

“Families’ experiences of supporting Veterans and Emergency Servicemen First Responders to seek help for mental health problems”

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Emergency Services Foundation
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Themes from the Interviews

1. The job is different from others
2. Making a change first involved recognising that something was wrong
3. The tipping point
4. Barriers to help-seeking
5. Families' critical role in supporting help-seeking
6. What families need from organisations

(Lawn et al, in review)

Why families and What we set out to do:

- High levels of social/family support = better wellbeing and resilience, but first responders often are reluctant to seek formal support.
- Only 1 in 5 with probable PTS /high psychological distress receive adequate help. When they did, they delayed help-seeking for months or years (Answering the Call - Lawrence, et al., 2018).
- Families remain largely invisible to services and mental health service providers.

This research:

- Describe families' experiences of supporting veterans and first responders to seek help for a mental health problem.
- In-depth interviews with 25 family members (19 women, 14 police, 4 other ESFRs, 7 veterans, 18 partner/former partner, 14 also vets or first responders).

1. The job is different from others

- A level of emotional support not required with other occupations due to the unpredictability of the work and the often-daily risk of exposure to physical and psychological harm.
- The significant organisational culture surrounding these professions and pervasive role identity and pride, in many cases, were also taken on by families.

“I would be awake until all hours of the morning when he got home, and I’d listen to him debriefing and all that sort of stuff... I was his sounding board constantly.” (Ingrid, former partner of police officer)



2. Making change first involved recognising something was wrong

- All could easily identify when they first noticed changes in their family member's emotions, behaviours, and mental health as part of their intimate and relational knowledge and experience of the person within the family unit.

“It was awful. Like, I felt like I was on eggshells all the time. He was irrational about everything, and it went on and on.” (Dana, partner of police officer)

“Because the culture has always been, teaspoon of cement. Suck it up, go to the next job...there's that stigma attached to going to health and welfare...there's psychs in there that you can go and see, but you don't, because you don't want to ruin your career. You feel weak if you go in and say that there's a problem.” (Dana, partner of police officer)



3. The tipping point

- Deciding that something needed to be done - The path was often slow and distressing, usually only once reaching a crisis or tipping point where concerns could no longer be ignored or dismissed, and they and/or the veteran/first responder recognised that something needed to change.

[After a DV charge] “It was so sad...I had got him to ring...I said, ‘You need to talk to someone, you need to be honest about what is going on.’ And so, he’d gone and checked himself into the medical centre and said, ‘I’m not leaving, like I can’t – like I’m going to wrap myself around [a tree]’...it was a blessing in disguise.” (Lara, partner of veteran)



4. Barriers to help-seeking

Even once the decision to seek help was reached, families, experienced many barriers to supporting the person:

- Trust in the help-seeking process
- Problems with trust, workplace perceptions of stigma, seen as 'weak', a potential 'career killer', bullying and breaches of privacy

“He overheard somebody, a sergeant and another colleague saying, ‘Well he’s effing useless then, isn’t he?’ So, this is the culture. [Q: How did he feel?] Useless.” ...

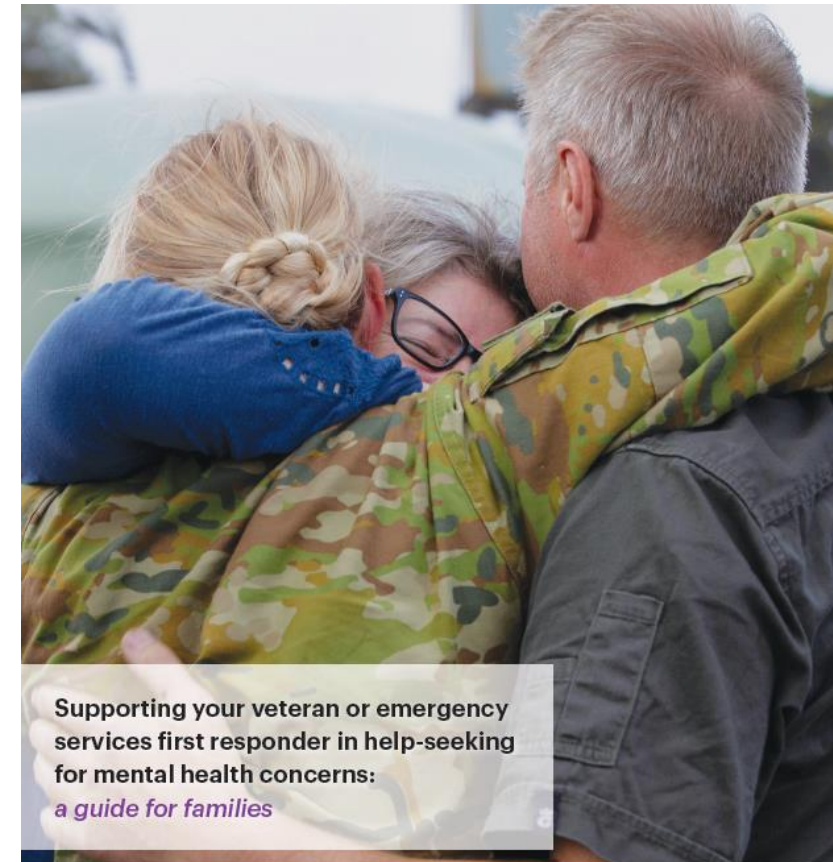
[Organisational counselling] “I just had to beg and plead because they were telling me you have to ring a number and whoever you get that’s who you get...they didn’t want to speak to me because I was calling on behalf of him. But he was rocking in a corner like he was like suicidal you know. He just, and I just wanted to reassure him that we were going to get him a booking.” (Bianca, partner of police officer)



5. What families need from organisations

- Recognition as part of the support team
- Being suitably informed and educated by the organisation
- For organisations to acknowledge and address workplace-related trauma, return-to-work policies and processes, and organisation-based cultural stigma
- Health services to include families and not treat them as invisible, separate, outside....

Supporting your veteran or emergency services first responder in help-seeking for mental health concerns: **a guide for families**





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Six things you need to know as a family member of someone In the Military or Emergency Services

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6. Looking after yourself

Resources

1. The job is different from others

Highlights:

- The unique nature of service (experiences, identity)
- The impact of service on family unit
- Shared mindset and commitment to Service which can make it difficult to relate to and share with people outside the job
- The need for service families to understand these things in order to be able to effectively communicate with their service members and the broader community



The job is different from other jobs

Being in the military or emergency services is very different from other jobs. The nature of the work means being exposed to potentially traumatic and life-threatening events. No other job requires people to put themselves at potential risk of harm or to be first on scene at traumatic incidents. The nature of the job and role performed in that job influences the service member's identity and how they see the world. Military and emergency service personnel confront the worst in society, work long hours and can be exposed to a lot of stress. Despite this, most people who serve their community and their country are committed to this service and love their jobs.

"A lot of the male police officers keep their wives in the dark... one particular person I recall is quite sheltered within her upbringing and has no idea what happens on the front line. To be told even half of what her husband is being exposed to would be quite traumatic."

Partner of police officer

There is no doubt you are in this together

As a family member, the job they do affects you, how you feel and your family life. You share their commitment to service, support their career and feel a sense of pride and engagement in their work. You have a deeper understanding and appreciation of the nature of their work at the type of incidents they deal with than the rest of the community. You live with the unpredictable nature of the work, shift work, postings or deployments away from home, campaigns and major incidents, along with the change in mindset that accompanies these occupations. You experience both the positive and negative impacts of the job on your service member because what affects them also affects you and your relationship, as well as other family members such as children. Many family members feel that the job involves partnership between the service member and the family. You are their key and most critical support.

Six things you need to know as a family member of someone in the Military or Emergency Services

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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

Sometimes sharing is difficult:

It is likely that, at times, your service member might find it difficult to relate comfortably to others outside the job who cannot fully comprehend what the work involves. You might also find that other family, friends and the general community don't understand what it means to be family of a service member and what you deal with on a daily basis. Your service member might want to talk with you about their work (to debrief and help them process what they have experienced) or they may not. Some service members want to share with their family as a way of coping and managing their mental wellbeing, while others want to protect them from the detail. For many, home is a safe place, a sanctuary, with the job left at the door once the uniform is taken off.

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He would always tell me about a lot of the jobs, like every day he'd have a debrief with me.

Partner of paramedic

How you can help

- » Be guided by what your service member wants
- » Listen if they want to talk
- » Decide how much you want to know and are comfortable with hearing and be open with them about this. Not everyone can cope with hearing about incidents or distressing work exposures. This is OK
- » Monitor your own mental wellbeing and seek support if listening to a loved one describe distressing experiences is affecting you
- » Accept that others in your general community may not understand what it is like for families of veteran and emergency service personnel which can make you feel alone in your experience

2. Look out for and acknowledge the early warning signs

Highlights:

- Family often the first to recognise that something is not right therefore they need to trust their instincts
- Look out for CHANGES in mood, behaviour, worldview
- Provides a comprehensive list of behavioural CHANGES which may indicate underlying mental health condition
- Explanation of what might be happening in the service member's brain to explain these changes in behaviour
- Guidance to family members about how to have a conversation with the service member about their symptoms/behaviour with the aim of getting them to seek help early.



2

Look out for and acknowledge the early warning signs

If a service member struggles with their mental health, family is often the first to recognise that something is not right. You share your lives and know them best. Any change in them affects you. Trust your instincts. If you feel something is not right, it probably isn't.

What does this look like?

You might notice a CHANGE in mood or behaviour and world view. This can include your service member becoming emotionally distant and/or easy to anger. Changes in the USUAL behaviour of your service member can be an early symptom

seek experiences that compound high adrenaline, high stress activities and volunteer work, because that's what they are used to and can be extremely effective and feel 'at ease' in those situations, but it will most likely compound their distress in the longer-term.

Don't forget that in addition to being exposed to potentially traumatic events, service members also face similar workplace stressors to other occupations. These can include bullying, excessive workload demands and lack of organisational support. Like everyone else, they can also find everyday life events stressful; for example,

constant scanning, assessing situations, being prepared) along with changes in breathing and heart rate, sweating etc are

sensitivity to stress and external stimuli even once back in a safe environment. These are therefore the changes in behaviours, emotional responses and personal interactions you may see.



Image by iStockphoto

Six things you need to know as a family member of someone in the Military or Emergency Services

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

Partner of veteran

What to look out for

Common mental health conditions experienced by service members include Anxiety, Depression and Post Traumatic Stress Disorder (PTSD). 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

- 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/job/obsession with small details)
- Avoiding crowds or situations that they find overwhelming or that trigger emotional or physical responses
- Trouble relaxing or switching off from work when possible

How you can help

- Be aware that the nature of the work does put service members, whether serving in the military or emergency services, at an increased risk of developing a mental health concern
- Be aware that changes in USUAL mood and behaviour in a service member are what you should be looking out for. This may indicate increased stress or underlying mental health symptoms
- Consider how long and how often you have seen the changes in behaviour. This will give you clear context for raising your concern with your family member if an appropriate time arises to do so. It will also be important information for you and your serving member to recall for health professionals
- Keeping a diary may make you more aware of patterns and triggers that make the situation worse and or better, and your recollections may assist in talking to health professionals
- Be aware that seeking help early (even if just for a couple of symptoms) is the best way for your service member to maintain performance and prevent long-term problems

Some strategies for responding to distress

- During conversation gently ask how long they have felt down, sad, or anxious – use the same terms that your service member is using to describe their experience
- Focus on strengths, however 'small' these positives seem to be
- Ask about thoughts of self-harm or suicide, reassure them and seek help if needed
- Acknowledge the emotions they express, the intensity and associated behaviour, and offer small gestures/actions to make them feel safe
- The most important thing is NOT to make the service member feel like they are failing, hopeless or a burden. Your service member may be feeling very fragile, and already have concerns about being completely honest about how they are feeling for a number of reasons. Be mindful of how, where, and when you have sensitive conversations with your service member

The links in the Resources section will give you more information about possible signs and symptoms of a mental health concern and the following sections provide more information about what you can do to help support your service member.

3. Understand that help-seeking for a service member can be very difficult for them to get their head around

- Highlights how difficult it can be for service personnel to accept, seek and receive help
- Wearing a uniform carries with it identities of strength, courage, stoicism, power and authority. Acknowledging the need for help can threaten this self identity due to fear they will be perceived as weak
- Provides practical guidance to family members about how to encourage their service member to seek help when required.



Understand that help-seeking for a service member can be very difficult for them to get their head around

Why seeking help is so difficult

It can be very difficult for many people to recognise their own symptoms and acknowledge that help is needed. This can be particularly so for service members. Wearing the uniform carries identifications such as strength, courage, stoicism, power and authority. As members of the community, we rely on service members to protect us and keep us safe. Acknowledging that help is needed can be seen as a threat to their self-identity, how they see themselves. In addition to fear of being seen or judged as weak by self or others, there may be concerns about the impacts of help-seeking on their career and ability to continue in their role.

Consequently, many service members may refuse to acknowledge that there is a problem and may deny, avoid and deflect their symptoms. Therefore, encouraging a service member to seek initial help can be a complex process. However, the support provided by family is key to recovery in mental health and it is likely you will be actively involved in encouraging, organising, motivating and supporting your service member in seeking and receiving help.

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I gave him some examples because, first of all he was like, ‘oh I don’t think so’, and I said, ‘well look, this is what’s happening, these are some examples.’ And then he went, ‘oh okay, I didn’t realise I was doing that’, so he went and got help.”

Partner of police officer

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He said, ‘please, can you come home...’ as soon as I got home, he was a broken man. I’ve never seen him that bad. I said, ‘honey, you need help.’ And I begged him to go see my psychologist, and he said ‘yes’... he wouldn’t even do that before.

Partner of police officer

How you can help

- » Encourage communication by gently and calmly talking about the changes you are observing and the effect that these changes in mood or behaviour are having on you and the family
- » Reassure your service member that they are not alone and that you will support them in seeking help. This is a journey shared together
- » Be prepared to listen. Open communication and actively listening to each other can reinforce trust in a family relationship, particularly if there is some withdrawal or emotional distancing in the family relationship
- » Encourage your service member to think about their mental health the same as their physical health. To perform well at work, they need to get physical complaints seen to as soon as they emerge and rest where they can so they can recover. It is exactly the same for mental health
- » It can be useful to encourage help-seeking from the GP initially for a physical health problem or complaint such as a change in sleeping pattern, appetite or fatigue. Sometimes it is easier to acknowledge a physical health issue and it could open up a conversation with the GP about general wellbeing
- » Understand that these conversations are not easy, but if your service member knows that you are there to listen if they wish to talk and are prepared to support them in seeking help, it is a valuable step forward
- » Be aware that it might take time to encourage your service member to seek professional support, and for some, it might take a personal crisis at work or within the family which triggers off a cascade of new symptoms before the service member is open to acknowledging a problem and reaching out to others for support. The families we spoke with described this as a ‘tipping point’ where the service member could no longer ignore that something was not right and help was needed

4. Helping your service member find a GP and other Health professionals they can trust

- Emphasizes the importance of finding a GP that they feel they can relate to and trust.
- Health professionals with service background or who understand service culture can assist in building rapport
- Do not give up due to one bad experience
- Guidance to family about how they can help the service member to navigate health system and suggestions about how they can be involved in their care planning.



Helping your service member find a GP and other health professionals they can trust

Once your service member acknowledges the need to seek professional support, finding someone they feel they can trust is absolutely critical to ensure that the service member gets the right care and stays engaged with receiving this support. Service organisations provide access to counselling support and some have chaplains and peer support. However, many service members are reluctant to seek support within their organisation due to fears about confidentiality, impact on career and possible stigma. If this is the case, encourage them to think about finding a health professional outside the organisation. This could initially involve a consultation with their GP who might refer them to a mental health professional such as a psychologist.

Trust and rapport are essential between the service member and their mental health professional in order for recovery to occur. It can take trial and error to find the professional support that best suits the service member. Sometimes you need to keep looking and meeting with mental health professionals until you find the right one. This is quite normal. Service members

may find it easier to talk to a health professional who has service experience themselves or who is familiar with service culture. This can help to break down initial barriers and build rapport more easily.

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And so, that's when I met one of the people there who's a clin-psych, and he was a Vietnam vet and he was a chaplain for the police. So, I was like, that's the psychologist you need to go and see, because he is a man who will just know.”

Partner of a police officer

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So, I kind of put psychologists down like anti-depressants; you've always got to sift through a whole heap before you find the right one that suits you... I really researched somebody through word-of-mouth who was absolutely brilliant, and he's stuck with her ever since.

Partner of police officer

How you can help

- » You might need to research suitable mental health professionals on behalf of your service member. We have provided links and a general list of health professionals familiar with treating military and service personnel at the end of this Guide
- » Make the appointments if necessary
- » Assure them that they are in control and will be respected regarding any questions they may have and making any decisions with the health professionals they see
- » Ask your service member if they would like you to attend appointments with them. You know your service member better than anyone and can provide valuable information about changes you are seeing at home
- » You can also help them 'find the words' to say, if they want you present when they see the health professional, especially for the first time, so ask them if they need you to help them do this. Respect their answer if they don't want you present
- » Ask your service member if you can be involved in their care planning. Importantly as family, you are a partner in their care and should understand what the plan of care involves and what to expect at home
- » If your service member is prescribed medication, you would want to understand what it is for, any adverse side effects and how to tell if the medication is having the desired effect. Your observations provide valuable feedback and are part of supporting recovery
- » Ask for information about any diagnosis given so that you can better understand the signs and symptoms. This can help you to make sense of it all. Your service member needs to give their permission (consent) for the mental health professional to give you information about their diagnosis, care plan and treatment
- » Don't give up! If you are having trouble finding someone who your service member can trust and relate to, keep looking. Just because you have one bad experience doesn't mean that the next one will be the same. Try and find a health practitioner who has experience treating military and emergency service personnel
- » Reach out to trusted peers such as friends or others with similar experiences. They can be a great source of information and support on how to navigate finding the right services to meet your serving member's needs. Peer support can be an effective first step when your loved one is reluctant to seek help

5. Your ongoing support is vital

- Point 5 Emphasizes the importance of the Family's ongoing support throughout all stages of the help-seeking journey.
- Includes providing practical support and assurance such as helping them remember appointments to helping them get there.
- Encourages family member's to help the service member maintain meaning and purpose in their life through social connection and shared experience.



Your ongoing support is vital

Finding and accessing formal mental health support for your service member is not an end in itself. The ongoing support you provide in encouraging and motivating them to remain engaged with that support is essential to their journey of recovery. This may also include your role in providing very practical support and assurance, such as helping them to remember appointments or helping them get there. Important to recovery is remaining socially connected, having hope and retaining a strong sense of identity and helping them find meaningful activities to do together as part of their recovery that aren't related to mental health. Sometimes it's about striving for small everyday moments that gives some quality in your shared lives. A useful acronym to guide you here is CHIME (Connectedness, Hope and optimism, Identity, Meaning, Empowerment).

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And I really believe in the importance of a friendship group. He needs a couple of decent guys around him that are not police officers. And these are like primary school friends, have a couple of beers and then I'll pick him up at a certain time that we've agreed on.

Partner of police officer

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I do watch out for signs. I just know he needs to go out and have a beer with his mate tonight. Or why don't you go and have a run, because he likes fitness as well.

Partner of police officer

How you can help

- » Encourage your service member to engage in activities they enjoy and that gives them a sense of meaning and purpose, which supports their sense of self-worth and self-esteem
- » Give time to your relationship by communicating and doing activities together that you enjoy, so that it's not always about being watchful of mental health
- » Encourage peer support, as contact with others can help with feeling valued and socially connected
- » Although mental health concerns vary in severity and impact on work, for many service members, time away from work, return-to-work plans and rehabilitation treatments can be part of the help-seeking process. These involve dealing with organisational systems, personalities, and processes. For some service members and families, this can be a streamlined and positive experience, but for others it can be time-consuming, disruptive to the flow of other family and job commitments and a cause of additional stress
- » Be aware that family is a partner in care and that you should be involved in rehabilitation plans. You experience daily life with your service member, are impacted by changes in their routines and you understand the many family activities and obligations that they are part of, in addition to working on their recovery. The rehabilitation provider does not have this experience
- » Service members might be reluctant to acknowledge any ongoing struggles and limitations which might impact return-to-work decisions. You know what these are and can advocate for them in their best interests

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I feel I've been included where they (rehab providers and work HR) all know me and they know I've been a bit directional in making sure all this happens as well.

Partner of police officer

6. Look After Yourself

- Emphasises the importance of family member's looking after themselves
- Family members will feel a range of emotions as their service member is going through their help-seeking journey,
- Family members deserve the right to express their emotions within their relationship without walking on eggshells.
- Provides valuable advice to the family member about avenues of support for themselves



Look after yourself

It is normal to have an emotional reaction to changes in your service member's mood and behaviour and to a diagnosis of a mental health condition. You may feel a sense of grief or loss. You may feel angry or cheated that your life has taken a different course to the one you expected or signed up for. You may feel a range of emotions. You may feel angry and frustrated with the service organisation. You share your service member's commitment to the job. So, how an organisation responds to occupational mental health concerns in its members has implications for the emotional wellbeing of your entire family. All of this is valid, normal and important to acknowledge.

As a family, you are facing this together and in encouraging your service member in initial and ongoing help-seeking, you are taking on additional responsibilities in your relationship, which can also give rise to a range of emotions. You may also find that some other family or friends within your social circle may not understand, some may judge and others may avoid talking about your experiences with you. You may find others become closer to you because of your changed circumstances.

In supporting your service member, it is vital that you monitor your own health and wellbeing and seek help for yourself if you start feeling stressed. You may wish to talk to a trusted friend, your GP, a support group, a professional counsellor or a psychologist about how you are feeling. Where your service member does not want you to be involved in their contact with health professionals, or where you are not privy to as much as you would like due to confidentiality, you can still discuss general concerns with your own GP or other health professional.

Communicating with a loved one who is experiencing a mental health concern can be challenging and there can be changes in the family relationship as a result. However, it is important that you are able to express your own emotions within your relationship without having to 'walk on eggshells'. Support groups can offer valuable insights from others who have had similar experiences about ways of communicating, as well as reducing that sense of isolation and difference that family members might feel. They can also be valuable sources of information about system navigation and practical supports.



I think we're stronger than we've ever been before... it's because I've just continued to be proactive in finding help and support and finding people who understand, and cutting out the people who don't.

Partner of veteran

It is important to maintain good physical and social health. Social connections can help you reinforce and protect your own individual identity particularly if daily life is subsumed in supporting the service member in their help-seeking journey.

An important learning from family members who have supported a service member during this journey is that relationships can grow stronger where it is seen as a shared family experience rather than a problem just for the individual.



Resources

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

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.

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.

Services for families of emergency service personnel

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)
1800 242 636
www.carers-sa.asn.au

Legacy Adelaide (veteran families)
08 8231 9812
www.legacy.com.au

Headspace (12 – 25-year-olds)
www.headspace.org.au
1800 063 267

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

Kids Helpline
1800 55 1800
www.kidshelpline.com.au

Partners of Veterans Association
1300 553 835
www.pva.org.au

Family Violence Service

If experiencing Family Violence contact 1800 RESPECT on the phoneline 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.

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

Women's Information Service

Office for Women – 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.

www.officeforwomen.sa.gov.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



Thank-you.

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Your advice on adapting the Guide:

- Use of language for the sector in Vic?
- What's missing from the booklet?
- Ideas for the resources page?
- Any other feedback?

