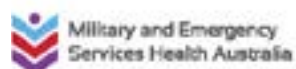
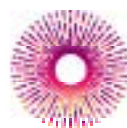


Understanding and supporting service families: *A Guide for health professionals working with veterans or emergency first responders and their families.*





This Guide is for health professionals working with veterans and emergency service first responders, such as police, paramedics, fire fighters, state emergency services personnel and their families. It has been developed to help you understand more about how you can help family members who are supporting veterans and first responders as part of seeking help for mental health and wellbeing. As family members are likely to be the first to notice that something is not right, you will also find information that can support them to look after their own wellbeing, including helpful links to resources.

This evidence-based Guide was developed from research interviews with 25 family members, undertaken through a collaboration between [Flinders University](#), the [University of Western Australia, Military and Emergency Services Health Australia](#) (MESHHA, formerly The Road Home), [The University of Adelaide](#) and the [Australian Institute of Family Studies](#).

The valuable contribution of these families is gratefully acknowledged, and their voices are highlighted throughout this Guide. The research was funded by *The Colonel Susan Neuhaus CSC (Ret'd) Fellowship*, through MESHHA, part of The Hospital Research Foundation Group.

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Introduction to this Guide

The decision to access professional mental health care can represent a critical point on a long and challenging journey for veterans, emergency first responders (i.e., police, paramedics, fire fighters) and their families. Mental health concerns among service members can have significant impacts on family relationships and functioning, with the decision to seek professional help accompanied by substantial hope for the future. Trust and rapport in the therapeutic relationship are vital for the service member and their family.

Recovery in mental health occurs within the social context of daily relationships with experiences of connectedness, hope, identity, and empowerment emerging from interactions in daily life, particularly within the family unit. As social support, particularly from the family, is key to recovery in mental health,

this Guide enhances understanding of what it means to be a family member of a veteran or first responder. It describes the unique nature of service families, the family's role in encouraging and supporting help-seeking, the unique impacts of service life on families and the ways in which the family, or family member, might be included as a partner in therapeutic care.

All suggestions in this guide for responding to the needs of family members are consistent with the National Standards for Mental Health Services 2010 available at: <https://bit.ly/3oD89eZ> and the National Safety and Quality in Healthcare Standards: Partnering with Consumers Standard 2019 available at: <https://bit.ly/3oDX0un>



Service families are Unique

The unique nature of service work:

The nature of work in the military and the emergency services field is different to all other occupations as it exposes members to potentially traumatic and life-threatening events. Service members can be repeatedly exposed to violence, death, and natural disasters such as bushfires, floods, and most recently, the pandemic response. The nature of the work can also influence their identity, how they see the world, and how traumatic and life-threatening events may be expressed in their daily life.

This is in addition to other organisational stressors (i.e. bullying, harassment, excessive workload demands, lack of organisational support) and personal life challenges (i.e. parenthood, family and life-stage transitions, financial issues), all of which are common in any occupation and can therefore impact the service member at any stage of their life.

The unique role of service identity, pride and commitment:

Despite this, most people who serve their community and country are committed to this service and love their jobs. Wearing a

service uniform carries a sense of pride and identifications such as strength, courage, power and authority. Service culture, whether military or first responder, instils a sense of belonging, shared values and pride in wearing the uniform, all of which represents serving and protecting the community.

Family members often share this sense of pride and commitment. Compared with the rest of the community, service families develop a deeper understanding and appreciation of the nature of the work and the type of incidents service members are exposed to. They are proud of their service member for the work they do for the community and the country.

On the flip side, wearing a service uniform can result in self stigma. The fear of being perceived as weak or incapable of doing their job is a significant barrier to acknowledging either a physical or mental health problem. Service culture fosters values such as resilience and a strong sense of unity as a team, resulting in fear of letting their team down or being viewed as weak by peers by admitting a struggle with mental health.

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They assume the worst of their community to save it. So, when they pull over a lady, and say, 'oh can I get your driver's licence please?' and she goes to reach for her purse, they're going to assume she's reaching for a gun. So, they're always on the ready.

Partner of a police officer

The unique impacts on service families:

Family life and relationships can however be negatively affected by service life. Families have to cope with the unpredictability of each day, the potential for exposure to trauma and risk to safety and life, the nature of shift work, and the challenges of deployments away from home. They also deal with the change in mindset that accompanies these occupations through military training and exposure, service culture and seeing the worst in society.

The family system directly experiences the stresses that the service member brings home, whether verbalised or not. At the same time, they are the critical support system for the service member. As families are more engaged in, and impacted by, the nature of the work, many consider that they

are in a partnership, with a strong focus on supporting the service member emotionally and in their career.

As service members can feel different from the rest of the community, families too can experience this sense of difference. Understanding that emergency service workers as well as veterans can develop severe mental health concerns such as Post-Traumatic Stress Disorder (PTSD) is still an emerging issue for the general community. Lack of community understanding of the nature of work and its potential to impact mental health can also make it difficult for family members to trust others outside of the military and emergency services.

“

Being that stay-at-home mum, sure we're losing that second income. But if we can make it work, oh my gosh the support for Steve is huge. Our marriage is better. He's happier. I think that was a big, big turning point, is giving Steve that support... our mental health, and our home, and supporting Steve in his career path, that's our focus.

Partner of a police officer



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Service Families Play a Critical Role in Seeking and Accessing Support

As changes in mood, attitude or behaviour can have a direct impact on the family unit and relationships, the family is often the first to notice that a service member is struggling with their mental health.

The length of time it takes to acknowledge that the service member needs professional help and support, however, can vary greatly depending on both the mental health literacy and experiences of the individual family members. While some symptoms may be recognised early, it may take several years before the family unit can recognise and accept the need for treatment or formal support.

Additionally, encouraging the service member to actively seek professional help can be a complex and lengthy process due to both perceived stigma and barriers to care. In addition to fear of being perceived as weak or incapable, many service members are reluctant to seek help from their organisation due to a lack of trust in confidentiality and fear of potential impacts on operational roles, their career and opportunities for promotion.

For the family member, encouraging their service member to seek help is often met with denial, deflection and avoidance. This can result in relationships becoming damaged due to ongoing symptoms of

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“It’s the toughen up princess, it’s you know, get on with it, you’re a bloke, you’re a cop...I don’t want to be seen as being you know, falling behind the rest of my team. I don’t want to be known as you know, some sort of girl for want of a better word. You know, I don’t want to be known as the soft one. You know, I need to put on the brave face, I need to prove to everybody that I am worthy of wearing the uniform.”

Partner of a police officer

social and emotional withdrawal, anger, increased drinking and hypervigilance.

Some family members may experience a sense of grief for the relationship they once had. Other family members may take on additional responsibilities for the family as they seek to restore equilibrium in the relationship, which can lead to a sense of being overburdened and overwhelmed.

Often it will take a personal crisis for the service member, such as threat of intimate relationship breakdown, workplace bullying, or charges of drink driving or domestic violence for professional mental health support to be accepted. At this moment in time, both

the service member and their family are very vulnerable, and may require extensive mental and psychosocial support.

The role of the family in the service member’s help seeking journey, however, does not end here. Help-seeking and support is a complex, ongoing process as the family works with their service member to find and retain a therapeutic connection with a mental health professional with whom they and their service member can develop trust and rapport. In addition, the family might be supporting their service member in dealing with organisational systems, processes and personalities involved in rehabilitation and/or compensation.

“

So, he’d come back from his first deployment, and the signs were there already, the irritability, and his mood swings... he was verbally abusive when things wouldn’t go his way... I think that was the difference - he’s not normally aggressive.

Partner of a veteran





3 Moral Injury is a Real Risk to Service Families

While it is broadly understood that family members might have an emotional response to change in mood, behaviour and mental health diagnosis, emerging evidence indicates that families are additionally impacted by moral injury.

Poor organisational responses to critical incidents, failing to look after and support service members or to denigrate and punish can lead to a sense of institutional betrayal of the values and moral codes held by service members.

As family members commonly share the service members' commitment to their work, how an organisation responds to occupational mental health concerns to its members has implications for the emotional wellbeing of the family and their own sense of betrayal when the organisation failed to recognise distress and demonstrate care.

With all the issues that help-seeking from the workplace generates, participants described how professional support is more commonly sought from outside. However, this can have its own limitations due to the limited availability of culturally aware and culturally sensitive practitioners.



And a lot of grief, you know. But it was all about well you're just going to be stuck in a corner in an office somewhere, so that's the end of your career. How can you say that to him? You've just made him feel worthless just in that one session.

Partner of a police officer

What to Look Out For

Common mental health conditions experienced by service members include anxiety, depression and Post-Traumatic Stress. The following behavioural CHANGES are possible indications of a mental health concern:

- » Emotional withdrawal
- » Sadness/lack of joy
- » Lack of energy or motivation
- » Loss of appetite
- » Frequent angry outbursts/loss of patience
- » Irrational thinking/catastrophising (thinking everything will end badly)/trouble making everyday decisions
- » Loss of interest in family activities, hobbies and other things they used to enjoy
- » Increased alcohol use
- » Drug use (prescription or illicit)
- » Changes in sleeping patterns/difficulties sleeping/night sweats or nightmares
- » Hypervigilance (constantly on guard or looking out for danger)/obsession with small details
- » Avoiding crowds or situations that they find overwhelming or that triggers emotional or physical responses
- » Trouble relaxing or switching off from work when socialising
- » Expressing feeling of being detached from others
- » Increased breathing, heart rate, sweating or feelings of being 'on edge'
- » Memory loss.

Why These Signs are Important

As a health professional, you may have a good understanding of how stress interacts with overall health and wellbeing, and the links between stress and mental health. Veterans and first responders, through the nature of their roles, are specific groups that are more likely to have lived and worked under situations where their body has been conditioned to be ready for any potential threat and danger which has increased the brain's responsiveness.

These signs and symptoms can be related to changes in the brain which then act as signals in relation to how it perceives danger and threat. The body is used to preparing and being ready for when it feels threat or danger and it gets the body ready to either fight, flight (run away) or, if the threat appears to be overwhelming, then the body freezes. The increase in awareness (hypervigilance, the constant scanning, assessing situations and being prepared), and changes in breathing and heart rate, sweating and so forth are the body's natural responses to being ready to tackle and face any real or perceived threat. The brain then finds it difficult to modulate or tone down the increased sensitivity to stress and external stimuli even once back in a safe environment. These are the changes in behaviours, emotional responses and personal interactions you may see or hear the service member and/or their family members raise with you as concerns.



How Health Professionals can Engage the Family Member as a Partner in Care

- » **Be Aware** that a service member seeking help is an integral part of a family unit with the encouragement and support of the family in partnership with them.
- » **Be Aware** that initial contact might be made by the family member on behalf of the service member. This might be the first contact with a mental health service and is a critical point in a long journey of encouraging the service member to accept help. Alternatively, it might be the latest in a journey of seeking a clinician with whom the member and family can develop rapport and trust. Regardless, this contact will be invested with considerable hope for the future.
- » **Ensure** that intake processes do not preclude appointments being made by the family member. Family members often take on this responsibility and quickly take an opportunity to arrange an appointment once the service member has agreed. The service member might be extremely reluctant to make the appointment themselves and/or answer questions over the phone.

They might need to meet with the mental health professional before this trust can be developed.

- » **Understand and Acknowledge** that if a service member is seeking help, then the family are probably also struggling. Therefore, **take time to ask questions** of the family member to understand their concerns, needs, goals for the family unit and to involve them in treatment planning as a partner in care.
- » **Take Time to Listen** to the family member. The gains in therapy/treatment are made in daily life in the family unit. The family shares daily life with their service member and provides an invaluable perspective on changes in mood and behaviour, medication effects and relational issues.
- » **Be Aware** that family members need information about specific mental health diagnoses in order to fully understand the changes in moods and behaviours that impact their daily lives. Education helps the family member to understand

the difference between symptoms of mental health concerns and general difficult behaviour impacting the family relationships. Improved mental health literacy can potentially help the family member in adapting/adjusting their communication style within their relationship and provide the social support vital in recovery.

- » **Obtain Consent** from the service member regarding the personal information that can be shared with their family member. If the service member is initially reluctant, explain the importance of the type of information that might be shared as part of their recovery, what can remain confidential (i.e. details of trauma exposure) and revisit obtaining consent. As a partner in care the family will want to understand what is happening, the nature of therapeutic approaches and medications. Family

members are vigilant to changes in mood and behaviour and might take responsibility for monitoring compliance with therapeutic regimes and medication. Don't assume that the service member will share such information, often due to pervasive self-stigma and a concern to protect the family.

- » **Be Aware and Acknowledge** that moral injury in service members can extend to the family unit given the shared commitment to the values of service and the profound sense of organisational betrayal that does occur. This is in addition to the impacts on families of mental health concerns such as depression, anxiety and PTSD. Family members might require practical, counselling and/or peer support, given the additional responsibilities often assumed when there is a mental health concern. Refer as required.



Resources

General Support and Information

Black Dog Institute

www.blackdoginstitute.org.au

Beyond Blue

www.beyondblue.org.au

Headspace

www.headspace.org.au

(If you have an adolescent or young adult in the family who might need support)

ReachOut

www.au.reachout.com

(Online mental health information and services for young people and their parents)

Kids Helpline

Call 1800 55 1800 or

visit www.kidshelpline.com.au

Relationships Australia

Call 1300 364 277 or

visit www.relationships.org.au

Mental Health Recovery

– The CHIME Framework

www.therecoveryplace.co.uk/chime-framework

Lifeline

Call 13 11 14 or

visit www.lifeline.org.au

(Several factsheets and toolkits)

Lived experience

www.livedexperienceaustralia.com.au

Specific specialist mental health services are available in each state and territory.

Services for families of current and former Australian Defence Force members

Legacy Adelaide (veteran families)

Call 08 8231 9812 or

visit www.legacy.com.au

Open Arms – Veterans & Families Counselling (formerly VVCS)

This service provides information, education, counselling and support. A range of useful resources for families about mental health concerns are available at www.OpenArms.gov.au. The site provides detailed information on the signs and symptoms of mental health concerns, videos, case studies, practical information and a wealth of useful resources.

This service also provides free, confidential counselling and group programs specifically designed to support mental health and wellbeing. Any current and ex-serving ADF personnel with one day of fulltime service can get support through Open Arms, as can their immediate family. Open Arms can also support ex-partners either: while they are co-parenting a child with someone who has served, until the child turns 18 years of age, or for five years after the relationship has ended.

Open Arms also provides a crisis accommodation program to alleviate an urgent situation such as a potentially conflicting domestic situation or an immediate housing crisis. Access may be **up to 5 nights** depending on the circumstances. In exceptional circumstances, an extension for accommodation may be given.

Call 1800 011 046 or visit

www.OpenArms.gov.au

Defence Member Family and Support (DMFS) Branch

For current serving ADF members or reservists, and their families. This organisation offers a program to help families of ADF members manage stress better. Call 1800 624 608 or visit www.defence.gov.au/members-families

The ADF confidential all-hours support line

For current serving ADF members or reservists and their families. Call 1800 628 036 in Australia or +61 2 9425 3878 outside of Australia.

ADF Mental Health All-hours Support Line

The All-hours Support Line (ASL) is a confidential telephone service for ADF members and their families that is available 24 hours a day, seven days a week. The ASL is a triage line which will help you access ADF or civilian mental health services more easily, such as psychology, medical, social work and chaplain services. When calling the ASL, you can expect a qualified, mental health professional, who has a good understanding of what services are available to you. Call 1800 628 036

Services for families of emergency service personnel

South Australia

Military and Emergency Services Health Australia (MESH)

Service Member, Family and Child Counselling

Email kfoxwell@mesh.org.au

Call (08) 7002 0880 or

visit www.mesha.org.au/resources-and-support/our-programs

StandBy – Support After Suicide

Support for anyone who has been bereaved or impacted by suicide including:

- individuals, families, friends, witnesses
- schools, workplaces and community groups
- first responders and service providers

Includes out-reach service as well connecting other support and organisations.

24/7 support needs: 1300 727 247

(speak direct with qualified counsellor)

Email standbyadelaide@anglicaresa.com.au

or visit www.standbysupport.com.au

South Australian Metropolitan Fire Service (SAMFS)

SAMFS (direct family members) are entitled to a minimum of 3 individual sessions with a psychologist through the SAMFS

Employee Assistance Program (EAP) per year. Additional sessions can be facilitated if required. This is entirely confidential and independent from the MFS. MFS members are also entitled to same. Member and family member sessions can be used for couples counselling.

The SAMFS Work Health and Safety (WH&S) team can be reached by contacting Dennis Taylor or Brian Moon. To access this service please email: SAMFS.EmployeeSupportCoordinator@sa.gov.au. Alternatively you can contact the EAP providers directly using the following contact information

Cognition

202b Young St, Unley, SA 5061

Call (08) 8373 2688 or email

psychologists@cognition.com.au

Human Psychology

120 Rundle St, Kent Town, SA 5067

Call 1300 277 924

Email reception@humanpsychology.com.au

or visit www.humanpsychology.com.au

or visit www.humanpsychology.com.au

Auspsych Australia

51 Portrush Road Payneham SA 5070

Call (08) 8342 3855 or email info@auspsychaustralia.com.au

or visit www.auspsychaustralia.com.au

www.auspsychaustralia.com.au

South Australian Fire and Emergency Service Commission (SAFECOM)

Country Fire Service (CFS), State Emergency Service (SES), SAFECOM and Volunteer Marine Rescue (VMR) spouses and children are entitled to a minimum of 6 individual sessions with a psychologist through the SAFECOM Employee Assistance Program (EAP).

To gain access to this service please call SAFECOM's Stress Prevention and Management Program (SPAM): (08) 8115 3950

South Australia Police (SAPOL)

SAPOL (direct family members) are entitled to 6 individual sessions with a psychologist through the SAPOL Employee Assistance Program (EAP) per 2 years. Additional sessions can be facilitated if required. This is entirely confidential and independent from SAPOL.

SAPOL members must consent to share their allocation of sessions with family members.

Support is available through CHG (Corporate Health Group) 24 hours / 7 days, with scheduled appointments usually occurring during business hours. There is access to telephone counselling and emergency support after hours.

Access to services is via phone:
1300 469 327

Department of Correctional Services

Counselling Services are available for all DCS staff and their immediate family members. Immediate family members include: spouse or former spouse; de facto partner or former de facto partner; child; parent; grandparent; grandchild; sibling of an employee; child, parent, grandparent, grandchild or sibling of an employee's spouse or de facto partner; step-relations (e.g. step-parents and step-children); and adoptive relations.

We use 5 companies to provide our counselling services with both male and female psychologists and social workers.

Employees and their family members are entitled to three sessions and additional sessions can be arranged as required for specific circumstances.

Appointments can be in person (if the person is double vaccinated or has the appropriate medical exemption) or via telehealth, zoom, skype.

If a family member would like to access any of these services, they can contact the DCS

EAP Coordinator at (08) 8226 9157 or
DCS: EAPCoordinator@sa.gov.au (9a Monday to Friday)

Family members are able to arrange counselling services without the DCS employee being aware.

We have child psychologists and social workers who are able to provide services for children and teens. The Critical Incident Support Service is provided by Human Psychology and is available to DCS employees and their immediate family members.

*Critical Incident Support Service 24 hours,
7 days a week | all DCS locations
Call 1300 277 924*

South Australia Ambulance Service (SAAS)

SA Ambulance Service staff (including volunteers) and their immediate family members can access our Peer Support and Employee Assistance Program for a wide range of work-related or personal stressors. Staff or eligible family members wishing further information, or access to these support services, are encouraged to *phone 1800 069 578 or email* Health.SAASPeerSupportEnquiries@sa.gov.au.

All enquiries and discussions remain strictly confidential

Australian Capital Territory

Whole of Government Support Service and Employee Assistance Program (for all staff, volunteers and their families across ACTESA):

The ACT Government places the highest priority on volunteer and employee health and wellbeing. As a staff or volunteer member of ACTESA you and your family have access to the Employment Assistance Program (EAP).

All Members and the members of their immediate family and/or members of their household can access the services of the EAP free of charge with up to six sessions, per issue, for each Member/immediate family member every financial year.

Call Converge at 1300 687 327 (24/7)

ACT Emergency Services can also contact Ann-Marie Jenkins on Ann-Marie.Jenkins@act.gov.au.

You can access EAP support if you are experiencing issues relating to:

- workload or work pressures including career concerns
- emotional stress, anxiety, conflict, tension or depression
- personal or professional relationship programs including dealing with separation or divorce
- health and lifestyle issues (including addiction, alcohol and other drug issues)
- grief and loss
- interpersonal conflict, bullying and harassment, management issues or change in the workplace
- child and family issues
- general health and medical issues
- financial and legal strain.

ACT Emergency Services Agency (ACTESA) Wellbeing and Support Programs

The Wellbeing and Support Programs portfolios main purpose is to promote good emotional, physical, psychological and spiritual health and wellbeing for our people. It is responsible for strategic planning and service provision for wellbeing, safety and health initiatives (including training courses and health promotion) and programs across ESA. The portfolio also provides direct support to Peer Support and Chaplaincy programs and works with these teams individually to suit their Service needs.

For information, contact W&SP on ESAWellnessandSupport@act.gov.au

ACTESA Chaplaincy Program (for all staff, volunteers and their families across ACTESA)

The ACTESA has three Chaplains who volunteer with ACTESA. Our three volunteer Chaplains come from different faith backgrounds, observe confidentiality and professional ethics, and all have related emergency services experience. They are available to all ESA personnel and their families, they can provide:

- pastoral visitation –they will come to you
- visitation to sick/injured staff, volunteers, members and families
- counsel for issues relating to stress, family, relationships, work and life etc.
- psychological/emotional first aid and referrals as required
- notifications and family support during death and bereavement
- advice on matters of religion, faith, culture and how this may affect operations
- advice on support and resources for staff, volunteers and families
- crisis response – emergency callouts 24 hr/7 days a week; and
- commemorative events such as Dedications, Memorial Services and religious /spiritual advice.

ACTESA Chaplains are available 24-hours a day, seven days a week through personal contact on their dedicated details below.

*Chaplain Tenpa Duim
call 0466 939 844 or
email Tenpa.Duim@act.gov.au*

*Chaplain Kathryn Clark
call 0466 720 570 or
email Kathryn.Clark@act.gov.au*

*Assoc. Chaplain Chris Dudfield
call 0466 933 163 or
email Chris.Dudfield@act.gov.au*

ACTESA - Service Specific Peer Support Officers

Peer Support Officers (PSOs) are your colleagues in each Service who have volunteered to undertake training to support their peers when called upon. PSOs can provide a “listening ear” if you wish to talk about your experience, and/or provide information and support to refer you to additional resources if required, including professional counselling, community agencies, or other resources. PSOs are not professional counsellors: PSOs are members of your team who care about their colleagues and can put you in touch with the right people.

How to contact a PSO in your Service

*Ambulance PSO
Phone 6205 3533*

*Fire & Rescue PSO
Phone 0412 271 815*

*SES PSO
Phone 0434 609 223*

*RFS PSO
Phone 0437 602 975*

New South Wales

NSW Police Family support coordinator

This support coordinator can be accessed by serving and 12 months post last day of service for former employees. The Family Support Coordinator (FSC) provides a short-term information, advice and referral service, that supports immediate family members. NSW Police Family Support Coordinator is Alastair Evans, *can be reached by calling 9285 3848 or 0455 358 324 or visiting www.police.nsw.gov.au/about_us/wellbeing_support_services/family_support_coordinator*

Fortem Australia

Fortem supports first responder families through wellbeing activities, mental fitness, clinical services and their resource library. Visit www.fortemaustralia.org.au

Employee Assistance Program (EA) NSW Police

This service is for serving and 12 months post last day of service for former employees. It provides personal counselling services for all staff and their immediate family *via an external counselling organisation.*

Access by calling 1300 667 197

NSW Police Legacy

NSW Police Legacy’s vision is to be the charity that supports the families of serving and retired police officers impacted by loss. Their purpose is to provide support and social connection for the families of deceased officers. NSW Police Legacy cares for the police family. We take pride in developing long lasting relationships with our families to ensure their needs are being met, whether that be through covering the costs of their children’s education, providing referrals to bereavement counselling and other social services, or introducing them to other police legacy families in their area through local social events and activities.

NSW Police and Police Legacy - Richard Mills, Referral Officer. *Call (02) 9264 4531 or Mobile 0488 033 325, email richardm@policelegacynsw.org.au or visit www.policelegacynsw.org.au*

Western Australia

West Australian Police (WAPol)

WAPol family members are encouraged to visit their new website tailored to needs of the families of WAPol personnel. This website includes information and contacts for the Health, Welfare & Security Division, Psychology Assistance, Chaplaincy care and Psychological services. These services are free to WAPol family members.

Ph: 1300 687 327 or visit www.familysupport.police.wa.gov.au

Australia Wide

GP and Mental Health Care Plan

Mental health plans can be also gained from your GP to include up to 12 visits to a psychologist or counsellor. The individual is also able to stipulate a specific expert that they would like to see.

NTV: Support for men who use violence and abuse

Call 1300 766 491

Men’s Referral Service (MRS)

Who can contact the Men’s Referral Service?

- men who have used or continue to use abusive behaviours.
- family members who are impacted by a man’s use of abusive behaviours.
- friends, family or colleagues of people who may be using or experiencing family violence.
- professionals who support men in the Men’s Family Violence Sector.

Brief Intervention Service (BIS)

BIS is a flexible, short term multi-session service for men who use family violence, which is designed to intervene at a point in time to address risk, provide referral options to assist men to get further support, and to be resourced as they begin the behaviour change journey.

Men’s Accommodation and Counseling Services (MACS)

MACS is operated in partnership by No to Violence and The Salvation Army. It is for people who have used family or domestic violence and:

- need crisis accommodation
- are interested in engaging in counselling support to address their behaviour
- have been excluded from the home due to use of family and domestic violence
- require specialist support during the COVID-19 pandemic and accompanying restrictions

Australian Federal Police

Staff and families of the Australian Federal Police can access the following services:

*Psychological Services office
Call 02 6131 3743 or email
Psychological-Services@afp.gov.au*

*EAP (Benestar (formerly Davidson Trahaire)
Call 1300 360 364*

*Chaplain
Call 02 6270 4880*

Police Federation of Australia – Wellbeing Portal

www.pfa.org.au/member-wellbeing

This website included videos and two excellent booklets: ‘A Cop in the Family’ and ‘Head Notes’ which both offer more information and strategies for understanding how to respond to mental health concerns.

General Resources for Families, Partners, Carers or Children

Carers SA (Counselling)

*Call 1800 242 636 or
visit www.carers-sa.asn.au*

Headspace (12 – 25-year-olds)

*Call 1800 063 267 or
visit www.headspace.org.au*

Relationships Australia

*1300 364 277 (metro) or
1800 182 325 (country/regional)*

Kids Helpline

*Call 1800 55 1800 or
visit www.kidshelpline.com.au*

Partners of Veterans Association

*Call 1300 553 835 or
visit www.pva.org.au*

Family Violence Service

If experiencing Family Violence contact 1800 RESPECT on the phonenumber or webpage www.1800respect.org.au for confidential and if you prefer anonymous 24/7 support. If you get the answering service, please leave a message on how best to contact you, if you think your partner will be tracking or answering your calls.

Conversely, if you would like to have an online chat with them, libraries have computers that are free to use and some shopping centres have a central computer user fee service for online counselling. 1800 RESPECT also has a click button so your search results aren't cached and you can jump off their webpage quickly.

Telstra has also recently made phone booths free for contacting anonymous free counselling with 1800 RESPECT.

Domestic Violence Crisis Line

The Domestic Violence Crisis Line provides support and safe crisis accommodation options and services for women and children affected by domestic and family violence. DVCL can also refer women to appropriate Aboriginal and culturally and linguistically diverse services. Call 1800 800 098

Yarrow Place Rape and Sexual Assault Service

A free and confidential service for anyone aged 16 years and over who has been raped or sexually assaulted.

Call (08) 8226 8777 or 1800 817 421 or email info@yarrowplace.sa.gov.au

Qlife

Provides anonymous and free LGBTI peer support and referral for all Australians.

Call 1800 184 527 (3pm-midnight daily) or access a webchat available at qlife.org.au/resources/chat

Where can I find out more about Do Family, or Sexual Violence?

A range of online resources are available to help you better understand DFSV. They include:

- Department of Defence - Defence Family Domestic Violence Strategy
- Department of Veteran's Affairs – DVA Family and Domestic Violence Strategy
- Australian Government – Partner Service Pension extension
- Break the Cycle breakthecycle.sa.gov.au
- Our Watch www.ourwatch.org.au
- Stop it at the start www.respect.gov.au
- White Ribbon www.whiteribbon.org.au
- WSSSA www.womenssafetyservices.com.au

Women's Information Service

You can talk to them about:

- Family life and relationships
- Domestic/family violence, sexual assault and safety
- Health and wellbeing
- Accommodation and housing issues
- Financial security and independence
- Women's groups and events
- Education, training and career paths
- Or anything at all

They can discuss options and choices relevant to your individual situation. Visit www.officeforwomen.sa.gov.au/womens-information-service

Women's information Service is available in each state and territory with referral services available for you, from health and wellbeing to legal services.

www.dvrcv.org.au/womens-information-service

Drug and Alcohol Services

Alcohol and Drug Foundation

www.adf.org.au/help-support

Drug Information and Advice Line

Call 1300 85 85 84

Specific services are available in each state and territory.

Military and Emergency Services Health Australia (MESHA)

MESHA has a range of programs freely available for military and emergency services personnel and their families.

These include:

- The GEARS (Group Emotional and Relationship Skills) Program for all service personnel, a 12-week program overseen by Dr Jon Lane and facilitated by trained lived experience peer facilitators.
- Trauma Psychotherapy Plus (Arts Psychotherapy) for service personnel and their families, a trauma informed psychotherapy counselling service
- StoryRight and MindRight, both are one-day communication and presentation workshops that assist ex-serving ADF members in their transition from military to civilian life

For more information about the programs, call MESHA (08) 7002 0880 or email ContactUs@mesha.org.au