wellbeing Initiative. Melbourne: Monash University

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Acronyms

Acronym	Name
FVC	Family Violence Command
FVIU	Family Violence Investigation Unit
PPU	Police Psychology Unit
SISU	Specialist Investigators Support Unit
SOCIT	Sexual Offences & Child Abuse Investigation Teams
SOCAT	Sexual Offences & Child Abuse Team
SOR	Sex Offenders Registry
VP	Victoria Police
VPS	Victorian Public Service

Acknowledgements

The Monash team would like to acknowledge the invaluable support of the Inaugural Assistant Commissioner for Family Violence Dean McWhirter, Eva Perez, Director of Policy, Family Violence Command, Dr Amanda Bond in this project, and all those at Victoria Police who participated in the research. Thanks too to Assistant Commissioner for Family Violence Lauren Callaway for her support for the completion of this project.

Monash Gender and Family Violence Prevention Centre colleagues were members of the original research team and provided valuable feedback throughout the project.

Executive Summary

In 2018 the Victoria Police Specialist Investigators Support Unit (SISU) was established within Family Violence Command (FVC) at Victoria Police. SISU is staffed by a team of mental health professionals to provide targeted psychological services and interventions to regional and metropolitan Sexual Offences and Child Abuse Investigation Teams (SOCIT) and Family Violence Investigation Units (FVIU). The establishment of the unit aligned with findings in the Victoria Police Mental Health Review (2016) that recognised a need for improved support for employees' safety and wellbeing, particularly those working in themes of child abuse, sexual offending and family violence.

The SISU intervention is a distinctive model, as it works on the on-site embedded proactive provision of psychological services designed to achieve organisational change at a workplace, rather than solely at an individual, level. Services including counselling, training, education and other therapeutic and organisational interventions on a diverse range of complex issues were put in place.

This report provides an outline of the SISU model of service delivery, and an analysis of the service implementation conducted by Monash University on behalf of Victoria Police in 2019/20.

Overall, the analysis showed strong support for the SISU workplace intervention model and relatively high satisfaction with all the services accessed. Given the general workplace environment and the well-established complexity of establishing health and wellbeing initiatives in policing services, the recognition and uptake of SISU to date can be considered a success and a solid platform to justify a longer-term evaluation of this type of policing workplace intervention. The evidence clearly suggests that the SISU workplace intervention, with a focus on building professional skills in the workplace alongside the ability to self-identify health and wellbeing issues at an early stage, is well placed to be a significant and valuable intervention in achieving enhanced mental health and wellbeing outcomes for Victoria Police employees.



Key Findings

The SISU intervention is an innovative and distinctive model of psychological support, as it works on the proactive provision of psychological services provided by designated clinicians within the workplace. It is designed to embed preventative and proactive approaches to psychological health and wellbeing at a work unit level and build resilience and professional skills in the management and recognition of work stressors and support early interventions where they are needed.

The initial SISU service model was designed with five key activities included: *reflective practice; manager/supervisor consultations; wellbeing consultations; wellbeing response, and training*. Each of these activities is supported by existing evidence about best practice and efficacy in delivering workplace health and wellbeing interventions.

In an eighteen-month period SISU had:

- Achieved considerable traction and widespread recognition amongst work units it supports.
- Achieved support for its clinicians who received praise for their engagement and willingness to respond to diverse needs. There was considerable recognition of their efforts and adaptability.
- Been identified as a valuable addition to existing Victoria Police health and wellbeing services.

Key enablers and barriers for SISU implementation and uptake

- Positive leadership was a key enabler: people talked about encouragement to make use of services including consultations and reflective practice by leadership in their workplace.
- The flexibility and adaptability of clinicians was highly valued and enabled engagement with SISU services.
- Emerging trust relationships, built through consistency and presence, supported people to access SISU services.
- Stigma that exists in relation to all help-seeking for mental health issues was cited as a barrier.
- Workplace pressures and schedules were cited as a barrier to accessing SISU services.

Overall, there was solid satisfaction with the SISU model, as it has been implemented to date.

- Most participants felt that their engagement with the SISU was positive and beneficial.
- There was strong support among some managers/supervisors for the value and effects of the SISU services.
- Reflective Practice Sessions were the most commonly accessed service and were perceived as helpful and positive interventions.



The SISU Model

Victoria Police's *Policing Harm, Upholding the Right: Strategy for Family Violence, Sexual Offences and Child Abuse 2018 – 2023* sets out four key pillars to guide their activity; these focus on victim safety, holding perpetrators to account, child safety and wellbeing, and building a strong workforce. The fourth pillar focuses on the capability and safety of the workforce. The strategy refers to the psychological and physical trauma risks for employees working on themes of child abuse, sexual offending and family violence. The risks to the safety and wellbeing of these employees are described as the cumulative impact of working in specialist services, where the high volume of incidents and stressors in policing these crimes can impact negatively on employees.

In 2018 the Victoria Police Specialist Investigators Support Unit (SISU) was established within Family Violence Command (FVC) at Victoria Police. SISU is staffed by a team of mental health professionals to provide targeted psychological services and workplace interventions to regional and metropolitan Sexual Offences and Child Abuse Investigation Teams (SOCIT) and Family Violence Investigation Units (FVIU).

The establishment of the unit aligned with findings in the Victoria Police Mental Health Review (2016) that recognised a need for improved support for employees' safety and wellbeing, particularly those working predominantly in the themes of child abuse, sexual offending and family violence.

The SISU intervention offers a distinctive model, as it works on the on-site embedded proactive provision of psychological services designed to achieve organisational change at a workplace, rather than solely at an individual, level. Services, including counselling, training, education and other therapeutic and organisational interventions on a diverse range of complex issues were put in place. This intervention is not designed to replace or conflict with other wellbeing supports already offered by Victoria Police: it is rather intended to build resilience and professional skills in the management and recognition of work stressors and support early interventions where they are needed.

'Establishing boundaries' was a new concept that employees found made a profound difference to both their stress and how to manage everyday interactions.

The overarching purpose of the SISU, as outlined in the SISU Concept of Operations (Victoria Police, 2018) is to support mental health and psychological wellbeing in the unit supported. This will be achieved through:

- Taking a proactive and preventative focus
- Improving the accessibility and availability of services
- Reducing stigma associated with mental health issues
- Increasing the acceptability and willingness to access support
- Developing individual capacity to identify and manage mental health and psychological wellbeing concerns
- Developing manager/supervisor capacity and confidence to identify and respond to staff mental health and wellbeing concerns

At SISU's inception, there were five key activities embedded in the SISU model: each of these is supported by existing evidence about best practice and efficacy in delivering workplace health and wellbeing interventions.

Figure 1: SISU service activities



Like as soon as she said compassion fatigue with me, I thought, “Oh, I understand.”



Evidence-based studies related to SISU interventions

SISU provides specialised clinical services that complement those provided by the Police Psychology Unit (PPU) and Victoria Police wellbeing services more broadly and are tailored specifically to the distinctive needs of SOCITs and FVIUs and other units working in the themes of family violence, sexual offending and child abuse. These include delivery of mental health and wellbeing training during specialist training courses, development of support plans for each specialist unit, provision of reflective practice groups for all employees within these work units, manager consultation services to specialist unit supervisors and provision of a wellbeing consultations and wellbeing response within specialist units. SISU undertakes a triage function with unit members who consult them in the course of their work. When relevant, requests for services (e.g. referral to external providers) are managed directly by SISU clinicians. Five core services are offered to the units: Reflective Practice; Manager/Supervisor Consultations; Wellbeing Consultations; Wellbeing Response; Training (Victoria Police, 2018).

Existing studies on mental health interventions in police forces indicates that reframing programs as occupational health rather than victim-focused is the best framework to support enhanced mental health for all employees. New frameworks within positive occupational health psychology have moved away from the use of medicalised or pathogenic frameworks for ascertaining the health of organisations to wellbeing framings. In these frameworks, the entire organisation is the unit of analysis. The interventions move beyond the traditional focus on individual risk factors in police employees to protective factors and resources that act simultaneously at the individual, social (group) and organisational level (Houdmont et al., 2014). This is the approach that underpins the SISU model, which offers a suite of services that address individual and collective needs and objectives.

REFLECTIVE PRACTICE

Reflective practice has long been used in clinical settings as a way of supporting those delivering complex and demanding clinical services. The move to implement reflective practice in policing settings is relatively recent. Steve's (2015) analysis in 'The Police Service Can Be a Critical Reflective Practice ... If It Wants' presents a strongly argued case that critical reflective thinking and practice are essential skills for police to deal effectively with the ambiguities and uncertainties of complex post-modern societies. It is suggested that critical reflection capabilities should be developed in all policing agencies to challenge beliefs, and develop insights, knowledge and perspective. Finlayson (2015) argues that reflective practice is primarily used in organisations as a management or leadership tool but may be used for personal learning: peer exchange and skill sharing are potential attributes. In the group learning space individuals learn from others, and 'through oneself' internalising some of the experiences (Finlayson, 2015: 718).

The SISU model developed by Victoria Police was the only mental health and wellbeing intervention found in a policing context that included a reflective practice component.

MANAGER / SUPERVISOR SUPPORTS

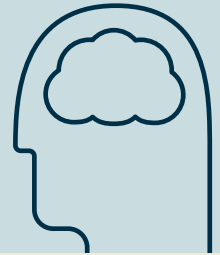
In the international literature, there is consensus that progressive police leaders recognise the impact of stress on police and set the tone and culture for stress management programs to succeed. Police psychologists, program designers and researchers concurred that police leaders could make a significant impact on stress management through including stress management in training programs and challenging the police cultures that discourage seeking help (Rook et al., 2015). Operational supervisors can directly influence the mental health and wellbeing of employees by recognising when they were feeling pushed beyond their limits, normalising anxiety as a response to the challenges of the job and encouraging simple acts of compassion. Proactive leadership was shown by identification of mental health challenges, wellness training for employee and frequent advertising to officers of the different kinds of resources available including confidential counselling (Cohen et al., 2019; Molines et al., 2017; Waters, 2019).

WELLBEING CONSULTATIONS / RESPONSES

In the international literature, only a small number of wellbeing interventions in policing were found. In Virginia, the Health Mind Check-ins was implemented in 2017 by the Police Department. It provided police with an annual 45-minute anonymous counselling session from a contracted psychologist for police discuss personal, work-related issues or anything impacting on their wellbeing. The contact with the psychologist was cited as a 'safety net' in knowing someone to contact if a critical incident occurred. The name was purposefully changed from annual 'Mental Health Check-ins' to encourage participation (Elliott, 2017).

TRAINING RESILIENCE TRAINING

Mental health and wellbeing training usually targeted changing attitudes to seeking help, reducing the stigma attached to mental health and increasing officers' efficacy and resilience. Resilience is based on the idea of rebounding or bouncing back from adversity and is defined as the ability to successfully adapt to stressors, maintaining psychological wellbeing in the face of adversity (Haglund et al., 2007; Hasketh et al., 2019). One of the few documented resilience training programs was for a northern U.K. constabulary (study population n=350). The training goals were to build personal levels of resilience and the capacity to manage their wellbeing in the workplace (Hasketh et al., 2019). After the program, with new personal resilience skills and skills to manage stressors in the workplace, participants showed decreased stress levels and improved wellbeing in the follow-up survey (Hasketh et al., 2019).



I think the fact that <clinician>'s here and available to us on a regular basis. I think that's a good one. Even if she doesn't get used.



STRESS MANAGEMENT TRAINING PROGRAMS

Diverse stress management programs have been designed to reduce employee anxiety, perceived levels of stress and stress-manifested behaviours. These have been trialled in a range of jurisdictions including in West Virginia (Oliver and Meier, 2009), New Jersey (Amaranto, 2003) and Ontario (Barath, 2017). While systemic evaluations are unavailable or suggest only short-term, limited benefits (Dobson et al., 2018), there have been positive responses recorded by participants in all these programs. The focus on wellness practices and resilience skills and the reduction of stigma associated with help-seeking pervasive were identified benefits and are reflected in the approach of the SISU program.

The review of existing evidence focused on mental health and wellbeing interventions in policing in relation to the SISU model found the following:

- 1. The SISU model is unique:** its design is not replicated in the international and national literature and it offers many features that show it to be a forward looking, effective and adaptable model. Of most significance is the attention to reflective practice and mental health wellbeing as professional skills/attributes. The embedding of the service in the specialist units and the continuity of service with a known clinician takes on the collegial aspects of police culture. These aspects fit with best practice highlighted in the literature review.
- 2. The model is innovative at the macro level as it is framed within a workplace wellbeing approach.** The model is consistent with a positive occupational health approach and importantly acknowledges the the need to ensure employees at risk of mental ill health are linked to appropriate psychological services.
- 3. The literature reveals that the most effective outcomes for police mental health arise from psychological counselling delivered one-to-one and group processes that build resilience and promote changed ways of thinking and behaving.** Both these elements are core aspects of the SISU model.



Key Findings: Implementation of the SISU model in Family Violence Command at Victoria Police

SUCCESS OF THE SISU MODEL AND ITS ACTIVITIES

The primary objectives of the SISU intervention are enhanced mental health and wellbeing for Victoria Police employees working on the themes of sexual offending, family violence and child abuse. In the first eighteen-months of operation SISU has achieved considerable traction and widespread recognition amongst target groups. From data gathered and analysed by the Monash research team, there was very strong awareness of SISU, its service models and delivery patterns. The majority of participants in both datasets had accessed the reflective practice groups with a significantly smaller number having made use of one-on-one consultations or accessed/participated in training/education sessions. There was considerable evidence of manager support for SISU in focus groups and interviews.

There was widespread support for the role and function of SISU. The clinicians received praise for their engagement and willingness to respond to diverse needs. There was considerable recognition of their efforts and adaptability in what was widely acknowledged as a challenging environment to provide mental health services. Those who accessed Victoria Police health and wellbeing services were using SISU as readily/frequently as they were using other services and with commensurate satisfaction.

In the following sections, we outline key findings in relation to SISU from interviews and focus groups with Victoria Police employees.

REFLECTIVE PRACTICE KEY FINDINGS

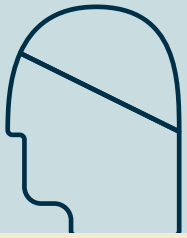
Improved relations between staff members was a valued outcome by participants. Reflective practice was seen as a safe environment where they could be open and connect with others on the issues that were foremost in their minds on the day.

When you start bringing up a topic and then everyone else realises that's the same topic they want to speak about. It unites the group a bit. (FG1)

The conversations were consoling because participants realized they were not alone in being affected by an incident and that others had the same issues.

It's like passive smoking. It's like if they don't want to talk about their problem but somebody in the group starts to talk, they can gain that insight in relation to that. (FG1)

SISU: 'independent
but still somewhat
part of us'



Mental health literacy was a valued outcome. By learning about their own and other people's stressors, participants felt more empowered to support other employees through anxiety-provoking experiences. The support was particularly pertinent for new constables offering them insights into how others felt about the workplace issues or the jobs they were dealing with.

New skills and concepts to manage mental health and wellbeing was a valued outcome. 'Establishing boundaries' was a new concept that employees found made a profound difference to both their stress and how to manage everyday interactions.

So when we talk about where we've got a particular victim pushing us quite hard, she can talk about boundaries and how can we set boundaries and how can we make that healthier for us and things like that. (FG1)

Compassion fatigue was another concept that helped participants understand their own stress and anxiety and enabled them to more effectively deal with cases that produced the problem.

If you understand what's going on there you can sort of – you can deal with it. Like as soon as she said compassion fatigue with me, I thought, "Oh, I understand." (FG1)

Gateways to wellbeing consultations was a valued outcome. For many the reflective practice sessions were an opportunity to develop confidence in the clinician as someone they could seek a wellbeing consultation with if needed.

I think the fact that <clinician>'s here and available to us on a regular basis. I think that's a good one. Even if she doesn't get used. There's sessions where we just do a reflective practice and that's it, but she's there. So, if something pops into your mind and you go, "I want to run that past <clinician>," or, "Can I talk to you about this?" <clinician>'s there or <clinician>'s available and we've got <clinician>'s name and phone number (FG5)

The on-site presence of a known competent clinician who could run the group reflective practice sessions was highly valued. A senior sergeant believed that reflective practice provided a space for those who wouldn't usually reach out to become familiar with the work of the clinician from whom they could ask for help at a later stage. The interaction between the group session and individual counselling was viewed as a distinctive and valuable aspect of reflective practice.

Participants felt well supported by their clinicians when distressing incidents occurred. Although extreme incident responses are managed by Police Welfare, some participants contacted the clinician for emotional support. In urgent situations, they were confident the clinician would come to their site at short notice.

I'm sure if you rang her and said, "I need you to come up tomorrow," she'd come up. (FG5)

Voluntary participation was seen by clinicians as integral in supporting Victoria Police employees to feel empowered to act on mental health and wellbeing concerns. The SISU clinical team considered mandatory attendance would not support empowerment and self-accountability for mental health and wellbeing. For police employees, these concepts of empowerment and self-accountability were not commonplace, and this was a challenge in the reflective practice work of SISU.

ONE-ON-ONE KEY FINDINGS

The SISU model has three services that fall under the broad category of one-on-one consultation: these are supervisor/manager consultations, wellbeing consultations and wellbeing responses. A wellbeing response is distinguished from a wellbeing consultation as it could be requested or suggested by a manager/supervisor (Victoria Police, 2018). In practice however, as attendance at such consultations is always voluntary, there was limited difference between these two forms of service.

The mental health side of things is the biggest issue.

In focus groups and interviews, participants described wellbeing consultations as incredibly valuable because a trusted clinician was available when a need arose. Participation in the consultations varied across sites.

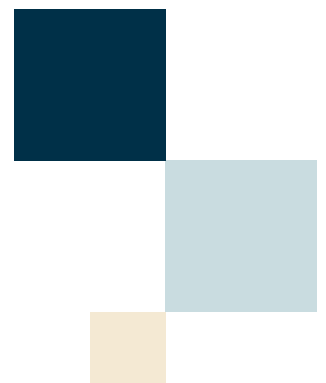
At some sites, the senior sergeant had regular one-to-one consultations with a dual focus of improving their wellbeing and positive role modelling. Occasionally senior sergeants asked the clinician to go and speak to someone who they knew were dealing with stressful or difficult issues. Some suggested wellbeing consultations were more aligned with the purposes of the SISU and were the most important service.

A number of participants valued the opportunity to speak informally with the clinician over a coffee and to know that if they chose to, or had a need following an incident, they could access a counselling consultation.

Because at this point in time I may not need it, but down the track I may, so I think that has merit in just existing, even though the use might not be taken up as much (FG3)

Some reflected that clinicians helped them to understand issues from different perspectives, because of knowing them, belonging to them and being available for them.

It breaks that boundary down so that if you get to the point where you're like, 'I do need to speak to someone' then it's so much easier to speak to her than pick up the phone to police welfare or whatever. (FG1)





Manager/Supervisor Consultations were seen as important. One senior sergeant felt their rank was the loneliest one in Victoria Police as there was no access to support networks: they felt caught in the middle between issues emerging from below and coming down from above. A number of senior sergeants appreciated their access to the clinician by phone or email with some predicting the cost benefit for the SISU services would be evident in reduced injuries at work. A collaborative relationship was key to these positive outcomes. One senior sergeant said:

I'm prepared to accept that not everything I do, and not everything that I'm told, even if it's the organisational way of doing things is the right way to do things. It takes someone to challenge you with that, and you need someone that really – <Clinician's> priorities are very different to what mine are, so she's prepared to do it. But you've got to have a good relationship, by the same token. (INT6)

Only one senior sergeant requested a regular one-on-one consultation with the clinician on every visit: no other managers spoke of exploring their own anxieties or stresses. Some clinicians felt that offers of support and service to managers/supervisors had not been taken up and were not a priority.

They just never showed up or they never prioritised it. So, in the end I just went, well, you can come to a normal reflective practice if you want to. And they do come but they don't have their one on their own. (FG11- Clinician)

TRAINING KEY FINDINGS

Training was described as structured sessions focused on particular topics of interest. Some common themes, topics and ideas were shared across clinicians and a suite of shared activities were being developed. Participants enthusiastically endorsed structured sessions and said they were valuable. At one site the SOCIT had a formal training day and invited the SISU to provide some educational training packages on mental health that covered topics such as insomnia and anxiety and depression.

It was such a positive session... And I feel like we all left it feeling really uplifted, and feeling good about ourselves, and having identified our own strengths as well. I thought it was fantastic. (FG9)

Participants generally found training sessions worthwhile and said some of the training topics had influenced their practice and mental health literacy.

It was such a positive session... And I feel like we all left it feeling really uplifted, and feeling good about ourselves, and having identified our own strengths as well.

Key enablers and barriers to SISU implementation and uptake

Participants in interviews and focus groups were invited to reflect on the enablers and then subsequently the barriers to the implementation of the SISU model and their participation in its activities.

LEADERSHIP SUPPORT FOR ACCESSING MENTAL HEALTH SERVICES

In all focus groups and interviews with managers mental health issues were identified as 'massive' in the organisation.

The mental health side of things is the biggest issue. Because it's impacted by a number of things; workload, vicarious trauma, those sorts of things. So it is the number one priority without a doubt (INT2)

Many said leadership was an essential aspect of the organisational change process. The most cited example of effective leadership was the open communication by Chief Commissioner of Police in November 2017 that he had taken leave for mental health issues.

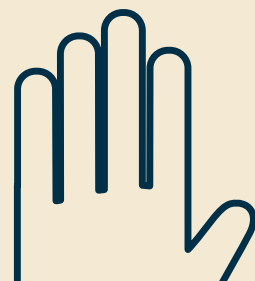
In [X] years in the Victoria Police Force I've never heard of that before, of a person of that level putting up their hand and saying, "I need a break, and then coming back in." If the chief is prepared to say that it opens up lots and lots of doors. And, that's at the same time as the organisational shift, in relation to the changes with diversity and across the organisation, and the timing is really positive for that because I think it's actually softened the organisation in a very, very positive way. (INT3)

A few senior sergeants said that they tried to be role models for openness in their units. One set up a regular wellness consultation each fortnight and another participated in reflective practice. Clinicians felt when senior sergeant and sergeants encouraged staff to participate and became directly involved, it sent an unequivocal message that SISU services were valued.

In terms of engaging, I know one big strength for me in engaging some of my sites has been my relationship with the senior sergeant or the sergeant. And I started building that from the very beginning – I know a lot of us have – which actually helped create that trust with the members as well. (FG11 - Clinicians)

A senior sergeant contrasted the high value of the SISU program at their workplace with courses staff had to complete off site. By providing assistance and helping people's health and welfare in their own workspace, the senior sergeant claimed the SISU services made staff feel really valued and helped them achieve and stay in the organisation.

It's a massive shift for Victoria Police to go from, in my view, no support to support every two weeks. (INT3)





FLEXIBILITY AND ADAPTABILITY IN APPROACH

Flexibility around the development of relationships and, in some instances, clinical practices were highly valued. The diverse qualifications and professional backgrounds of SISU clinicians (clinical, forensic, organisational, counselling and general psychology and social work) may support the variety of techniques that are used to engage the participants.

So, we're all different. We all come from a different background and we all have a different way of engaging and doing things. (FG11- Clinicians)

Yes, flexibility is key in this job, definitely (INT8).

The clinicians were responsible for developing positive engagement to underpin their work. Participants agreed that clinicians had to be highly adaptable to engage with them and would have to overcome initial 'stand-offish' behaviours. From the Victoria Police perspective, this was normative group behaviour towards an outsider: many said clinicians should not take it personally. Acceptance by the group meant getting through the 'testing' phase. When the clinicians toughed it out and persisted, they were usually assured of gaining high approval.

There's a stranger in the office and they're not a police member. It takes a little while to warm to them. So, it's somebody who accepts that's going to happen and it's nothing personal; it's just the reality. (FG4)

One participant said the two most important skills in a clinician were good listening skills and asking the right questions.

<Clinician> just listens and is softly spoken and asks the right questions. Clearly [she/he] listens. That's their job to do that, so that's how [she/he] is. (FG2)

It was critically important that the clinicians understood their work and the stresses they faced on the job and that they did not 'look down on them'. Fitting in with police culture implied not being offended by the culture or what one group described as black humour.

<Clinician>'s real. (FG7)

You don't feel like you're walking on eggshells when <clinician>'s around and you have to watch yourself. (FG7)

The police valued the clinicians' understanding of organisational protocols and procedures and how the pressures from management affected their working lives. One (SOCIT) member said:

[The clinician] understood the unique context and workload that we don't have to then explain acronyms and all the things. She gets it. (FG1)

For clinicians, this requirement for adaptability was demanding. They found their work demanded high self-monitoring skills to deal with the challenges of delivering the services. Many described their work in the specialist units as stimulating and at the same time wearing.

RELATIONSHIPS OF TRUST

One senior manager described trusting relationships developed between those working on the themes of sexual offending, family violence and child abuse and the clinicians as laying the foundations to overcome the cultural resistance to reaching out to the professional supports.

You will live or die in this organisation based on your relationships and the trust that you get from building those. Because that sets up then the ability for people to help seek and that's what you're doing, you're laying the foundations of trust and familiarity (INT13)

Forging these relationships on the ground was largely dependent on the resourcefulness and skills of each clinician. Clinicians described normalising their role through persistence, regularity of contact and continuity.

We show up. We just keep showing up and we keep normalising our role and we keep throwing in some education kind of secretly to the way we talk or what we promote. And we just have to keep showing up. And I've seen a massive shift from the time I started to now in terms of coming to the sessions, engaging with me, talking to me. (FG11-Clinicians)

Initial approaches included informal chats and coffee. These individual connections encouraged engagement in reflective practice and sometimes the wellbeing consultations. It was not a straightforward trajectory, requiring willingness and resilience in clinicians to adopt a longer-term view and to persist through times of withdrawal or minimal engagement.

You could just feel that resistance. So, at first it was quite challenging, very challenging. (FG11 - Clinicians)

Focus group participants recognised the importance of this consistent presence: it offered time to observe; time to assess; and, finally, to accept the clinician and develop a relationship.

We need them there sitting beside us for those casual conversations and interactions and for her to take that first step and initiative conversation with individuals (FG1)

It's a massive shift for Victoria Police to go from, in my view, no support to support every two weeks. (INT3)



For those accessing services, this continuity was key. Trust in the clinician and the SISU system had to be built incrementally given the extensive concerns and stigma about seeking help for mental health issues.

Focus group participants recognised that overcoming the distrust and breaking down the stigma around mental health was not easy for either party – themselves or the clinicians. Some reflected on the irony that despite these struggles, the SISU processes they engaged in with the clinician were actually enjoyable:

Slowly but surely, we've found ourselves in this current environment where we're actually satisfied to come along to the SISU meetings which is a big deal for us and ... they're reasonably enjoyable. (FG5)

STIGMA

The main organisational barrier to the effectiveness and take-up of the SISU model identified in the focus groups was a perception that policing organisations generally equated mental health issues with failure and weakness. For some participants, stigma associated with mental health issues did make them reluctant to use SISU services. Sometimes people feared that entering a meeting room with the clinician for a consultation was a signal of having a mental health issue. One person feared that being seen having a consultation with a clinician could lead to a supervisor suggesting a welfare check.

It's all about perceptions as well. Even if you're going to take <clinician> and have a one-on-one, you'll always have in your mind 'oh someone is going to ask me the question are you okay, are you alright?' (FG3)

Significantly, subsequent to the implementation of SISU, some participants commented on more open discussions of mental health and wellbeing in meetings.

ORGANISATIONAL PRESSURES

The structure and pace of work was identified as impacting access to SISU. Disruption to the service delivery was routine, caused by the constant changes to staff availability through rotational positions in the FVIUs, shift work, rosters, leave and operational work.

I work part-time, and I've seen <clinician> maybe four times all year. (FG10)

I think I've only got to the one, and I haven't actually booked appointments around it. I just literally haven't been here. (FG10)



CONFIDENTIALITY AND SECURITY

There were some fears expressed, related to previously noted concerns about stigma, about confidentiality in groups. Building trust in confidentiality was a key step in the acceptance of the SISU services. It was a significant outcome that all sites generally affirmed confidence in the confidentiality and independence of the SISU and that personal trust had been built between participants and the clinician. Participants described the SISU as ‘independent but still somewhat part of us’ (FG4) and ‘kind of like one leg in, one leg out’ (FG10).

I think they're seen as independent of Victoria Police in the sense that they're not going to go and tell everybody our stories. They remain confidential. So that's really good. (INT2)



Overall Findings



Another concurred, saying the SISU service model had clearly improved the mental health and wellbeing of Victoria Police employees.

I think it should be permanent. It should be in there all the time, whether it's needed or whether it's not needed because it thrashes out a lot of the problems. So they're dealing with little things that don't end up being big things. It's very beneficial for a welfare point of view and for just happiness in the office. (FG2)

Clinicians strongly supported the key features of the SISU model in being preventative, relational and implemented across ranks. The overwhelming view was that the model was innovative and highly worthwhile in its primary goal of supporting the mental health and wellbeing of Victoria Police staff and managers.

I love it. I think it's fantastic. I come away going; okay, they've got something from this, they're going to learn from this. I might have to fine-tune some things because not every case is the same. But they're learning from it. (FG11 - Clinicians)

All evidence reviewed found solid and widespread support for the SISU model and its impact to date. For some experienced managers and/or supervisors, SISU was seen as an incredibly positive innovation.

Yeah, it's the best thing I've seen as far as mental health and welfare. I think it needs pushing a bit further, but it's the best model and best new initiative that I've ever seen as far as mental health and welfare in Victoria Police. (INT7)

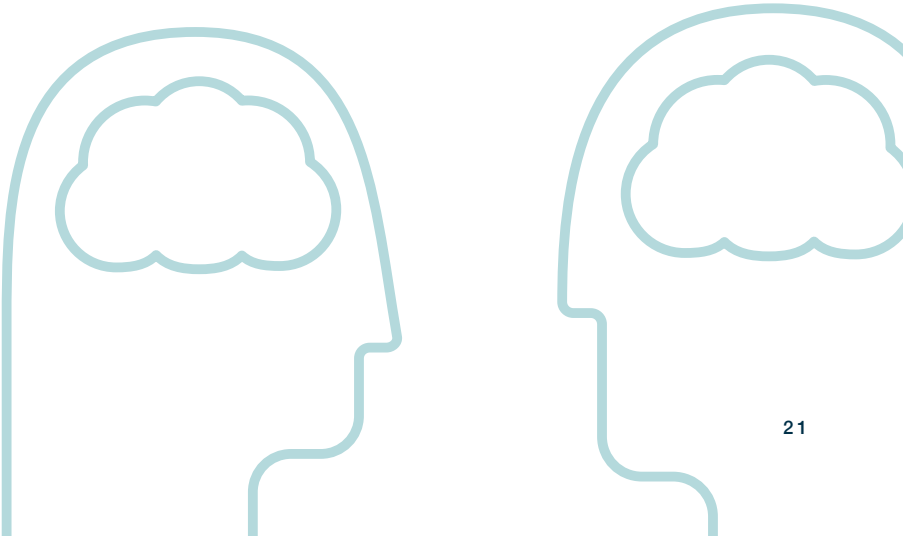
There was strong support for the preventative objectives with a number of participants believing that it could enhance mental health and wellbeing and prevent some from 'having that fall':

It's proactive and reactive. It's like once you've got to the point where it's reactive, you've already fallen, so it takes a bit more to get you up to a point where you can handle things again. This is trying to stop you from having that fall. (FG4).

SISU 2020 and beyond

The SISU model has now been in place for two years. This initial research into its implementation and uptake, conducted over its first eighteen months by Monash University, resulted in the following recommendations.

- 1. Victoria Police review, refine and rearticulate the program logic and objectives of the SISU model.
- 2. Victoria Police consider commissioning a three / five-year evaluation of the SISU model to provide robust evidence of the outcomes of the SISU intervention over the short, medium and long term.
- 3. Any evaluation design should incorporate comparative data analysis to ensure the specific outcomes of SISU can be distinguished from broader organisational and community initiatives designed to enhance mental health and well-being.





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Appendix 1: Collaborative Research Process

This report draws on a collaborative research project developed by Victoria Police and Monash University, designed to gather data dynamically with input from all key stakeholders as the SISU workplace intervention operates in a complex and demanding work environment. Policing work involves interacting in highly complex socio-political environments, with diverse populations facing marginalisation, stress and vulnerability including those who have experienced trauma from child abuse, sexual and/or family violence. In Victoria, the policing of family violence, sexual offending and child abuse is being reshaped by broader social and governmental transformations, crystallised in the Royal Commission into Family Violence and the Royal Commission into the Institutional Response to Child Sexual Abuse that are changing expectations of policing.

This was a mixed methods study, drawing on documentary review, existing quantitative data and a specifically designed qualitative project. The trends and generalisations in the large quantitative survey sample (n=416) were compared and contrasted with the in-depth data from the smaller qualitative samples (Focus group participants n=83; Interview participants n=13). This report draws on the qualitative aspect of the project – focusing on the response to the implementation of SISU.





Figure 2: Monash research activities

