Best practice mental health and wellbeing model

Understanding

- First and foremost a work, health and safety issue – this includes a culturally safe organisation
- Department's legislative responsibilities - duty of care
- Immediate release of Charles Sturt Report
- Continuous mental health literacy
- Enhanced induction programs - mental health and wellbeing priorities from day one and staff know what services/support are available
- Comprehensive education and training (especially for managers)
- Cultural change – leaders embed mental health and wellbeing and WHS as strategic agency priorities
- Organisational change – establish new Health, Safety and Wellbeing Unit
- Strong interface/collaboration between Health, Safety and Wellbeing Unit and Office of Senior Practitioner
- Develop a mental health plan 2020 – 2025 which includes a mental health and wellbeing charter
- Allocate dedicated resources to Aboriginal staff to develop their own mental health strategy
- Collect data and monitor, review and evaluate strategies/programs

Prevention and Protection

- Develop Psychological Injury Management Plan which includes comprehensive mitigation strategies to eliminate risks and hazards e.g. safe systems of work, not working excessive hours, address high staff turnover, zero tolerance of bullying, harassment and intimidation, zero tolerance of discrimination
- Develop Child Protection Workforce Strategy 2020 – 2023
- Enhanced role of State, District and local WHS Committees with clearly defined roles, functions and accountabilities
- Annual well-being checks for all child protection workers, MCSs, MCWs
- Peer Support Program
- Mental Health Promotion (including self care)
- Mental Health First Aid Program
- Changes/enhancements to caseworker development program
- Partnerships with BeyondBlue, Black Dog Institute and Phoenix Australia
- Flexible working
- Changes to workload planner
- Fill vacant caseworker roles
- Job/team rotations
- Ongoing employment - not more temps and casuals

Support

- Appoint Chief Psychologist supported by team of 4 psychologists who have qualifications in PTSD and trauma – at arm's length from other branches
- Psychologists group to be a fund holder and have capacity to purchase up to 10 external appointments
- Clinical supervision/professional supervision with caseworkers entitled to protected time
- Dedicated practice time away from frontline child protection work – up to half day each week
- Improved critical incident debriefing
- Expand EAP so that it is tailored to the needs of caseworkers e.g. Helpline model
- Establish hotline for caseworkers
- Appoint Family Support Coordinators
- Access to telehealth services/online clinics
- Appoint panel of secular and non-secular chaplains
- Review and update policies and procedures – in particular performance management, misconduct and respectful workplace.
- Act quickly on organisational culture problems identified in WC claims – don't wait for grievance or respectful workplace issue and potentially reinjure the worker
- Weekly check-in with injured child protection workers while they are away from work recovering (as long as medically safe to do so)

Recovery

- Reform Recover at Work Program – lead and manage centrally with authority to direct Districts/Branches
- Provide timely, safe and durable Recover at Work programs
- Recruitment action not commenced until vacant roles are assessed as to whether they constitute suitable duties for injured workers
- Identify suitable/alternate duties for injured workers across DCJ and other agencies
- Assign injured workers to roles as permitted by GSE.
- Injured workers able to seek support and assistance from Chief Psychologist's group
- Implement recover at work programs in accordance with medical recommendations – stop second guessing/undermining
- Prompt approval of leave entitlements including special sick leave
- Actively support reasonable adjustments, including flexible start and finish times and longer breaks