



HEAD NOTES

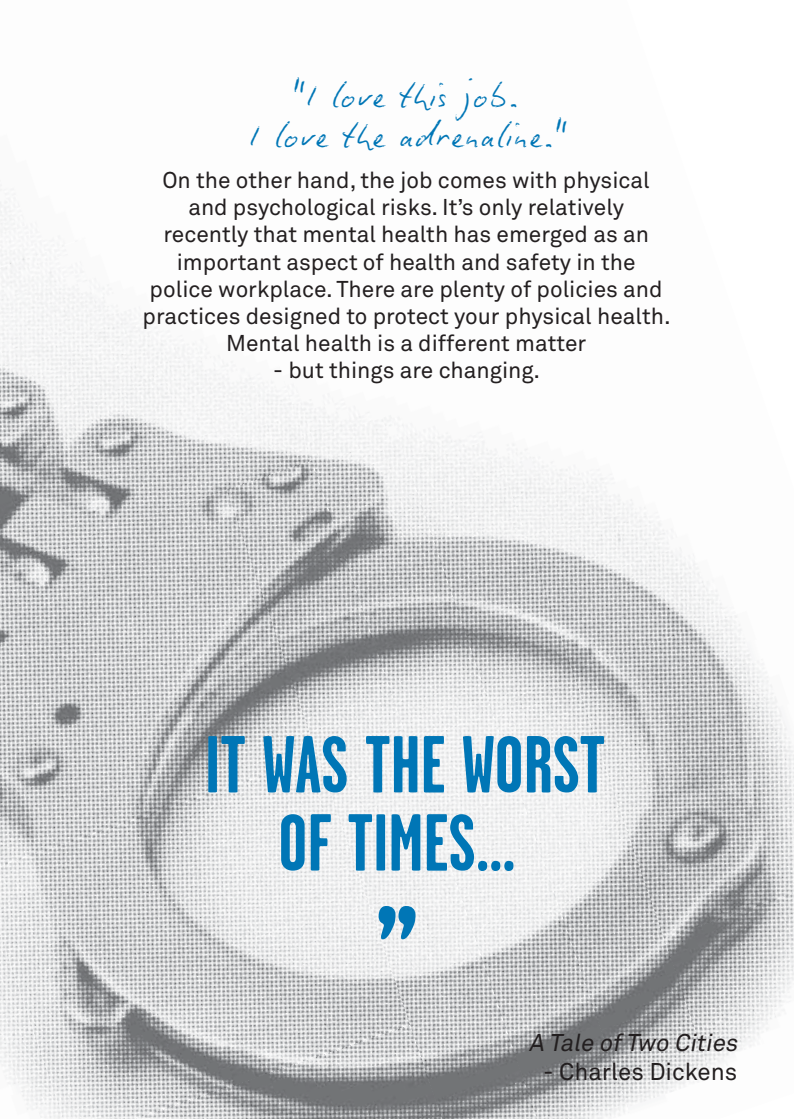
A social and emotional wellbeing / mental health initiative for Australia's police officers



“
**IT WAS THE BEST
OF TIMES,**

In many ways, this famous quote sums up what it's like to be a cop. There is something deeply satisfying about serving your community on the front line, in ways that most people don't ever see and certainly don't understand.

The job can be exciting and challenging and the little adrenaline buzz that comes with not knowing what's going to happen next is quite addictive.



*"I love this job.
I love the adrenaline."*

On the other hand, the job comes with physical and psychological risks. It's only relatively recently that mental health has emerged as an important aspect of health and safety in the police workplace. There are plenty of policies and practices designed to protect your physical health. Mental health is a different matter
- but things are changing.

**IT WAS THE WORST
OF TIMES...**

”

A Tale of Two Cities
- Charles Dickens

THIS BOOKLET

This booklet has been put together by the Police Federation of Australia (PFA) with assistance from the Commonwealth Government.

IT'S DESIGNED TO

- increase your awareness and understanding of common mental health issues
- help you recognise emerging mental health issues in yourself, your workmates and your family
- make the connection between your mental health and your personal safety
- give you a few simple strategies to help preserve your mental health and that of your family and friends
- direct you to some pathways to help - for yourselves, your friends and your family



MENTAL HEALTH

Good mental health is when you have a sense of wellbeing, confidence and self-esteem. Good mental health means that you enjoy life, you can form and maintain good relationships and you can use your talents and abilities to get things done. Most importantly, you can deal with the sorts of challenges that life throws at you every day.

MENTAL ILLNESS

Mental illness is a disease or condition that affects the way you think and feel, the way you relate to other people and the way you relate to your surroundings.

Mental illnesses come in a wide variety of forms - from mild to severe.

It's important to remember that mental illnesses are not purely psychological conditions - that is, confined to the mind. Many mental illnesses are accompanied by physical symptoms.

YOU'RE NOT ALONE

Mental health problems are pretty common - a lot more common than you'd think.

- nearly 1 in 2 Australians, men and women, will experience some form of mental illness at some stage during their life
- every year, 1 in 5 Australians will experience a mental illness
- where occupational risks are higher, this ratio can fall to 1 in 4 - sometimes 1 in 3

IT'S NOT "ONE SIZE FITS ALL"

We're all different. Mental health and capacity for social and emotional resilience differ from person to person.

What might affect one person's mental health, may not necessarily affect someone else in the same way. It doesn't mean that one person is stronger or weaker than another. It just means that we're all different.

A mental health issue doesn't mean you're soft. It means you're human.

MENTAL HEALTH AND SAFETY

Mental health in policing is a real safety issue. Some research from the USA says if you're suffering from a mental health problem, particularly depression and/or anxiety, you can be over 40% more likely to have a physical accident at work. As a cop, that's critical. If your mind's not on the job because you're depressed, anxious about something or worried about your relationships - then you, the people you work with and the community you serve can be at risk.

STIGMA

Stigma is a mark of disgrace that sets people apart. It's born of ignorance.

Unfortunately, a great deal of stigma surrounds mental health. Somehow it's okay to have a crook knee, a bad cold or a broken bone but it's not okay to have a mental health problem. We have to change that - and we have to change it now.

Recovery involves staying active and engaging with others. However, stigma erodes self-confidence and makes people draw into themselves. Perhaps the most damaging thing about stigma is that it often prevents people from getting help early - making recovery harder.

HELPING TO OVERCOME STIGMA

- Educate yourself about mental illness - know the facts
- Support people with a mental health problem
- Listen - don't be judgemental
- Encourage someone with a mental health problem to seek help - if he/she hasn't already
- If you have your own mental health story - share it

Breaking down mental health stigma won't be quick and it won't be easy. But a journey of 1000 miles starts with a single step. This is an important journey for all of us - and it starts now.

STIGMA OFTEN PREVENTS PEOPLE FROM GETTING HELP EARLY
THIS MAKES RECOVERY SO MUCH HARDER

THE IMPORTANCE OF TALKING

"Am I gonna tell anybody if I'm feeling depressed or anxious? Yeah, right."

The first, most important and biggest step in tackling mental health is talking to someone.

We can't say this too often.

Talk to someone. Your partner, a mate, your doctor, your boss, someone you trust. Anyone.

A problem shared is a problem halved. You'll be very surprised at how much better you feel when you've taken the first step and confided in someone. You'll realise that you're not alone. Far from it. And, you might find that a friendship is forged by sharing a confidence - or an existing friendship strengthened.

IF WE DON'T TALK ABOUT MENTAL HEALTH, SILENCE IS ALL WE'LL HEAR

RISKS TO MENTAL HEALTH

Everybody faces risks to their mental health.

These risks can include:

- a family history of mental illness
- stress/traumatic life events
- high-risk work locations and/or practices
- long hours and/or unrealistic time pressures
- relationship issues – separation, divorce, child custody issues
- financial/legal problems
- certain medications and/or medical conditions
- physical and/or sexual assault or abuse
- alcohol and/or substance abuse
- humiliation and/or failure (real or perceived)
- a lack of control over the present or the future (real or perceived)



COP-SPECIFIC RISKS TO MENTAL HEALTH

"I remember Graduation Day like it was yesterday. Now I just wanna forget it - and everything."

Cops are exposed to extra risks that can be harmful to their mental health/social and emotional wellbeing.

- exposure to trauma
- relationship difficulties flowing from the job
- inadequate staffing levels leading to increased workloads
- cynicism and pessimism - always thinking and expecting the worst of everything and everybody
- hypervigilance - always being on guard, alert to danger and what can go wrong
- a tendency to take on the problems of the people you serve
- growing a "protective shell" to avoid emotional engagement
- obnoxious work colleagues, including bullying and harassment
- lack of support by management (real or perceived)
- poor management of mental health claims by the Department
- lack of input into decision-making at work - micro-management from above
- endless emails, GPS tracking, managers calling mobile phones, even on days off
- inability/difficulty managing change
- fear of reporting a mental health issue to the system

*"I'm a cop. What can I tell you?
I am what I do."*

DEPRESSION

*"I don't know why I feel like this.
Am I the only one?"*

Depression is a diagnosable medical condition marked by intense moodiness and sadness that lasts longer than 2-3 weeks. Depression significantly interferes with the way a person is able to manage his/her work life and relationships.

Depression sometimes co-occurs with other disorders such as anxiety, alcohol and substance abuse.

Depression can have many causes including life stresses, medical conditions and treatments, drugs and alcohol, changes in the brain and an inherited family disposition.

A FEW SIGNS AND SYMPTOMS - BUT THERE ARE MORE

- uncharacteristic mood swings and irritability
- loss of interest in doing the things that you usually enjoy
- a change in sleeping patterns
- loss of energy and/or noticeable fatigue
- smoking or drinking more than usual
- tension and/or physical pain
- loss of sex drive
- inability to focus or concentrate – difficulty in making decisions
- absenteeism - having more time off than usual
- thoughts of death and/or suicide

WE ALL EXPERIENCE THESE SIGNS AND SYMPTOMS FROM TIME TO TIME: IT'S CALLED LIFE. BUT IF YOU HAVE AT LEAST FIVE OF THESE SYMPTOMS NEARLY EVERY DAY AND THEY LAST FOR MORE THAN 2 OR 3 WEEKS, IT'S TIME TO DO SOMETHING ABOUT IT

ANXIETY

An anxiety disorder is a medical condition marked by irrational but incessant and excessive worry. It's when anxiety levels are high enough to affect your ability to function at work and/or socially.

Each year, about 14% of Australians suffer an anxiety disorder.

"People don't realise that every time we knock on a door, there's this niggling anxiety about what's going to happen when it opens."

Anxiety, in men particularly, can be problematic because men are less likely to seek help.

Like Depression, Anxiety is an illness, not a weakness - and it often comes hand-in-hand with Depression.

For an anxiety disorder to be diagnosed, you need to be excessively and irrationally worried pretty well all the time for around six months.

SOME OF THE PHYSICAL SYMPTOMS - BUT THERE ARE MORE

- palpitations – a pounding heart
- chest or stomach pain
- muscle tension
- sleep disturbance – difficulty falling or staying asleep or restless, unsatisfying sleep
- feeling faint, dizzy, disorientated and/or shaky
- hot flushes or chills

AND SOME OF THE PSYCHOLOGICAL SYMPTOMS...

- a sense of impending panic, danger or doom
- catastrophic thinking - thinking that everything will be a catastrophe
- difficulty concentrating or mind going blank
- irritability

DESTRUCTIVE THINKING

Cops can be more predisposed to Destructive Thinking than the general population. It's understandable - it comes with the territory.

"We see the crappy side of life all the time. So, yeah, I'm pretty cynical about everything and everyone. So would you be."

A FEW SIGNS AND SYMPTOMS

- obsessive thinking
- paranoia
- 'catastrophising' - seeing and expecting everything to be catastrophic
- assuming you know what others are thinking ("mind reading") and assuming whatever they're thinking is bad
- assuming you know that other people are bad, and what they're going to do is bad - just by looking at them



FINANCIAL STRESS

Financial stress can really affect your mental health - most commonly resulting in depression and anxiety.

1 in 7 Australians say that finances are the cause of their greatest stress. So, if you are one of them, you're not alone.

Financial pressure feeds into everything - including your relationships with your family and friends.

Easy to say - but it's true. Money isn't everything.

Remember - when the game is over, the king and the pawn go back in the same box.

SOME SIGNS OF FINANCIAL STRESS - BUT THERE ARE MORE

- always being late paying bills
- dreading opening the mail - avoiding it when possible
- using one credit card to pay off another
- arguing about money with your partner or your family
- mood swings traceable back to money problems

WHAT TO DO

- Don't ignore financial problems
- Come clean - first to yourself, then to your family
- Get some professional financial help
- Make a plan and stick to it
- Stay healthy - maintain a good diet, exercise, make sure you get enough sleep

Unless you are advised to do so by a professional financial adviser who is on your side, don't borrow any more money from banks, credit unions, friends or family.

RELATIONSHIPS

Cop relationships can be subject to a unique set of pressures and challenges. Just ask a cop.

"My husband is a cop. He just wants to be with other cops. Sometimes when he's home he won't even answer the phone unless it's one of his cop mates. I feel like we just don't matter anymore."

Relationship problems often result in depression and anxiety. If you're depressed or anxious then your mind won't be on the job. And if your mind's not on the job... there's the safety thing again. So, sorting your relationship out is a safety issue as well as an emotional issue.

MAINTAINING POSITIVE RELATIONSHIPS

- Make and maintain friendships outside of policing
- Be positive – positivity makes everyone feel good
- Accept other people's differences. We're not all the same
- Seek professional support if you need help with your relationships
- Professional counsellors can help when relationships run off the rails

People who've gone to a professional counsellor for help almost always say how helpful it was - and they always wish that they'd done it earlier.

"When I come home and change out of my uniform, I know my husband and the kids are expecting to have me back. But it just doesn't happen like that."



ALCOHOL AND MENTAL HEALTH

"Here's a question: how many of us cops drink more than we should? And why do you reckon that is?"

Everybody tends to use alcohol for the same reasons— to feel better, to relax, to relieve boredom, to deal with stress or to feel part of a group. Police work involves high stress levels, hypervigilance and unique psychological challenges. It's really easy for cops to self-medicate with alcohol. On top of that, the close bonds between cops seem to be enhanced over a few drinks after work.

"As much as I hate to say this, sometimes it's easier staying out after work than it is going home."

Alcohol abuse is often tangled up with mental health issues. Sometimes it's hard to determine what comes first, the mental health problem or the alcohol problem.

Don't have a problem with alcohol? Perhaps not, but remember: alcoholism is the only disease that tries to convince you that you don't have it.

ALCOHOLISM ISN'T A SPECTATOR SPORT EITHER: IN TIME, EVERYONE GETS TO PLAY - FAMILY, FRIENDS AND WORKMATES

SOME SIGNS AND SYMPTOMS

- prolonged and unpredictable absences from where you should be
- drinking at all times of the day
- difficulty remembering/concentrating/making decisions
- sexual problems
- visible physical deterioration
- financial and/or legal problems
- family/relationship problems

WHERE DO YOU START?

If you feel comfortable starting a conversation with a mate or a family member with a drinking problem, be compassionate, not judgemental.

And, once again, professional help is always best. Because it nearly always works.



DRUGS AND MENTAL HEALTH

42% of Australians will use an illicit drug at some point in their lifetime. Because cops are representative of the general population, there's no reason to think that drug issues are any less prevalent in policing. Drugs can and do trigger mental illness and while some drugs can relieve the symptoms of mental illness, the effect will only be temporary.

FACT - MORE PEOPLE DIE FROM DRUG OVERDOSES, INCLUDING PHARMACEUTICALS, THAN DIE ON THE ROADS EVERY YEAR

SOME REASONS FOR DRUG USE

- to feel part of a group
- to relieve boredom
- to relax - to manage stress and anxiety

SOME SIGNS

- financial problems
- social withdrawal
- heavy eyelids, dark eyes
- slowness in reaction - mental and physical
- illogical/dangerous/irrational choices and decisions

SOME SYMPTOMS

- poor eating habits – weight loss/obesity, anaemia, diabetes
- dental issues
- compromised memory
- diminished libido - sexual problems
- compromised immune system
- compromised menstrual cycle

WHERE TO START HELPING A FRIEND OR FAMILY MEMBER WITH A DRUG PROBLEM

Start a conversation - but carefully!

- List the behaviours you've observed
- Tell the person that you care for him/her
- Create a two-way dialogue. Don't lecture or badger
- Don't expect a dramatic change for the better right away; there is no quick fix – prepare yourself for the long haul
- Remember that immediate withdrawal from certain drugs has risks - medical and psychological

Having good, solid support while withdrawing from drugs is a significant factor in avoiding relapse.



ACUTE STRESS

"You're tasked to a major crash. Your training kicks in and you do what you're trained to do. You knock off after your shift, sometimes with the pitiful cries of parents ringing in your ears. Seriously injured themselves, they're screaming at you to help their kids first. You think about your own kids; you can't help it. You just bottle it up because you know you have to get into that patrol car or on that bike in 12 hours' time and do it all again."

This is the gritty end of police work which other people, including your family, don't see. They don't understand and you can't expect them to.

"We call them 'death messages'. Try knocking on someone's door, telling them that one of their family's just been killed in a car accident - then going home and playing happy families."

It's perfectly normal and natural to have one or more strong reactions to a distressing incident such as a fatality, a serious accident, a physical or a sexual assault. If not addressed, these reactions can give rise to psychological and physical illnesses.

An acute stress reaction can arise up to a month after a person experiences a traumatic incident. In a lot of cases, these symptoms will abate with time, especially after confiding in friends and family.

If your reactions last for more than three or four weeks, you need to get help from a doctor or a health professional. About 25% of people who are exposed to a distressing or traumatic event will develop Post-Traumatic Stress Disorder (PTSD).

POST-TRAUMATIC STRESS DISORDER

Untreated PTSD often leads to other mental health issues such as depression and anxiety. PTSD can also lead to alcohol, drug, relationship and work issues.

With appropriate treatment and support, people with PTSD are able to recover and get on with their lives.

A FEW OF THE SIGNS AND SYMPTOMS

- intrusive memories and/or nightmares (episodic flashbacks)
- sweating, heart palpitations, panic attacks
- a sense of emotional numbness and avoidance
- nervousness, high-level anxiety and hypervigilance
- unmanageable anger, outbursts, irritability
- inability to concentrate/remember/make decisions

TREATMENT

- Talking therapies administered by a qualified health professional such as doctor or psychologist
- Prescription medication

With appropriate treatment and support, people with PTSD are able to recover and get on with their lives.

THE EARLIER THE DIAGNOSIS AND TREATMENT, THE BETTER THE OUTCOME

SUICIDE

Suicide - the act of killing oneself voluntarily and intentionally.

Death by suicide is almost twice that from road accidents. In 2016, for instance, almost 3000 people suicided - and over 76% of them were men. Men are more likely to suicide because they're less likely to talk about, or seek treatment for, their mental health problems.

Generally, people suicide for a number of reasons, not just one. Suicides and suicide attempts are often precipitated by extremely stressful and/or traumatic life events such as the loss of a loved one, a relationship break-up or a serious financial loss.

However, untreated mental illness (particularly Depression) is a primary contributing factor in the vast majority of cases.

- Suicide is currently the leading cause of death of Australians aged between 15-44
- 76% of all suicides in Australia are men
- Death by suicide is almost twice as common as death by road accident
- For every one suicide, at least 6 people will be profoundly affected by the grief and loss
- For every one suicide in Australia, it's estimated that there are about 30 suicide attempts



WHY PEOPLE SUICIDE

It's very rare that someone suicides for just one reason. One or more of the following life events may cause someone to consider suicide - but these are by no means the only ones.

- death of a loved one
- divorce, separation or custody issues
- a serious loss – job, house, money etc
- a serious or terminal illness
- chronic physical pain
- domestic violence, rape, assault etc
- a loved one subjected to murder, kidnapping, rape, assault etc
- abuse (including bullying and physical, verbal and sexual abuse)
- serious legal problems
- inability to deal with a humiliating situation
 - real or perceived
- alcohol and/or drug abuse

IN THE VAST MAJORITY OF CASES, PEOPLE DON'T WANT TO END THEIR LIVES -
THEY JUST WANT THE PAIN TO STOP

SOME SIGNS AND SYMPTOMS

- crying spells
- anxiety/agitation/irritability/anger
- loss of memory/concentration/attention
- sudden, unexplained and dramatic improvements in mood after a period of Depression
- a pre-occupation with death/suicide - songs, drawings, stories etc
- neglecting personal hygiene and/or appearance
- withdrawal from family and friends
- reckless behaviour
- increased alcohol and/or drug use
- making final arrangements, giving away prized possessions, making a will etc
- making unusually sentimental visits or phone calls, or sending messages - often saying goodbye
- securing the means for suicide (rope, firearms, pills etc)

SUPPORTING SOMEONE WHO SAYS THEY ARE SUICIDAL (A.S.K.)

ASSESS THE RISK **S**UPPORT THE PERSON **K**NOW HOW AND WHERE TO GET PROFESSIONAL HELP

©Steve Carrig

- Find a quiet place to talk
- Stay with the person. Listen. Be confident but respectful of age, gender and culture
- Assure the person that suicidal thoughts can be common and certainly don't have to be acted on
- Assure the person that suicidal thoughts are often associated with mental health problems which can be treated
- Discuss supports that are available - friends, trusted family members, a doctor
- Assist the person to access professional help - and ensure he/she follows through
- Don't use guilt or threats to dissuade them from suicide

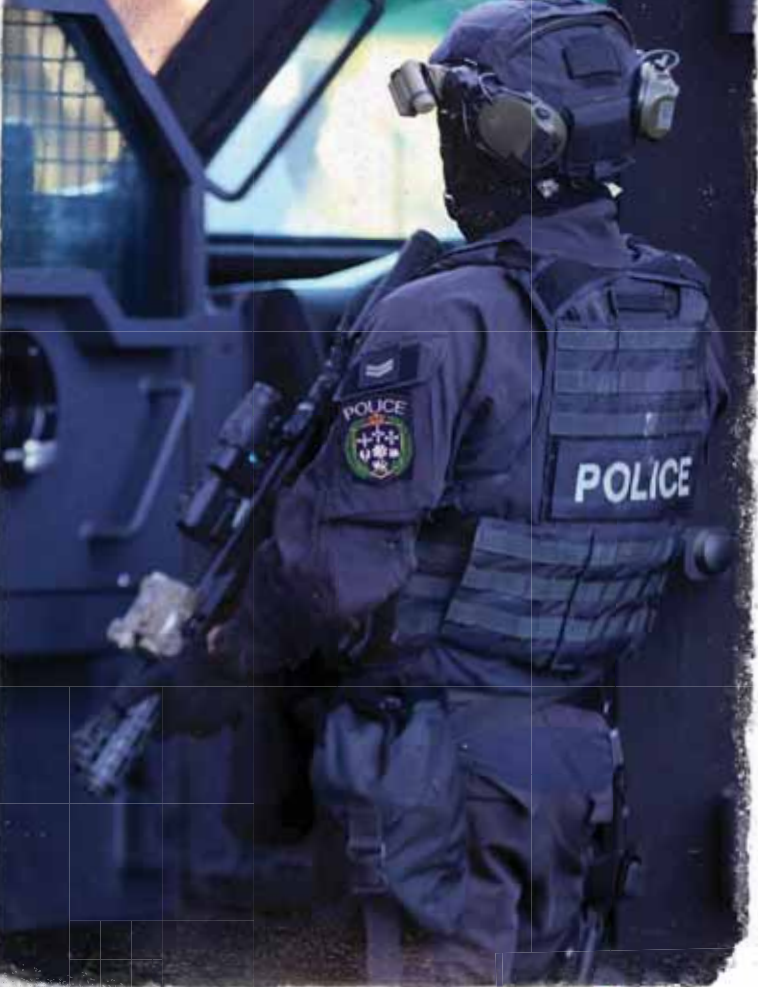
AFTER A SUICIDE CRISIS: WHAT ABOUT YOU?

It's perfectly normal for someone who assists in a mental health crisis to have an acute stress reaction.

MAKE SURE YOU

- Talk about your experience with someone you trust
- Accept that you did all that you could in the circumstances
- Avoid alcohol and/or drugs as a means of coping
- Pay attention to the basics - sleep, diet and exercise

IF YOU FEEL THINGS ARE NOT IMPROVING AFTER A WEEK OR TWO,
MAKE SURE YOU GET SOME PROFESSIONAL HELP YOURSELF





PRACTICAL, SELF-HELP STRATEGIES TO BUILD AND MAINTAIN MENTAL HEALTH

Learn to recognise the signs and symptoms of mental illness
- in yourself and those around you.

- Keep an honest eye on yourself
- Talk to someone about how you're feeling
- Get plenty of exercise
- Eat well - get some advice from a health professional or dietician
- Get enough sleep
- Reduce alcohol intake
- Give up or reduce smoking
- Avoid illicit drugs and ensure any prescription or non-prescription drugs are appropriate
- Learn to relax - get a massage, learn to meditate
- Learn to say no to extra work and other "obligations"
- Maintain positive relationship with the people closest to you – seek help if your relationship is under pressure
- Keep in touch with friends outside of policing
- See your GP and have regular check-ups
- If your stresses are financial or legal, seek professional advice

MENTAL HEALTH SUPPORT – PATHWAYS TO HELP

SUPPORT SERVICES FOR POLICE OFFICERS AND THEIR FAMILIES

Australian Capital Territory

Australian Federal Police Association ☎(02) 6285 1677

Angela Smith ☎0401 742 606

Vicki Linabury ☎0408 958 168

New South Wales

BACKUP FOR LIFE

NSW Police Legacy ☎(02) 9264 4531

Police Post Trauma Support Group

Gary Raymond ☎0432 569 589

Northern Territory

PFES Wellbeing and Health Officers

[www.ntpa.com.au/about/key-people-/
pfes-wellbeing--health-officers.aspx](http://www.ntpa.com.au/about/key-people-/pfes-wellbeing--health-officers.aspx)

NT Mental Health Crisis Team ☎1800 682 288

[https://nt.gov.au/wellbeing/mental-health/
hospital-mental-health-services/top-end](https://nt.gov.au/wellbeing/mental-health/hospital-mental-health-services/top-end)

Queensland

☎1800 ASSIST (1800 277 478)

Confidential short-term external counselling service available for current QPS employees and their partners and children, as well as retired QPS employees, paid for by the QPS at no cost to the employee or partner.

☎1800 4QPS DFV (1800 4777 338)

Free confidential telephone counselling service for QPS employees affected by domestic and family violence.

South Australia

Police Support Group

www.pasa.asn.au

or ring the Association for details ☎(08) 8212 3055

SAPOL

Employee Assistance Section ☎(08) 7322 3141

Tasmania

Wellbeing Support

Phone: (03) 6173 2188 | Fax: (03) 6173 0354

Email: wellbeing@dpfem.tas.gov.au

Wellbeing Support officer – South - **0429 453 689**

Wellbeing Support officer – South - **0436 800 604**

Wellbeing Support officer – North - **0436 812 038**

Wellbeing Support officer – West - **0419 126 551**

Critical Incident Stress Management Program - 0427 181 207

Victoria

The Police Association Victoria

LifeWorks ☎ **1300 361 008**

TPAV's free, confidential 24-hour counselling service for members and their families.

Victoria Police

VP Wellbeing Services ☎ **9247 3344**

24 hour access to psychologist

Western Australia

Converge International Employee Assistance Program 24/7

☎ **1300 OUR EAP (1300 687 327)**



Equipt

Equipt is a free wellbeing app for current and former police officers and their families. Provides tools and practical strategies to help strengthen physical, emotional and social wellbeing

Download from the App Store or Google Play

GENERAL SUPPORT SERVICES

THIS LIST IS NOT EXHAUSTIVE — IT'S A GENERAL GUIDE ONLY

This information is provided for the convenience only and should not be interpreted as an endorsement or approval of any of these organisations and their services.

Beyond Blue

☎ 1300 224 636

www.beyondblue.org.au

Beyond Blue provides information and support for people living with depression and other mental illnesses.

New Access

☎ 1800 010 630

Confidential early intervention program - easy to access, low-intensity Cognitive Behaviour Therapy (CBT) coaching. (A Beyond Blue initiative)

Suicide Call Back Service

☎ 1300 659 467

<https://www.suicidecallbackservice.org.au/emergency/person-at-risk-called-you/>

Black Dog Institute

www.blackdoginstitute.org.au

A not-for-profit organisation providing information about mental illnesses such as Depression and bipolar disorder. Their REACH program is a wellbeing program for people with Depression and bipolar.

Lifeline Hotline

☎ 13 11 14

www.lifeline.org.au

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

MensLine Australia

☎ 1300 78 99 78 (24/7)

www.mensline.org.au

Mensline Australia is a professional telephone and online support and information service for Australian men.

Counselling Online

www.counsellingonline.org.au (24/7)

Counselling Online is a free online counselling service supporting people affected, directly and/or indirectly, by alcohol and other drugs.

Relationships Australia

☎ 1300 364277

www.relationshipsaustralia.org.au

Relationships Australia offers family and relationship counselling as well as a range of specialist counselling services.

Lifeline Financial Counselling Helpline

☎ 1800 007 007

www.lifeline.org.au

The Lifeline Financial First Aid website link will also direct you to free financial counselling in your state.

Reach Out

www.reachout.com.au

Reach Out can help you by improving your understanding of the issues that relate to your mental health and wellbeing and provide information to better understand other people's experiences.

The Shed Online

www.theshedonline.org.au

An online site for men to socialize, network, make friends and share skills.

1800 Respect

1800 737 732 (24/7)

www.1800respect.org.au

The national sexual assault, domestic and family violence counselling service for people living in Australia.

THANK YOU

The Police Federation of Australia (PFA) is very grateful to all the members who lent their images and/or shared their stories in support of this mental health/social and emotional wellbeing campaign.



NOTES

HOW ARE YOU GOING?

~~HAVEN'T SLEPT PROPERLY FOR TWO WEEKS~~

~~I FEEL LIKE SOMETHING BAD'S GOING TO HAPPEN~~

~~I'VE GOT THESE ACHES AND PAINS - DON'T KNOW WHY~~

~~I FEEL SAD ALL THE TIME~~

~~MY HEART'S POUNDING~~

~~CAN'T SEEM TO CONCENTRATE LIKE I USED TO~~

~~I'M ANGRY AND IRRITABLE WITH EVERYBODY~~

FINE, THANKS.



EQUIPT - THE APP FOR COPS. DOWNLOAD CHECK IN

