



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







This Guide is for families of veterans and emergency service first responders, such as police, paramedics, fire fighters and state emergency services personnel. This booklet has been developed to help you understand more about supporting your service member in seeking help if their job starts to affect their mental health and wellbeing. Family members are likely to be the first to notice that something is not right. You will also find information about looking after your own wellbeing and links to resources that might be of assistance.

This Guide was developed from research interviews with family members about how they recognised and supported their service member in help-seeking for mental health concerns. The valuable contribution of these families is gratefully acknowledged, and their voices are highlighted throughout this guide. The research was funded by Military and Emergency Services Health Australia (MESHA), formerly known as The Road Home.

We acknowledge the significant contributions of the veteran and first responder family members who shared their experiences with us. Without them, this Guide would not have been possible. We also acknowledge the expertise and guidance of our Project Reference Group.

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## Contents

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

1. The job is different	2
2. Recognising the early warning signs	4
3. Encouraging help-seeking	8
4. Finding someone they trust	10
5. Ongoing support is vital	12
6. Looking after yourself	14
<b>Resources</b>	<b>16</b>







## 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.

### **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 and 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 on you and your relationship, as well as other family members such as children. Many family members feel that the job involves a partnership between the service member and the family. You are their key and most critical support.

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*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*



*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.



*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 veterans and emergency service personnel which can make you feel alone in your experience



## 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 of mental health concerns.

These changes may occur quickly following a traumatic incident at work or may build up over time. Sometimes something seemingly small and irrelevant may appear to be the trigger. For example, the serving member may be more sensitive to sudden loud noises, which is especially difficult to control in family situations with children and may result in an unusual, heightened reaction to what seems like a mundane event. Conversely, they may

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, parenthood, adjusting to a new baby in the home or financial issues. All of these things can build up and have a cumulative impact over time.

This may mean that your service member may not realise that they are struggling, or you may think that the problems are within your family relationships. It is not uncommon for partners, in particular, to think that they are doing something wrong in the relationship and may be responsible for the changes in the mood and behaviour of the service member.



*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 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 trigger emotional or physical responses
- » Trouble relaxing or switching off from work when socialising
- » Expressing feelings of being detached from others
- » Increased breathing, heart rate, sweating or feelings of being 'on edge'
- » Memory loss



## Why these signs are important

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 threats or danger and gets ready to either fight, flight; or if the threat appears to be overwhelming, then the body freezes. The increase in awareness (hypervigilance, constant scanning, assessing situations, being prepared) along with changes in breathing and heart rate, sweating etc are

the body's natural response to being ready to tackle and face any real or perceived threat. Your serving member has lived and worked under situations where the body has been conditioned to be ready for any potential threat and danger which has increased the brain's responsiveness. The brain then finds it difficult to modulate or tone down increased 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 SlingShot Studios.



### 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 they 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.



*I was just seeing that he was very withdrawn... something just wasn't quite right, he just wasn't really talking, withdrawn, which was kind of unlike him.*

*Partner of paramedic*



# 3

## 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*



*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





## 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.



*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*



*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

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*





*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



*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

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.

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*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

## General Support and Information

### **Black Dog Institute**

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

### **Beyond Blue**

[www.beyondblue.org.au](http://www.beyondblue.org.au)

### **Headspace**

[www.headspace.org.au](http://www.headspace.org.au)

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

### **ReachOut**

[www.au.reachout.com](http://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](http://www.kidshelpline.com.au)

### **Relationships Australia**

Call 1300 364 277 or

visit [www.relationships.org.au](http://www.relationships.org.au)

### **Mental Health Recovery – The CHIME Framework**

[www.therecoveryplace.co.uk/chime-framework](http://www.therecoveryplace.co.uk/chime-framework)

### **Lifeline**

Call 13 11 14 or

visit [www.lifeline.org.au](http://www.lifeline.org.au)

(Several factsheets and toolkits)

### **Lived experience**

[www.livedexperienceaustralia.com.au](http://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](http://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](http://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](http://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](http://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 response to mental health concerns.

## General Resources for Families, Partners, Carers or Children

### Carers SA (Counselling)

1800 242 636

[www.carers-sa.asn.au](http://www.carers-sa.asn.au)

### Legacy Adelaide (veteran families)

08 8231 9812

[www.legacy.com.au](http://www.legacy.com.au)

### Headspace (12 – 25-year-olds)

[www.headspace.org.au](http://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](http://www.kidshelpline.com.au)

### Partners of Veterans Association

1300 553 835

[www.pva.org.au](http://www.pva.org.au)

## Family Violence Service

If experiencing Family Violence contact **1800 RESPECT** on the phoneline or webpage [www.1800respect.org.au](http://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](http://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](http://www.officeforwomen.sa.gov.au/womens-information-service)

## Drug and Alcohol Services

### Alcohol and Drug Foundation

[www.adf.org.au/help-support](http://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](mailto:ContactUs@mesha.org.au)

