



Queensland Audit Office
better public services

Summary—Managing the mental health of Queensland Police employees

Report 2: 2017–18



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Front cover image is an edited photograph of Queensland Parliament, taken by QAO.

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Audit cost

This audit cost \$320 000.

Reference to comments

In accordance with section 64 of the *Auditor-General Act 2009*, we provided a copy of this report to the Commissioner of the Queensland Police Service. In reaching our audit conclusions, we have considered his view and represented it to the extent we deemed relevant and warranted when preparing this report.

We received a response from the Commissioner of the Queensland Police Service. The response is in Appendix A.

Your ref:
Our ref: 2016-P9149



10 October 2017

The Honourable P Wellington MP
Speaker of the Legislative Assembly
Parliament House
BRISBANE QLD 4000

Dear Mr Speaker

Report to Parliament

This report is prepared under Part 3 Division 3 of the *Auditor-General Act 2009*, and is titled *Managing the mental health of Queensland Police employees (Report 2: 2017–18)*.

In accordance with s.67 of the Act, would you please arrange for the report to be tabled in the Legislative Assembly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B. Worrall', is written over a light grey horizontal line.

Brendan Worrall
Auditor-General

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MENTAL HEALTH FACTS



Almost half of all Australians will experience a common mental disorder in their lifetime.



Over \$8 billion or \$344 per person, was spent in Australia on mental health related services in 2014–15.



Australian emergency departments provided 256 178 occasions of service to people with a mental health related principal diagnosis in 2014–15.



Australian public and private hospitals had 254 800 mental health related hospitalisations in 2014–15.

Source: Australian Institute of Health and Welfare 2016: *Mental health services—in brief 2016*.

Audit objective and scope

The objective of the audit was to determine whether the Queensland Police Service (QPS) is effective in preventing mental illness and monitoring and managing the mental health of its employees.

We assessed the effectiveness of the QPS in:

- promoting and monitoring mental health
- preventing mental illness
- managing mental illness when it does occur.

Our scope included all employees of the Queensland Police Service—recruits, sworn police officers (those who have sworn an oath of service and been given specific authority and powers), and unsworn staff (sometimes referred to as civilian staff).

It included the recruitment, operational, and leaving stages of their careers.

If you or anyone you know experience mental health issues or a personal crisis, please call:

Lifeline: 13 11 14
www.lifeline.org.au

beyondblue: 1300 22 4636
www.beyondblue.org.au

Queensland Police Service employees
can also call: 1800 27 7478

Summary

Mental health problems are the third biggest health problem in Australia, behind heart disease and cancer. They can affect anyone and their effect, on the sufferer and the people around them, can be very serious.

The distinction between 'mental health' and 'mental illness' is important. Mental health refers to wellness rather than illness and is where an individual understands their ability to cope with normal stresses of life. Mental illness differs from poor mental health, because it refers to recognised, medically diagnosed illness, which impacts an individual's cognitive, affective and relational abilities.

Mental health in the workforce

An unhealthy work environment or a workplace incident can contribute to the development of mental illness. The *Australian Work Health and Safety Strategy 2012–22* identified mental disorders as one of the six national priorities because of their prevalence, severity, and known prevention options.

Safe Work Australia reports that six per cent of all workers' compensation claims each year are for mental disorders. It found that over the five-year period from 2008–09 to 2012–13, that first responders (police, paramedics, and firefighters) were one of the most at-risk groups.

Mental health of first responders

First responders are those emergency service employees who deal with emergency situations or critical incidents. Their mental health can be vulnerable to the tasks and conditions they face.

In its *Work-related mental disorders profile 2015*, Safe Work Australia found that civilian defence force employees, firefighters, and police officers had higher claim frequency rates than all other worker categories. For males in these jobs, the serious mental disorder claim rate was seven times higher than the average claim rate for all occupation groups. For females in these jobs, it was 16 times higher.

The beyondblue organisation (which focuses on reducing depression, anxiety, and related disorders) developed a *Good practice framework for mental health and wellbeing in first responder organisations* (the framework). It developed the framework in collaboration with Australian first responder agencies (including the Queensland Police Service) and experts. It is intended to help these organisations manage the mental health and wellbeing of their employees at all stages of their careers. We developed our audit assessment criteria based on this beyondblue good practice framework.

Police

Policing at its core is a people service. It is about people (the police) interacting with other people (the public). At times, the interaction occurs in emotive, tense, distressing, and challenging circumstances. Any one, or an accumulation of these interactions, can affect the mental health and wellbeing of police.

Coupled with the stressors that affect the wider population, police are considered more susceptible to mental illness, such as depression, anxiety, and post-traumatic stress disorder. However, the data available is limited. This makes it difficult to identify the full extent of mental health issues and mental illness.

Roles and responsibilities

The Queensland Police Service (QPS) has a primary duty of care under the *Work Health and Safety Act 2011* (QLD) to ensure, as far as reasonably practical, the health and safety of its workers.

On 1 July 2016, the QPS established a People Capability Command. It is responsible for mental health screening, training, monitoring, and support services across the career of each employee. It is also responsible for the development, implementation, and management of the service's health and wellbeing strategies and action plans. It plays an important role in fulfilling the organisation's duty of care.

The staff of the QPS play an important role in determining its attitudes about mental health, and those in more senior positions hold greater responsibilities. The People Capability Command provides support to help managers and staff to fulfil their duty of care.

One priority of the People Capability Command is developing a new health and wellbeing strategy. It has recently issued an *Our People Matter* discussion paper to seek feedback from employees and families as input to developing the new strategy.

Audit conclusions

The QPS has in place many of the necessary elements it needs to effectively monitor and manage the mental health of its employees and prevent mental illness. It has established a wide range of mental health-related processes, screening, monitoring, and support services. These are undoubtedly helping some employees, but at times are not effectively supporting others. The QPS can improve the effectiveness of its mental health services by better implementing, promoting, and coordinating these elements. Monitoring the use and effectiveness of support services, and other risk factors, will inform better decision-making around mental health.

The QPS offers a wide range of training in mental health and resilience, but it cannot demonstrate that the training is effective or that employees attend where required. The training is poorly linked and largely uncoordinated, and employee attendance records are not up to date. Most of the training is voluntary, but even employee mandatory participation in training is not monitored.

The QPS has effective recruitment and employee screening processes. It provides additional screening and, in some cases, ongoing mental health monitoring of specialist staff in work units considered high risk. However, it is not proactively conducting mental health monitoring of its general duties officers. Extending mental health monitoring to cover general duties staff presents logistical and resource challenges. We are not aware of any police jurisdiction in Australia that proactively monitors the mental health of its general duties officers on an ongoing basis.

General duties staff are the biggest part of the QPS workforce. As the front line, these officers are often the least experienced but almost always the first police to respond to emergency situations or critical incidents. Online screening assessments, which QPS is currently piloting in specialist units, may be a viable option in terms of monitoring the mental health of its broader staff population.

However, improvements to monitoring and coverage will not lead to more effective mental health services by themselves. The QPS needs to increase the level of trust that employees have in its mental health services. Some police employees from across the service raised concerns about the potential for breaches of confidentiality if they use police-provided support services. Some believe their career will be at risk if they raise mental health concerns. This has resulted in some refusing to seek help and others paying for psychological counselling themselves, rather than using the independent counselling the police service provides. This is despite staff working in these police support services being required to maintain confidentiality under QPS and professional codes of ethics. This issue was apparent across the audit in different ways and from different parts of the organisation.

Managers and leaders have a crucial role in increasing trust, ensuring messages and direction from senior executives are embraced and cultural change with respect to issues of mental health occurs. More needs to be done to educate, train, and equip them in monitoring and managing the mental health of the workforce.

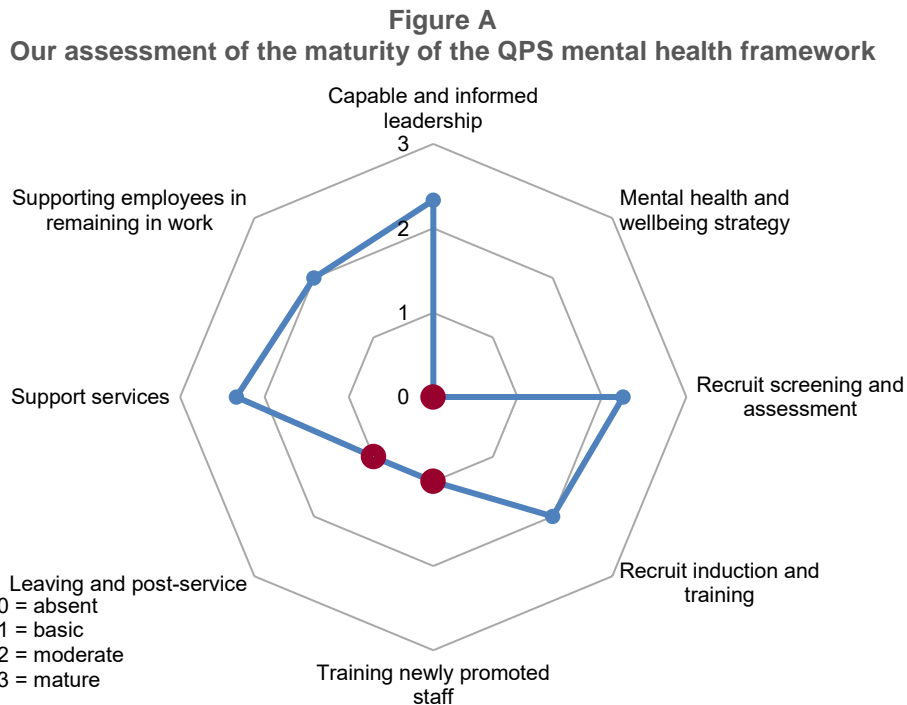
The QPS has an opportunity to improve employee trust by effectively implementing its new *Our People Matter* health and wellbeing strategy, once developed. This will take time and considerable ongoing effort to effectively develop and implement. The challenge for the Queensland Police Service's senior leadership will be to build and sustain momentum and support for the strategy and other health and wellbeing initiatives.

Summary of audit findings

Promoting mental health and preventing mental illness

The Queensland Police Service's senior leadership displays commitment to managing the mental health of employees. Its executive leaders advocate building the service's capacity and ability to promote mental health and wellbeing and to prevent and manage mental illness.

Figure A shows our assessment of the maturity of the QPS mental health framework based on beyondblue's *Good practice framework for mental health and wellbeing in first responder organisations*. We found areas for QPS to improve the maturity of its mental health framework across most areas to various degrees, but particularly in its strategy, education and training for newly promoted staff, and post-service support.



Note: Absent in any category does not necessarily mean that QPS has none of the elements in that particular category. It means that what the QPS does have in place has not met the threshold to reach the basic or higher level of good practice. Our full good practice matrix is in Appendix C.

Source: Queensland Audit Office based on elements of the 'Good practice framework for mental health and wellbeing in first responder organisations', *beyondblue*.

The service has started initiatives and structural changes to enhance its capability for managing the mental health of its workforce, including:

- establishing the People Capability Command
- developing the draft *Our People Matter* strategy
- partnering with the Queensland Police Union of Employees to sponsor a recognised expert to conduct speaking tours on mental health for police officers and their families
- having senior police openly speak of their experiences in dealing with their own mental health issues. One of the assistant commissioners conducts regular presentations to employees on his personal experience with mental health issues. This is to contribute to breaking down the stigma
- supporting various mental health activities across the state, such as R U OK? Day and Mental Health Week.

Some of these initiatives are relatively new and will take time and considerable ongoing effort to effectively implement. Others, such as supporting mental health activities across the state have been in place for years.

Establishing the People Capability Command

When the QPS established its People Capability Command on 1 July 2016, it brought under the one command:

- operational policing and leadership
- safety
- recruiting
- recruit and constable training
- training strategy.

Before establishing this command, the QPS did not share relevant information (such as assessment, performance, training, and incident information) or coordinate support services effectively. For example, the recruiting, training, and operational history of each employee was held separately across the various recruiting, training, and operational units of the service. This meant that no area of the police service had a complete up-to-date record of the employee.

The establishment of the People Capability Command provides the QPS with the opportunity to better coordinate, integrate, and enhance its staff wellbeing and mental health information and services. Its establishment is intended to break down the barriers and siloed approaches that have existed across the work units, but it will take time before the benefits are realised.

Developing a mental health and wellbeing strategy

The QPS has no formal strategy for managing the health and wellbeing of its employees, but is developing one. As such, its approach to wellbeing, including mental health, has not been as effectively targeted, coordinated, or integrated across the organisation as it could have been.

The purpose of a mental health strategy is generally to outline the agency's vision, objectives and values for managing the mental health of the organisation. It usually details how the vision will be realised, values embedded and objectives achieved, including actions (or a supporting action plan) and performance indicators.

In 2014, a staff member of the Employee Wellbeing Unit developed an *Employee Wellbeing Strategic Plan 2015–17*, which contained some actions for managing mental health. The leaders of the Employee Wellbeing Unit advised us that the document was never approved by them and therefore never forwarded to the QPS executive leadership for consideration.

With the three employee unions, the QPS has developed a health and wellbeing discussion paper called *Our People Matter* (the discussion paper). The organisation released the discussion paper for consultation with its employees, their families, and stakeholders from April to July 2017. It included key health and wellbeing areas for possible inclusion in a future *Our People Matter* strategy. Employees and family members completed almost 2 000 surveys and 780 employees participated in workshops.

The Queensland Police Commissioner has approved the establishment of a steering committee to guide the police service through developing, engaging, and executing the future strategy. It plans to launch its *Our People Matter* strategy in December 2017.

Trust in the existing services has been, and continues to be, a barrier to employees accessing the mental health and wellbeing support available to them. It should be a central element of the organisation's consultation and development of its future strategy.

Recruiting suitable people

Screening and assessing applicants is important in identifying people with the appropriate cognitive, psychological, and physical attributes to perform policing roles.

The QPS screens all applicants for recruit training to determine their suitability for policing. The further an applicant progresses through the recruitment process, the more tests they undergo, including psychological and cognitive tests. Appropriately qualified staff conduct this testing; the process is based on sound research; and decisions are based on evidence.

The QPS records recruits' cognitive and psychological test results in its human services officer case management database. (Its human services officers are psychologists and social workers.) However, it does not analyse data against mental health case trends to determine the effectiveness of its screening processes and to make improvements where necessary.

The Public Safety Business Agency is responsible for recruiting unsworn staff for the Queensland Police Service. It does not generally conduct cognitive or psychological screening for applicants for unsworn positions, unless they are applying for roles the service has designated to be high-risk. This is appropriate for those staff who work in roles in which they are not exposed to potentially traumatic or graphic events or information, as they are unlikely to be at any greater risk than those in the community.

Training and developing police

All recruits undertake mandatory training relevant to organisational mental health awareness and resilience. The QPS also provides some mandatory mental health-related sessions for constables as part of the Constable Development Program. Employees can choose to attend other, voluntary mental health-related training.

The QPS also makes available a broad variety of mental health-related training to sworn police officers. These training programs cover a wide range of mental health issues and risks, but they are neither well-coordinated nor designed to build on each other.

Most of the training sessions are not mandatory, examinable, or sufficiently tailored to target groups based on their roles, seniority, or specific risk exposures. Also, because the sessions are not well coordinated, the QPS does not know how many of its employees have enrolled, undertaken, and successfully completed them. As such, it does not know the participation rates and therefore the coverage of mental health training across the service.

Training newly promoted staff

The QPS has some mandatory workplace training as a prerequisite for promotion to sergeant rank but this training has limited employee mental health content. It also makes available other voluntary training for sergeants, and has some training specifically targeted at higher ranks (senior sergeants, inspectors, and unsworn managers). However, these courses are not complementary and they don't always focus on issues related to mental health in the workplace. The amount of mental health-specific training that managers receive is not congruent with their role and responsibilities in looking after the mental health of their staff.

The QPS could not demonstrate that all employees who should have undertaken mandatory mental health training for promotion had done so.

Training unsworn staff

Like sworn officers, unsworn staff have access to mental health-related training programs within the QPS. However, unlike sworn officers, only one of the mental health training programs available to unsworn staff is mandatory—the Lifestyle and Fit for Work program. All other mental health-related training available to unsworn staff is voluntary, regardless of role.

The QPS does not know how many of its unsworn staff have successfully completed the various training programs available to them. As such, it does not know the participation rates and therefore the coverage of mental health training across its unsworn staff.

Monitoring and supporting employees during their career

General duties and traffic police officers make up the bulk of all sworn officers. They are the front line, usually being the first police on the scene of crimes or incidents. This is also the area of policing containing the least experienced officers, including those who have recently graduated from the Queensland Police Academy.

The QPS has processes in place for supporting these and other officers attending critical incidents. It has no established process for conducting ongoing mental health assessments of general duties and traffic officers. This means that it is not proactively monitoring the biggest and possibly highest-risk part of its workforce.

This is despite the police service's Psychological Health Monitoring Working Party recommending in its 2010 *Feasibility Analysis of Psychological Health Monitoring* that mandatory psychological health monitoring be provided to all regional operational staff by 2015 and all operational staff by 2020.

One reason the QPS is not yet doing this is because it does not have the capacity to undertake ongoing assessment on this scale within its current approach and resourcing.

The QPS has specialist work units it considers high risk. (These are detailed in Appendix D.) Its Psychological Assessment Unit conducts mandatory psychological screening of all sworn and some unsworn staff applying to work in these high-risk roles.

Once sworn staff start working in these specialist units, the Psychological Assessment Unit also conducts annual psychological health monitoring of them. In some cases, they also assess unsworn staff. This annual monitoring is not mandatory for all units, and the QPS applies these mental health screening and monitoring processes inconsistently.

In addition, even though only a small proportion of eligible staff take up the offer of annual assessments, the four occupational psychologists responsible for psychological health monitoring are unable to keep up to date with the mandatory assessments.

The Psychological Assessment Unit is trialling online screening assessments as an alternative to in-person assessments. It is evaluating whether the online assessments provide more efficient and economical monitoring without reducing effectiveness. If successful, the online screening could potentially free up resources to enable the QPS to conduct psychological health monitoring of general duties, investigations, traffic officers, and unsworn staff.

Monitoring and supporting people leaving and post-service

The QPS has no established processes or systems to assess the health and wellbeing of its employees leaving the service. It doesn't assess the mental health of those employees who are leaving (unless it is due to ill-health).

In December 2016, it offered a workshop titled 'Life beyond the service' for officers leaving the Queensland Police Service. This was a pilot workshop, and QPS has advised us that it will offer further workshops in the future (although none have yet been scheduled).

The QPS provides few support services to former employees who might suffer mental health issues from their service. It extends its 1800 anonymous helpline service to ex-employees for 12 months after they leave the service, but it has no process in place to make ex-employees aware that this service is available to them. It does not know how many, if any, ex-employees are using this service.

In its *Our People Matter* discussion paper, the QPS included, as a guiding principle, that its future strategy 'must address all stages of the employee career path including transition to retirement and immediate years post separation'.

The QPS has advised that it is extending its new smartphone wellbeing app called *equipt* and its emotional survival workshops to former employees. The *equipt* app and the workshops are intended to provide them with tools and practical strategies to help strengthen their physical, emotional and social wellbeing.

Managing mental illness

The QPS has a range of support services for employees in managing their mental health. All staff have access to:

- peer support officers
- human services officers
- phone support services
- an early intervention treatment program.

The QPS has also analysed what type of support and strategies are required to address mental health issues.

Peer support officers

The QPS has, as of June 2017, 778 peer support officers who volunteer to assist and support colleagues experiencing personal and/or work-related difficulties.

Employees are generally positive about the program, but management do not know how well used it is or how effective individual peer support officers are. This is because peer support officers do not capture and record information on their work. As a result, the QPS does not have any records to enable it to track and understand the number of inquiries and issues its peer support officers are dealing with.

Other first responder agencies with peer support officer programs do capture information of the work of their peer support officers, while maintaining confidentiality. Specifically, they require their peer support officers to submit monthly activity sheets detailing the peer support contacts they have had with employees, the nature of the contact (for example family issues, stress, workload or incident-related) and the support or referrals they gave. They do not provide identifying information of the staff, such as names.

This information assists the organisation understand how much the peer support officers are used, what sort of issues its staff have, and allows it to tailor its professional development and training of peer support officers.

The effectiveness of this program relies on peer support officers becoming accredited in the skills required to assist their colleagues. To become and remain accredited, peer support officers must complete a mandatory four-day Foundation Studies Program and then do a minimum of six hours of professional development activities each year.

The QPS could not provide evidence that 672 of the 778 peer support officers have completed the mandatory training. This means that either the organisation has not recorded them as having completed the training or that the officers have not done the mandatory training.

Of the 672 peer support officers not recorded as having done the mandatory training, 207 (30.8 per cent) have not completed any of the other relevant training courses in the period. There is no evidence that peer support officers are participating in the minimum of six hours of professional development activities required each year to maintain their accreditation.

The People Capability Command is confident that all peer support officers have successfully completed all mandatory studies and annual professional development activities.

Human services officers

The Queensland Police Service's 24 human services officers are a critical component of its health and wellbeing framework. They are all either qualified psychologists or social workers, and are based in the districts or specific commands.

There is a level of misunderstanding and mistrust about the role of human services officers, which is an inhibitor to some employees seeking help. This is because of a belief by some employees that human services officers report, or make available to management, confidential information provided to them. Employees therefore feel it is potentially damaging to their career to disclose information to the human services officers. For this reason, some employees engage and pay for private psychologists rather than using human services officers or the early intervention treatment program offered by the QPS, or do not seek treatment.

These concerns were reported to us but we did not find direct evidence to corroborate them. Human services officers, as registered psychologists and social workers, are bound to observe QPS and professional codes of conduct and ethics, including confidentiality. While this reduces the likelihood of confidentiality breaches, any perception of such breaches held by employees can reduce the effectiveness of human services officers.

Analysing information

The QPS has a case management database system that captures data relating to mental health programs. Injury management advisors and human services officers analyse this information, but there is no documented process for how this analysis is undertaken. It focuses on individual officers and is robust where this occurs; however, there is no service-wide analysis for broader trends and patterns.

The QPS also conducts basic analysis of WorkCover claims and welfare cases to identify causes. But it analyses each data set in isolation, limiting its ability to further develop its understanding of causes and risks.

Helping employees to stay employed

One measure the QPS uses for assessing and reporting on its effectiveness in supporting injured employees is the return-to-work rate of injured employees.

Between 2009–10 and 2015–16 the Queensland Police Service's reported overall rate for employees returning to work (all injury types) has been consistently over 90 per cent and increasing. However, in the same period, the rate of employees with psychological injuries returning to work has been much lower, at approximately 70 per cent.

The QPS does not report on how many employees relapse or how long they remain in work.

The financial cost of mental illness

Managing mental health is important not only from the duty-of-care perspective but also because of the cost of mental illness to the government. Claims resulting from mental illness contribute to the Queensland Police Service's WorkCover premium of about \$30 million.

Currently, there are 24 legal claims against the QPS for workplace injuries. The amounts claimed for 13 of these amount to \$9 291 305. (The remaining 11 do not specify amounts.) Those claims involving psychological injury or a combination of psychological and physical injury total \$4.86 million.

The Queensland Government paid out \$13 million for 113 claims for injuries to police employees between the start of 2013 and May 2017. Of this, more than half (approximately \$7.5 million) was for psychological injuries. Another \$3.1 million was paid to individual employees with both a physical and psychological injury.

This averaged \$2.6 million per year or \$115 000 per successful claim over this five-year period. For four of the years, psychological-related injuries cost the QPS more in settlement payments per successful claim than physical injuries or those with both physical and psychological injuries.

These costs do not include the legal and administrative costs associated with the claims and settlements or associated with workers being out of the workplace.

Recommendations

Queensland Police Service

We recommend that the Queensland Police Service:

1. better coordinates and enhances its staff wellbeing and mental health support services and information within a clear strategy and integrated framework (Chapter 2)

The development of the new *Our People Matter* strategy is an opportunity to ensure all elements link together and align with the organisation's priorities.

2. acts to understand and address the mistrust of some employees in its current mental health frameworks and support services (Chapters 2 and 3)

The actions should include clarifying and better communicating the role of human services officers and their confidentiality obligations to improve employee trust and understanding about the role.

3. improves how it designs, coordinates, delivers, and records its mental health training (Chapter 2)

The enhancements to mental health training should include:

- increasing the coverage of the training across its workforce
- ensuring training packages complement and build on one another
- clarifying and emphasising the roles and responsibilities of leaders and managers in proactively managing mental health
- ensuring all mandatory training occurs and all training participation is recorded.

4. assesses options for screening employees prior to them leaving the service, and for enhancing post-service support (Chapter 2)

5. develops processes and measures for analysing its data for trends and to assess the effectiveness of support services so they can be continuously improved (Chapter 3)

These processes should include opportunities for injured employees to provide feedback on their experience of the effectiveness of the services.

6. improves the consistency and coverage of mental health screening and monitoring (Chapter 3)

The improvements to mental health screening and monitoring should include:

- developing a consistent approach to determining the specialist units for mandatory screening and health monitoring
- improving the participation rate of employees in voluntary mental health monitoring
- further exploring options, such as its pilot of online assessments, to expand the coverage of mental health monitoring to include general duties officers.

Auditor-General reports to parliament

Reports tabled in 2017–18

Number	Title	Date tabled in Legislative Assembly
1.	Follow-up of Report 15: 2013–14 Environmental regulation of the resources and waste industries	September 2017
2.	Managing the mental health of Queensland Police employees	October 2017

Contact the Queensland Audit Office

