

# Officers Under Stress

A special report to Parliament under  
section 31 of the Ombudsman Act

June 1999

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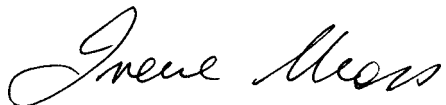
# NSW Ombudsman

Dear Madam President and Mr Speaker,

I submit a report pursuant to section 31 of the Ombudsman Act. In accordance with the Act I have provided the Minister for Police with a copy of the report.

I draw your attention to the provisions of section 31AA of the Ombudsman Act in relation to the tabling of the report and request that you make it public forthwith.

Yours faithfully,



Irene Moss AO  
**NSW Ombudsman**  
June 1999

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## Executive summary

This special report to Parliament concerns the need for the NSW Police Service to identify and support police officers whose psychological well-being has been affected by stress.

Exposure to traumatic incidents affects the ability of some police officers to carry out their duties, yet many supervisors within the Police Service have no way of knowing that some of their officers are struggling to cope. This jeopardises the interests of the affected officers, the Police Service and the community. A failure to identify an officer who is not coping could result in the officer making an error of judgement that causes serious harm to the officer or a member of the public.

The concerns of this Office about the issue stemmed from an investigation of an officer who had been accused of sexual assault. The officer stated that he was unable to respond to the allegation against him because he suffered memory loss following a traumatic work-related incident. A supervisor who had praised the officer's ability to cope with the incident, was unaware of the substantial adverse impact of the incident on the officer.

This Office's investigation revealed that Police Service managers often failed to obtain professional advice on staff who exhibit signs of not coping. Assessments are usually sought only after officers have submitted a claim for compensation or sought a medical discharge.

The Police Service's own research has also highlighted the need for improvements. Its survey of police personnel involved in critical incidents over a six-month period in 1998 found that:

- For every five police officers involved in incidents, only three were offered professional support.
- Of those who were offered support, 72 per cent were not offered further assistance after the initial intervention.
- 18 per cent of those interviewed indicated a clinically significant reaction to the incident; only half of this 18 per cent had received assistance.
- More experienced officers were significantly more likely to be affected.
- A third of those surveyed were unaware of the Police Service's psychology and welfare services.

As an organisation whose personnel are routinely exposed to stress and trauma, the Police Service needs adequate systems to enable managers to identify and respond to the needs of staff experiencing difficulties. For police managers to respond appropriately, they should have access to relevant information about the psychological well-being of their officers. It is neither fair nor safe to expect police officers whose work has affected their ability to cope, to continue to perform without proper support.

Since this Office raised its concerns with the Police Service in 1998, an internal working group has been developing proposals to improve support for officers involved in critical incidents and other initiatives to better manage officers experiencing difficulties. I acknowledge the work done so far, but there is an urgent need for the Police Service to put all of its ideas into practice.

I am concerned that the Service's work to date has not addressed the need for police managers, in certain circumstances, to have access to appropriate professional advice about the psychological well-being of their officers, particularly those who have been subjected to traumatic incidents. This advice is needed to assist police managers in making informed decisions as to how best to support their officers and to protect the interests of the community. I appreciate that there are sensitive issues associated with police managers seeking professional assessments of their officers. But both police officers and the community will suffer if adequate guidelines are not developed to address this issue. It should be emphasised that police who are suffering stress may be placed in situations requiring them to make decisions with potential life and death consequences.

I recommend that the Police Service take immediate steps to:

- implement a system to ensure that appropriate support is offered to all officers exposed to traumatic incidents, and
- as a matter of urgency, develop mechanisms and guidelines for managers to obtain reports about officers who exhibit signs that they are not coping, and ensure the information is used to assist and support officers.



Irene Moss AO  
**NSW Ombudsman**

## Introduction

In May 1998, this Office issued a report to the Police Service on our investigation into the capacity of the Service to obtain information about the well-being of its officers, and deficiencies in the current system for alerting supervisors that a member of their team might need support. The report contained recommendations to overcome the deficiencies of the current system.

This special report to Parliament is divided into three sections. The first contains an abbreviated version of our report to the Police Service of May 1998. The second deals with the Service's response to that report and other developments that have occurred since that time. The third sets out my current recommendations to the Police Service about the matter.



# Report to the Police Service — May 1998

## Introduction

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Police work can be extremely difficult. It often exposes officers to stress or trauma which can affect their ability to perform effectively. Officers are expected to perform with a high level of professionalism, integrity and proficiency. The impact of stress and exposure to traumatic incidents can affect the ability of officers to meet these requirements.

A responsibility is therefore placed on Police Service managers to identify and respond to the needs of officers experiencing difficulties. An important step in this process is for the Service to have access to relevant information about the psychological well-being of its officers which would enable the Service to respond appropriately. This would help address the needs of its officers, as well as protect the interests of the Police Service and the general community.

## Background

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Our concerns about the potential risks posed by police officers whose psychological well-being may have been affected by their work, stemmed from a recent investigation into an alleged sexual assault.

The Police Service notified this Office that it was inquiring into a complaint involving an allegation that a senior police officer had committed a sexual assault in 1995. The Police Service provided this Office with a report on the outcome of its inquiries. The report included a record of interview with the police officer the subject of complaint. When details of the alleged incident were put to him, the officer replied:

*I don't believe it is true from my memory . . . I can't respond to this because I don't know if this happened or not. I don't believe this happened at all.*

When explaining this response, the officer said that he had suffered *some memory loss of events prior to 1996 and some events since* following a traumatic work-related incident in 1996. He said he had received counselling from a psychologist and a psychiatrist for a period of time, including counselling for post-traumatic stress.

We made inquiries with the Police Service about its management of the officer's situation, asking:

- Was the Police Service aware of the counselling received by the officer?
- Had there been any communication between the Police Service and the officer's counsellors about the officer's health?
- What steps had been taken or issues considered by the Police Service to ensure that the officer was fit for duty?

The Police Service responded by providing two reports, one by a psychologist from the Police Service's Psychology Section, the other by the officer's commander.

The psychologist's position was that: *Unless required by law, a psychologist must not divulge information about a client unless the client specifically authorises the release in writing.*

Accordingly, the psychologist was not prepared to confirm or deny whether the Psychology Section held any records about the officer.

The commander's report was complimentary of the officer's performance. It referred to two stressful incidents in which the officer had been involved — one being the very incident for which the officer said he had received counselling. However, the report made no reference to the counselling or to any appraisal that might have been carried out on the impact of the stressful incidents on the officer.

We then conducted further inquiries into the matter. These inquiries canvassed the general circumstances in which the Police Service obtained information from counsellors and medical practitioners about police officers to whom they had provided counselling or treatment or whom they had assessed. It emerged that there were, or might be, a number of situations in which the Police Service did not or could not obtain relevant information about an officer's psychological well-being or fitness for duty.

## **The Ombudsman's investigation**

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This Office then decided to formally investigate broader issues associated with the Police Service's access to information about its officers. The following discussion focuses on these systemic issues rather than on the particular circumstances of the officer involved in the sexual assault complaint. (The adequacy of the Police Service's response to the concerns arising from that matter is being separately assessed by this Office.)

On 25 October 1997, this Office notified the Commissioner of Police of an investigation into the conduct of the Police Service with regard to:

- its policy, practices and procedures relating to the referral of its officers for counselling and/or psychological assessment; and
- its receipt of, and response to, advice from 'counsellors' in connection with these referrals.

We requested a 'statement of information' from the Police Service and held an 'inquiry' at which Mr Gary Corkill, the Acting Director of Health and Workplace Services, and Mr David Mutton, Chief Psychologist, gave evidence. In the course of our investigation, we also sought and received comments from the Police Association of NSW and the Commissioned Police Officers Association.

## **The current system**

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### **The Police Service's welfare and counselling services**

The Police Service provides a number of welfare and counselling services for its officers.

Two services of particular significance in the context of the present matter are the Welfare Unit and the Psychology Unit.

### **The Welfare Unit**

The Welfare Unit aims:

*. . . to identify the personal needs of Police Service employees and provide appropriate services for their well-being.*

Officers themselves can approach the Welfare Unit for assistance. The services of the Unit can also be used *... whenever supervisors believe their assistance is advisable*. The Unit can offer the services of medical practitioners outside the Police Service.

Significantly, the services of the Unit are described as *strictly confidential*.

Staff of the Unit attend emergencies and other operational incidents where they may be of assistance to police involved in such incidents. In particular, they are involved in the operation of the Police Service's Critical Incident Stress Debriefing Teams, the nature of which is detailed below.

### **The Psychology Unit**

The Psychology Unit also provides services to officers, specifically *trauma crisis counselling* and *general clinical services*. The Unit's function of trauma crisis counselling is performed as part of the operations of Critical Incident Stress Debriefing Teams.

The services of the Psychology Unit, like those of the Welfare Unit, are described as *confidential*.

### **Critical Incident Stress Debriefing Teams**

The nature of policing means that significant numbers of police officers are required to deal with traumatic incidents. It is difficult for most of us to appreciate the anguish police officers can experience after witnessing the aftermath of a serious car accident or a violent attack. It is very important that the Police Service's procedures for supporting these officers are of the highest standards, particularly as the same officers may subsequently be placed in situations requiring them to make decisions with potential life and death consequences.

This shows that the need to assess and support officers who have been involved in critical incidents is more than an employee welfare issue. Police officers are armed and have significant responsibilities. In ensuring that its officers are fit for service, the Police Service would be protecting the well-being of the officers as well as the interests of the community.

The Police Service's Critical Incident Stress Debriefing Teams (for convenience described in this report as *critical incident teams*) are the focus of its current strategy for assisting staff who experience the negative effects of stress after exposure to unusually stressful events. For this purpose, these teams conduct *debriefings* following such incidents.

Activation of a critical incident team is *mandatory* in a number of situations, notably:

- the death or suicide of a close colleague in the line of duty.
- situations where an officer has cause to use his or her firearm in the course of duty.
- an event where a member is fired upon, or threatened with a firearm.
- where an officer has been involved in a hostage, siege, barricade or serious pursuit.
- situations that entail prolonged rescue work.
- the death of a person in custody.
- situations which would be considered by most people to be unusual and extremely traumatic.

Activation of a team should also be *‘considered’* in situations such as:

- exposure to gruesome sights.
- the death of children.
- extended involvement in an incident with potential danger to people.

One concern is who is actually responsible for *‘activating’* a critical incident team following a critical incident.

Our inquiries revealed that the activation of the team usually occurred as a result of a notification from the duty operations inspector in the area where the incident occurred to a duty officer at the welfare unit. There were various other ways in which notifications occurred.

A problem in this respect was that neither procedure nor practice specifically imposed an obligation on particular officers to notify critical incidents. Mr Mutton gave evidence during the inquiry that there had been instances in which there had been a failure to notify the Welfare Unit or the Psychology Unit of critical incidents at which the attendance of a critical incident team was necessary or desirable.

To address these problems, Mr Mutton believed it would be desirable for local area commanders to be formally involved in the operation of the critical incident teams. The responsibilities of commanders which might exist in this respect are specifically recognised by some proposed Critical Incident Debriefing Procedures drafted by the Psychology Unit in the latter half of 1997.

A critical incident team comprises a partnership of mental health professionals from the Psychology Unit and appropriately trained peer support officers. The team conducts a *‘debriefing’* of the officers involved in a critical incident. Mr Mutton said that the debriefings have a number of functions — information gathering; normalising the reaction of involved officers; providing stress management information; and enhancing the team structure.

A number of features of the operation of the critical incident teams deserve emphasis in the context of the present investigation.

First, the participation of officers in a critical incident debriefing is voluntary. As Mr Mutton explained:

*Although it is mandatory to offer this service, there is no compulsion upon the officer to attend or to participate.*

Then there is the question of the confidentiality of information obtained by staff of the critical incident team during a debriefing. According to Police Services guidelines in this area:

*individuals and groups must always be guaranteed that their right of strict confidentiality will be maintained.*

However, there are some situations in which the teams are entitled to divulge information obtained at a debriefing. Disclosure is, of course, possible if the police officer has consented to the release of information disclosed during the debrief. However, even when consent has not been obtained, disclosure is also possible in certain restricted circumstances. Mr Mutton summarised the exceptions to the general requirement of confidentiality in the following evidence:

*Our code of conduct is reasonably explicit in three cases: One is harm to self; the other one is potential harm to others; and the other one is an overwhelming social obligation to do so.*

Another relevant issue is that of whether, and to what extent, information obtained in the course of a debriefing is recorded.

Mr Mutton gave the following evidence about documentation prepared in relation to debriefings:

*The notes that we keep about a debriefing are extremely brief to the point of non-existence. We record the event, the date of the event, the date that we have intervened and the date of follow-up and the names of people who attended and have been followed up.*

Mr Mutton explained the reasons for this limited documentation:

*The reason we have done that is because the philosophy of debriefing has pretty much avoided the issue of taking notes and transcriptions about what people have said. . . . It is not a client sickness model, it is an organisational health model.*

. . . .

*It's not an assessment . . . it's an exchange of information and it's helping people to normalise and to give them some useful information to help. It's not a psychiatric assessment. I think that's the distinction between a debrief [and] a client interaction.*

### **Directed medical examinations and assessments**

The use by police officers of the services of the Welfare Unit, the Psychology Unit and the critical incident teams is optional — in other words, it is a matter of choice for officers as to whether they avail themselves of these services. However, there are circumstances in which police officers can be compelled to undergo clinical assessment.

Regulation 15 of the Police Service Regulations recognises that the Commissioner has the power to direct the `medical examination` of an officer by the Police Medical Officer. Examinations by the Police Medical Officer are, in practice, performed by a number of qualified practitioners.

It is interesting to note that the Regulation itself does not appear to limit the circumstances in which this power can be exercised. In practice, it appears that directed medical examinations are generally used to assess an officer's fitness for duty, usually in the context of workers compensation claims (including `hurt on duty` claims) and medical discharge applications.

In the context of workers compensation claims and medical discharge applications, the Police Service is able to obtain information about the officer's condition from the officer's own medical practitioners, the Police Medical Officer and any specialists to whom the officer is referred by the Police Medical Officer for the purposes of the claim. The Police Service, having obtained reports from medical practitioners for the purposes of workers compensation claims, is in a position to provide relevant information to appropriate personnel within the Police Service, including commanders.

It appears that senior police officers are also entitled to direct police officers under their command to be examined for fitness for duty by a Police Medical Officer, even where a workers compensation claim is not involved.

The questions of whether and to what extent commanders do exercise this power of direction was canvassed during the inquiry. While Mr Corkill could not supply the information at that time, he indicated that it might be possible to obtain this information from Police Service records.

### **Counselling for drug and alcohol problems**

It is interesting to note that the Police Service Amendment (Testing for Alcohol and Prohibited Drugs) Regulation, which commenced operation on 7 April 1997, provides for the directed counselling and rehabilitation of police officers who have been tested positive in relation to alcohol consumption or drug use.

## **Shortcomings in the current system**

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This Office recognises the value of the services offered by the Police Service for the benefit of officers in relation to their general well-being. It is also pleasing that the Police Service has developed a particular service in the form of the Critical Incident Stress Debriefing Teams to assist officers in dealing with the effects of traumatic incidents.

### **Notification of critical incidents**

One weakness of the current procedure is that there is no obligation on particular officers to notify critical incidents. This has led to instances in which there was a failure to notify the Welfare Unit or the Psychology Unit of critical incidents at which the attendance of a critical incident team was necessary or desirable.

Mr Mutton provided comments on this deficiency and outlined a suggested solution which included the Local Area Commanders having the responsibility for call out and implementation of critical incident stress management procedures.

This Office considers that the measures outlined by Mr Mutton may assist in addressing current shortcomings in the notification of critical incidents. Whether these measures will be sufficient to fully overcome the current problems needs to be given early consideration by the Police Service.

I am also concerned that whatever system the Police Service adopts will need to be implemented as soon as possible and in a shorter time frame than that contemplated by Mr Mutton. It would also be desirable for the Police Service to monitor and review the implementation of any new procedures to assess whether they are indeed ensuring a response by the Service to all critical incidents. (These matters will be the subject of formal recommendations set out at the conclusion of this report.)

### **Ensuring adequate assessment of officers**

It is important that the Service continue to provide welfare services for its officers. In many cases, the support provided will be sufficient.

However, even when critical incident teams are used, the difficulty which arises in relation to the use of these services is that their operation does not necessarily provide the Police Service with satisfactory information for management purposes.

### *Voluntary participation*

For example, officers' use of the Welfare Unit or the Psychology Unit is voluntary. Although the services of critical incident teams must be offered to officers involved in critical incidents, their participation in any debriefing or follow-up services is also voluntary. This may mean that the very officers who are most in need of support, will not even come to the attention of counsellors providing these services. Accordingly, there will be no occasion for the counsellors to alert Police Service management to potential problems posed by the circumstances of these officers, whether or not work-related.

### *Confidentiality*

Even if police officers avail themselves of the services offered, there are significant restrictions on the ability of counsellors to advise Police Service management about their concerns in relation to particular officers and the power of the Police Service to obtain relevant information in this respect. There is no problem if the police officer consents to the disclosure of relevant information. However, in the absence of such consent, information obtained in the course of counselling is considered to be confidential and can only be disclosed by the counsellor in the circumstances of overriding social responsibility outlined by Mr Mutton.

### *Documentation*

The extent of relevant documentation evidencing concerns about the psychological well-being of officers can also be an issue. The very purpose of critical incident teams and the manner in which they operate means that, in practice, little or no documentation in this respect will be available.

### *Difficulties in obtaining information for management purposes*

In effect, the Welfare and Psychology Units and the critical incident teams operate on the premise that their 'clients' are the police officers to whom they provide their services. Since the Police Service is not their 'client', they are under no obligation to provide the Service itself with information which the Service might wish to use for management purposes.

For the reasons outlined above, the system of welfare, counselling and medical services offered by the Police Service to its officers does not necessarily provide a means through which the Police Service can obtain appropriate information about the welfare of its officers for management purposes.

### *The use of the power to direct the assessment of officers*

The existence of a formal power to direct police officers to undergo assessments would seem to provide a mechanism through which the Police Service could obtain relevant information in order to respond to the needs of its officers and to protect the interests of the Police Service and the general community.

However, it appears that, in practice, this power is generally only exercised in order to obtain information needed to assess workers compensation claims and medical discharge applications. The directive power is rarely used to obtain a professional assessment in order to determine appropriate management action, including an assessment as to whether an officer is in need of some form of support.

The shortcomings of the Police Service's current practices were highlighted in the following exchange at the inquiry:

*Mr Kinmond: So in terms of building a system which has a preventative role as opposed to a system which waits for a problem to exhibit itself by way of a claim, would you accept that it's not ideal?*

*Mr Corkill: Yes, I would accept that.*

#### *The need for an improved system*

A system needs to be put in place which allows the Police Service to obtain information that would enable it to assess and determine appropriate management action and/or identify potential risk factors. This model could be based upon a more extensive use of the existing power to direct assessments.

#### *The role of commanders in the system*

In view of the recent recognition of the need for commanders to be more involved in decision-making in relation to officers within their command, it would seem appropriate for commanders to bear some, although not necessarily exclusive, responsibility in relation to the power to direct the assessment of an officer's psychological well-being.

### **Additional issues of concern**

#### *External providers*

Mr Corkill referred in his evidence to a proposal that the Police Service would use certain medical and counselling services external to the Police Service in addition to and/or in substitution of the services provided by the Welfare and Psychology Units.

The development and implementation of any proposal in this respect should ensure that the Police Service is in a position to obtain appropriate information from these external providers for management purposes.

#### *Record Keeping*

One concern arising from this investigation is whether the Police Service adequately documents the steps taken in relation to officers who may be in need of support, particularly those involved in critical incidents.

This matter is significant in the context of questions of legal liability. For example, a person injured by a police officer might attempt to argue that the Police Service failed to take reasonable steps to ensure that the officer did not pose a danger or risk to members of the public. Alternatively, an officer affected by a critical incident might contend that the Police Service did not fulfil its obligations under occupational health and safety legislation. Current Police Service practices may mean that the Service can produce very little documentation relevant to these issues.

The Police Service needs to give careful consideration to the nature of its record keeping systems in view of the concerns highlighted above. It is important that the Police Service is able to demonstrate that it took reasonable steps to identify and address these kinds of potential risks. It may be appropriate for the Police Service to seek legal advice on the issue of record keeping in the context of potential legal liabilities.



## Conclusions and recommendations

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For the reasons discussed in detail in this report, the current policies and practices of the Police Service do not provide an adequate mechanism for the Police Service to obtain information about the well-being of its officers for management purposes. Good management requires the Service to respond to the needs of its officers and to protect the interests of the Police Service and the community at large.

Accordingly, I make the following recommendations:

1. a) The Police Service should take immediate steps to ensure that Critical Incident Stress Debriefing Teams are always used following critical incidents and that the commanders of police involved in critical incidents are appropriately involved in this process;  
b) The Police Service should provide this Office with a report on its progress in implementing this recommendation within one month from the date of this report.  
c) The Police Service should monitor and review the implementation of any new procedures to assess whether those procedures are ensuring a response by the Service to all critical incidents;  
d) The Police Service should provide this Office with a report on the outcome of its review.
2. a) The Police Service should develop, as soon as possible, an improved system of policies and practices which will enable the Service to obtain appropriate information about the well-being of its officers for management purposes.  
b) In developing this system, the Service should carefully address the issues and problems canvassed in this report, and engage in consultation with the NSW Police Association and the Commissioned Police Officers Association.  
c) The Police Service should provide this Office with regular reports on the development of the improved system, the first such report to be provided within three months from the date of this report, and subsequent reports to be provided as requested by this Office.
3. The Police Service should immediately provide a copy of this report to the NSW Police Association and the Commissioned Police Officers Association for their information.

## Developments since our report

The Police Service has taken a number of steps to implement our recommendations.

### Police Service committee

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The Police Service established a Committee to examine the issues raised in our report. The Committee comprises:

- Mr G Corkill Director, Health and Workplace Services
- Mr D Mutton Chief Psychologist
- Dr L Crowle Senior Police Medical Officer
- Ms C Malouf Representing the Police Association of New South Wales
- Mr T Wright Representing the Commissioned Police Officers Association

The Committee has considered, or is considering, the following issues:

- Critical incident debriefing procedures.
- Medical examinations.
- Record management.
- Referral procedures to external providers.
- Non-workers compensation issues.
- Psychological assessment procedures.
- Rehabilitation/welfare roles.
- Chaplaincy/peer support officer roles.
- Resources.

### Revised critical incident procedures

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Our report of May 1998 recommended:

*the Police Service should take immediate steps to ensure that Critical Incident Stress Debriefing Teams are always used following critical incidents and that the commanders of police involved in critical incidents are appropriately involved in this process.*

On 15 June 1998, Mr Corkill provided advice that:

*revised critical incident debriefing procedures have been introduced and all Local Area Commanders have been informed. These procedures ensure that [critical incident teams] are always used in mandatory situations.*

The revised procedures closely involve Local Area Commanders in the management of the Police Service response to critical incidents affecting officers within their command. Commanders must be notified of any critical incident and make an appraisal to determine the

nature of the response required to the incident. Where appropriate, critical incident teams will conduct debriefings. The Local Area Commander is also responsible for monitoring the situation of the officers involved in the incident.

The revised procedures were `promulgated` to Local Area Commanders at a meeting on 7 May 1998. Mr Mutton advised that the implementation of the revised procedures would be monitored by the Psychology Section.

The Committee arranged for research to be conducted by Ms R Garbutt of the Police Psychology Section into the practical operation of the Police Service's critical incident stress management policy. As a result of this research, the Committee prepared a '*Critical Incident Stress Management Proposal*' in December 1998, outlining suggested revisions of policy and procedure to overcome the problems identified. A copy of the proposal forms an attachment to this special report.

This Office considers that the proposal addresses many of the problems in relation to the management of officers involved in critical incidents identified in our report. We commend Ms Garbutt and the Committee on their work in this area.

The Committee submitted the proposal to the Police Service for consideration and possible approval.

In May 1999, Mr Corkill advised this Office that the Commissioner's Executive Team (CET) had considered the Committee's proposal on 15 April 1999. The CET endorsed the proposal in principle and approved the implementation of those components of the proposal which had no cost implications. In particular, the CET directed that, as a matter of priority, enhancements be made to the Computerised Operational Policing System (COPS) to enable the dissemination of critical incidents to the Psychology Unit. The CET requested clarification from the Committee on several issues and the Committee is currently considering these matters.

Mr Corkill has also advised this Office that Ms Garbutt of the Police Psychology Unit is developing proposals for enhanced training for peer support officers and improvements in training at the Police Academy.

## **Obtaining information about officers under stress**

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Our report concluded that:

*A system needs to be put in place which allows the Police Service to obtain information that would enable it to assess and determine appropriate management action and/or identify potential risk factors [in relation to officers under stress]. This model could be based upon a more extensive use of the existing power to direct assessments.*

Accordingly, we recommended that:

*The Police Service should develop, as soon as possible, an improved system of policies and practices which will enable the Service to obtain appropriate information about the well-being of its officers for management purposes.*

The Police Service Committee has been considering this issue. We understand that the Committee has had a number of discussions about the use of directed professional assessments in the context of support for, and management of, officers involved in critical incidents or

other stressful situations. However, it appears that the Committee has not yet formulated a firm proposal to address this issue.

## **Issues of legal liability**

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One issue identified in our report was that a failure by the Police Service to manage and support officers under stress could lead to legal liability on the part of the Service to members of the community or police officers adversely affected by that failure. In this context, we highlighted the need for adequate record keeping by the Service about the steps taken to address the welfare of officers.

Interestingly, the concerns raised by this Office about issues of potential legal liability in this area were vividly illustrated in a recent decision of the District Court. A police officer engaged for a number of years in the 1980s in the investigation of child abuse cases claimed that the Police Service had failed in its duty of care to provide her with a safe system of work, resulting in her suffering post-traumatic stress disorder. The court found that the Police Service had been negligent and awarded almost \$750,000 in damages to the officer.

Although the Police Service's management of officers under stress has improved in more recent times, this case and the issues identified in our report clearly indicate the potential for legal liabilities to officers and members of the public, possibly involving the payment of substantial damages by the Police Service. This demonstrates how imperative it is that the Police Service should carefully consider these issues.

## Recommendations

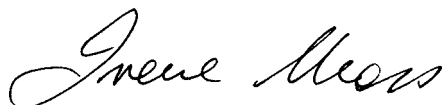
I acknowledge the Police Service's work since the time of our report in tightening up the procedures applicable to critical incidents. This should improve the quality of support provided to police officers.

However, I am concerned that the Service's work to date has not addressed the need for police managers, in certain circumstances, to have access to appropriate professional advice about the psychological well-being of their officers, particularly those who have been subjected to traumatic incidents. This advice is needed to assist police managers in making informed decisions as to how best to support their officers and to protect the interests of the community. I appreciate that there are sensitive issues associated with police managers seeking professional assessments of their officers. But both police officers and the community will suffer if adequate guidelines are not developed to address this issue. It should be emphasised that police who are suffering stress may be placed in situations requiring them to make decisions with potential life and death consequences.

In light of the above discussion, I now make recommendations that the Police Service:

- implement a system to ensure that appropriate support is offered to all officers exposed to traumatic incidents; and
- as a matter of urgency, develop mechanisms and guidelines for its managers to obtain reports about officers who are or may be adversely affected by the effects of traumatic incidents or other stressful situations and ensure this information is used to assist and support officers.

The Police Service should provide this Office with a report on its progress in relation to this matter within one month from the date of this report.



Irene Moss AO  
**NSW Ombudsman**

## **Attachment**

# **PSYCHOLOGICAL WELL-BEING OF POLICE PERSONNEL**

## **Critical Incident Stress Management Proposal**

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2 December 1998*

## PSYCHOLOGICAL WELL-BEING OF POLICE PERSONNEL

In March 1998, the Office of the Ombudsman released a report following an investigation into the psychological well-being of police personnel. A number of recommendations were detailed in this report which have been attended to in this proposal.

The following proposal is a provisional plan of revised Critical Incident Stress Management Policy and Procedures. Over the past three months research has been conducted reviewing the current Critical Incident Stress Management Policy. The current policy was reviewed by the following methods:

- Examining Critical Incidents which have occurred throughout the State in the six months: February, March, April, June, July and August. May was omitted as a provisional policy was being introduced. This new policy's effectiveness was reviewed by this research. These incidents were examined on the basis of type of incident, type of intervention, procedure followed, amount of sick leave taken and follow-up conducted.
- Fifty personnel have been interviewed throughout the state who have been involved in a Critical Incident in the aforementioned six months. The personnel were interviewed in relation to the type of intervention, preference for internal or external providers, effectiveness of the intervention, follow up offered, awareness of the services provided and perceived need of Critical Incident Stress Management. The interview schedule is provided in Appendix A.
- Specialist sections are currently completing questionnaires to determine perceived need and requirements for assistance. The specialist sections which have been highlighted as requiring a specialised Critical Incident Stress Management Service include: Forensic Services, State Protection Group, Special Services Group, Crash

Investigation Unit, Child Protection and Enforcement Agency and the Child Joint Investigation Teams.

Phase Five student police officers have completed questionnaires indicating incidents which they perceive as being critical and requiring psychological assistance.

## RESEARCH FINDINGS

- 57% were offered intervention
- 52.5% expressed a preference for internal providers, 42.5% for a utilisation of both internal and external and only 5% expressed a preference for external only.
- Of those that received intervention - 70% were positive about the intervention, 23% expressed positive and negative points and only 7% felt the intervention was negative. The negative feedback was in response to resources rather than the process or the service they received.
- Of those that had intervention 72% were not followed up after the initial intervention.
- 1/3 of personnel interviewed were unaware of the Psychology and Welfare Sections and half of those who were aware of the existence were unaware of all the services that were provided.
- Only 2 Personnel had sick leave in relation to a stress response
- 41% of Personnel indicated they were most affected by Child Deaths
- 18% of Personnel indicated a clinically significant reaction on the Impact of Event Scale, half of these personnel had received some intervention
- As years of service increased the average impact of event increased- 0-10yrs (6.6), 10-15yrs (15.8) and 20+ yrs (19.2)

### **Problems Identified:**

The Report by the Office of the Ombudsman together with the Police Association and this current research have identified a number of problems which reduce the effectiveness of Critical Incident Stress Management. These problems are as follows:

1. Inadequate Notification of Critical Incidents
2. Definitional problems of a Critical Incident
3. Cumulative Stress
4. Psychological follow up
5. Management involvement in the Psychological Well-being of personnel
6. Lack of awareness of services provided
7. Appropriate services for specialist areas



## **Proposal:**

The following models of revised policy and procedure for Critical Incident Stress. Management have been developed to overcome the problems which have been identified.

### **1. Inadequate Notification of Critical Incidents**

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Following research which was compiled by the NSW Police Association, a model of notification similar to the Tasmanian Critical Incident Stress Management model was developed (See Appendix B). The model in Appendix B incorporates findings from the current research including: specialist liaison officers, internal and external providers and designated officers to attend to critical incidents.

This model assists management in complying with the 1983 Occupational Health and Safety Act which highlights in Part 3, Division 1 of the Act that Employers must ensure the health, safety and welfare at work of their employees. To ensure notification of critical incidents listed in the policy (See Appendix C) the COPS system is to be modified to indicate to management the need of Psychological assistance and automatically notify the Psychology Section of the occurrence of a critical incident.

Training officers have been designated to ensure all Local Area Commanders, Duty Officers, Duty Operations Inspectors are specifically trained in Incident Stress Management and the Psychological Well-being of Police Personnel. Training is also to be established at the Police Academy to educate all personnel of the services offered in relation to Health and Workplace Services and signs and symptoms of Critical Incident Stress Reactions.

### **2. Definitional problems of a Critical Incident**

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The current research highlighted the definitional problems evident with the current Critical Incident Stress Management Policy. To overcome this issue a revised list (See Appendix C) of mandatory and considered incident notifications has been developed on the basis of research into trauma reactions and the opinions expressed by the interviewed personnel.

### **3. Cumulative Stress**

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A database of personnel which have been offered assistance following involvement in a critical incident will be up-dated and monitored by the Team Coordinator. This monitoring will ensure those that have been involved in numerous critical incident and therefore are more susceptible to cumulative stress are 'flagged' for additional assistance and follow up.

Cumulative stress which arises from involvement in the specialist areas which includes continuous exposure to critical incidents is monitored by the Specialist Liaison Officers. The Specialist Liaison Officers maintain contact and have yearly reviews with all officers within the aforementioned specialist areas.

### **4. Psychological follow up**

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Follow up is one of the main issues which has been identified as requiring special attention. A person may not experience a Critical Incident reaction until weeks or even months after their involvement in an incident. A Follow up model (see Appendix D) has been developed which provides this necessary service for up to three months post incident.

## **5 Management involvement in the Psychological Well-being of personnel**

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Management will become more involved in the psychological well-being of their personnel following the implementation of the new policy and procedures. The revision of the COPS system and the advanced training ensures further education and participation of the management in the overall Critical Incident Stress Program.

## **6. Lack of awareness of services provided**

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Education and training which will be provided at the academy and to the management as well as the increased exposure to psychological assistance will enhance the' knowledge of the services provided by the Health and Workplace Services Branch.

## **7. Appropriate services for specialist areas**

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As previously mentioned the specialist personnel (1437 at present) will be continuously monitored and specific needs attended to by appointed specialist liaison psychologists (see roles of staff Appendix E).

