



A COP IN THE FAMILY

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



An Australian Government Initiative

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"A COP IN THE FAMILY" IS AN IMPORTANT BOOKLET.

This initiative of the PFA, supported by the Commonwealth Government, is to be commended. It's critical that we all have some understanding of mental health and social and emotional wellbeing. None of us will seek help for problems we don't understand - or even know we have. This booklet will help with understanding, early identification and help-seeking.

Police officers protect our community. It's a dangerous job and they're handpicked for their personal and physical characteristics. But police officers are human too: they're not immune to the overwhelming stresses which they deal with, day in and day out, for years at a time. Their job is a marathon, not a sprint.

My colleagues in the mental health profession across Australia and I continue to work hard to support our police officers. Our response time has improved but it's still early days in terms of learning how to help our police officers manage their stress, how to keep them in the job they love and how to get them back to work as soon as possible when the stresses overwhelm them.

We're all still learning and my colleagues and I are very keen to get feedback, to find out what works and what doesn't.

Family support is also critical in recovery. It's much easier for a police officer's family to support him or her if they know what's going on. I see the power of family support time and time again - and that's one of the key messages in this booklet.

Keep an eye on each other - at home and at work. Encourage and support each other - and know where to go and who to call to get help when the road gets a bit rocky.

And if any of your workmates need time out, you can support their recovery by welcoming them back to work.

By the way, thanks for your service.



DR NICK FORD

M.B.B.S., B.MED.SC (HONS.), F.R.A.N.Z.C.P.

SENIOR CLINICAL LECTURER

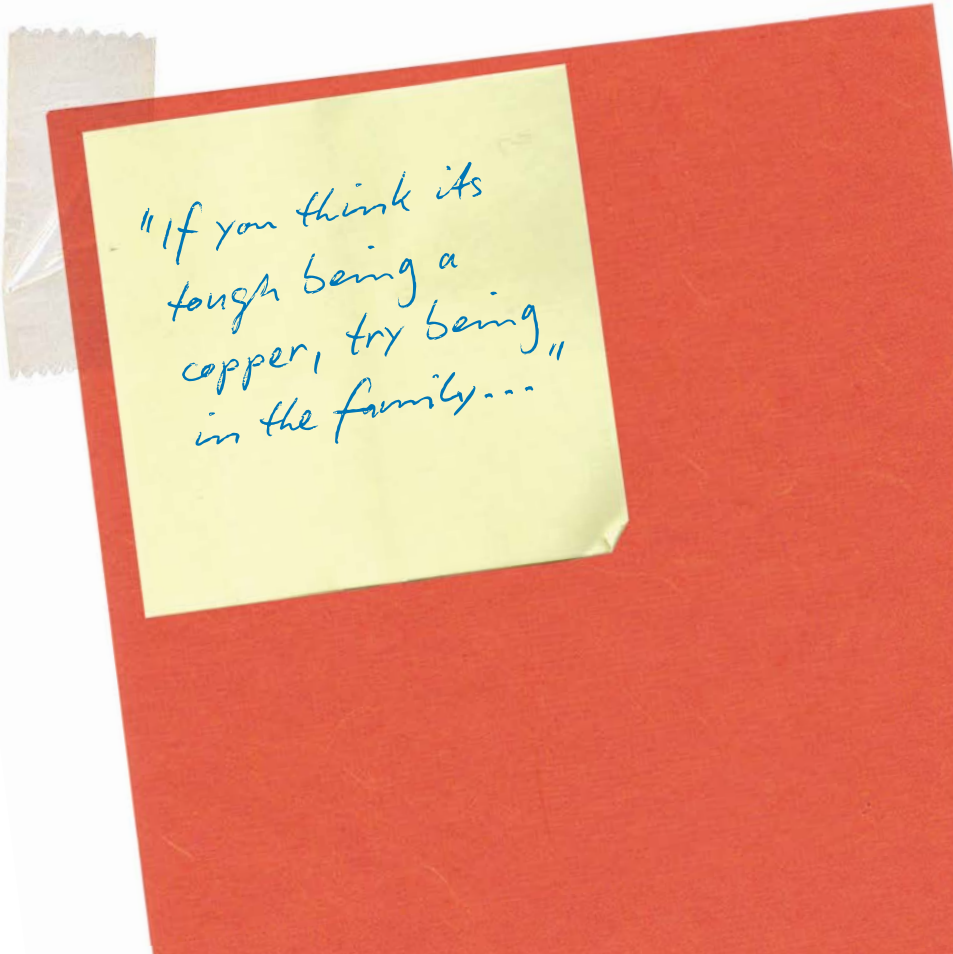
DISCIPLINE OF PSYCHIATRY, UNIVERSITY OF ADELAIDE

CONVENOR, CLOSING THE GAPS TRAUMA GROUP.

BEING A COP

A career in policing is not something that you choose for money or status. You choose to be a police officer because you're called to serve your community. Those of us who've been around for a while know that policing can be exciting, rewarding and personally fulfilling. There's a bit of adrenaline involved – and it's definitely not a career for the faint-hearted.

We also know that it's not uncommon for police work to bring about changes in a person. These changes can affect the physical and the social/emotional wellbeing of the police officer as well as those of the partner, the children and other family members.



"If you think it's
tough being a
copper, try being
in the family..."



A LITTLE BIT OF UNDERSTANDING

This booklet has been put together by the Police Federation of Australia (PFA) with support from the Commonwealth Government, for our valued members, their partners and their families.

It explains why police work sometimes brings about psychological changes – and how we can work together to ensure that these changes don't destroy otherwise good family relationships.

A LITTLE BIT OF UNDERSTANDING COULD SAVE YOUR RELATIONSHIP

A LITTLE BIT OF UNDERSTANDING COULD SAVE YOUR FAMILY

A LITTLE BIT OF UNDERSTANDING COULD SAVE A LIFE



THE IMPORTANCE OF FAMILY

Being a cop can be all-consuming. When you're totally focused on protecting the community, it's all too easy to forget the people you want to protect most – your partner, your kids, your loved ones and your friends.

The risks to physical and mental health from policing are greater than most other career paths. The role that partners and families play in helping physically and psychologically injured police officers recover and get back to work is critical.

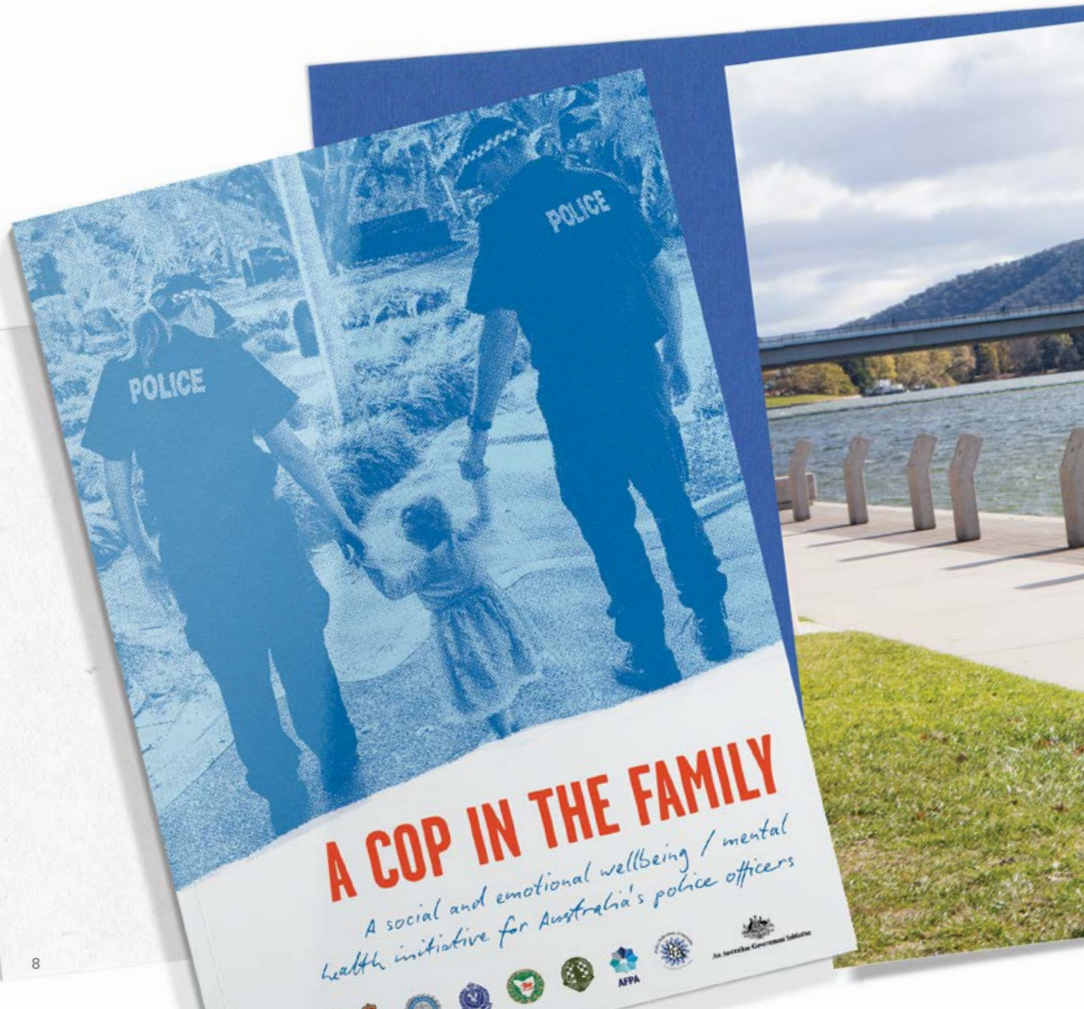
FAMILY SUPPORT IS CRITICAL!



THIS BOOKLET

This booklet is not a professional mental health course, nor will it equip you for a career in family counselling. However, it will:

- increase your family's awareness and understanding of social/emotional wellbeing and mental health, including common mental health issues
- help your family understand the particular risks and challenges involved in police work
- make clear the connection between mental health and personal safety
- help you recognise when a mental health or a social/emotional wellbeing problem is on the horizon
- outline a few simple strategies to help you look after your mental health and your social/emotional wellbeing
- direct you to some pathways to help



A COP IN THE FAMILY

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



A BIT OF QUIET TIME

We encourage you to put a little bit of quiet time aside to read this booklet – and then discuss it when the time is right.

If you are worried about the police officer in your family, or indeed anyone in your family, we urge you to seek professional help. At the back of this booklet you will find some websites and help-lines etc – but your GP is almost always the best place to start.



MENTAL HEALTH — WHAT IS IT?

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



WHAT IS A MENTAL ILLNESS?

A 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 RANGE OF 'SHAPES AND SIZES' — FROM VERY MILD TO VERY SEVERE.

YOU DON'T HAVE TO BE A COP OR A COP'S FAMILY MEMBER...

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
- mental illnesses are not purely psychological conditions - that is, confined to the mind. It's counter-intuitive but mental illnesses are very often accompanied by physical symptoms
- men are less likely than women to recognise that they have a mental illness and/or seek help for it
- if someone has depressive symptoms, the risk of a physical accident increases significantly
- mental ill-health costs Australia more than \$20 billion per year in lost productivity



"She's really proud of being a cop.
The kids look up to her. Is she going
to tell us if she's feeling a bit fragile?
I don't think so."

STIGMA

Stigma is a mark of disgrace that sets people apart. It's the result of ignorance as much as prejudice.

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.

Perhaps the most damaging thing about stigma is that it prevents people from getting help early. This makes recovery harder.

**WE ALL HAVE TO WORK REALLY HARD TO BREAK DOWN STIGMA
— AND WE HAVE TO START NOW.**

Good mental health has a lot to do with staying active and engaged, contributing and feeling accepted by others as part of the community. Stigma erodes the self-confidence of people with a mental illness. Fearing misunderstanding and ridicule, they avoid social interaction – the very thing they need to aid their recovery.

WE HAVE TO START TALKING ABOUT IT

Talking to someone is the first step on the road to recovery. And talking to someone you love and trust is a really big stride towards that recovery.

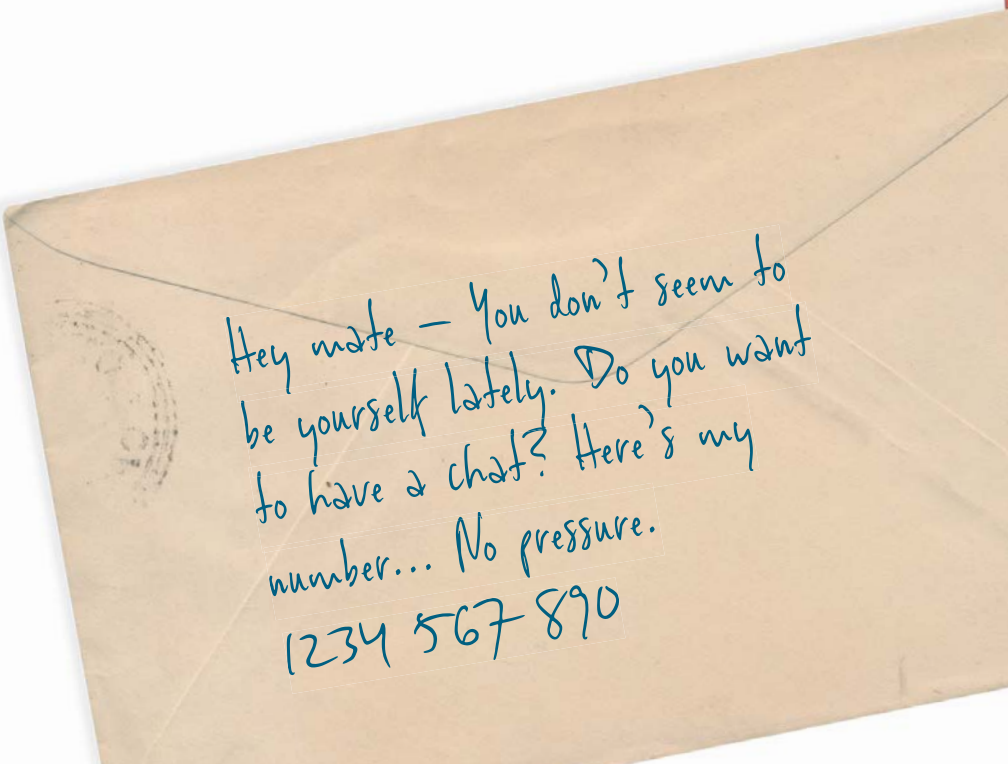
*If we don't talk about mental health,
silence is all we'll hear*

Silence breeds misunderstanding, puzzlement, fear and anger.

You'll be very surprised at how much better everyone feels when the first step's been taken. And you'll probably find that your relationship is strengthened. It's easier to face things together.

Denial is not a strategy.

*"Mental illness is nothing to be
ashamed of, but stigma and bias
shame us all" - Bill Clinton*



Hey mate - You don't seem to
be yourself lately. Do you want
to have a chat? Here's my
number... No pressure.
1234 567 890

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 issues
- humiliation and/or failure (real or perceived)
- a lack of control over the present or the future (real or perceived)
- being gay, lesbian, bisexual or transgender in a non-supportive environment
- bullying and intimidation



COP-SPECIFIC RISKS TO MENTAL HEALTH

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



IT'S NOT ONE SIZE FITS ALL

The presence of one or more of these risk factors does not mean a person WILL DEFINITELY develop a mental health problem.

Some people exposed to these risks will develop a mental health problem, some won't. It doesn't mean that one person is better or stronger 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.
Be on the look-out for changes –
changes in yourself, your family
and your friends.*



A BIT MORE ABOUT COP-SPECIFIC RISKS

EXPOSURE TO TRAUMA

"If you've never attended a serious traffic accident, you can't begin to understand the horror. It's the screams, the moans and desperate cries for help that can get to you.

If you get there before the ambulance, you might have to administer emergency aid at the direction of the ambos who are still racing to the scene themselves.

You just focus on the job at hand and do what you're trained to do. But it's the aftermath. You knock off after your shift, sometimes with the pitiful cries of parents, seriously injured themselves, screaming at the first responders to help their children. You take all this home with you. You think about your own kids; you can't help it. Sometimes you talk to your mates about it. Sometimes you don't. Sometimes you just bottle it up because you know you have to get into that patrol car or onto that bike in 12 hours' time and do it all again."

Mark Carroll APM - PFA President

HYPERVIGILANCE

“People don’t realise that every time we knock on someone’s door or pull someone over, there’s this niggling anxiety about what’s going to happen. Mostly it’s okay, but the fact is you never know – and you always have to be on your guard.”

Hypervigilance is a big, big challenge for cops. It’s a necessary part of the job – an elevated alertness to everything and everybody. It’s instinctive, it’s about safety and self-preservation. It’s also about adrenaline. And the adrenaline “high” can be fun and quite addictive – at least for the first few years.

But every action has an equal and opposite reaction. The adrenaline “high” comes at a cost and when it wears off, the cost becomes apparent – depression, exhaustion, apathy, a sense of isolation and detachment.

Hypervigilance is also what draws cops together. No one else quite understands like another cop – so over time cops tend to drift away from friends who aren’t cops.

Hypervigilance is a biological condition and there’s a “come down/recovery period”. Unfortunately for everybody, particularly families, the hypervigilance recovery period rarely coincides with the demands of shift-work.

THE “GO TO WORK-GET OFF DUTY-GO HOME-GET DEPRESSED” CYCLE CAN HAVE A CRIPPLING EFFECT ON FAMILY RELATIONSHIPS.

It’s Catch-22: a police officer has to be hypervigilant to perform and be safe at work but the after-work exhaustion and the adrenaline ‘crash’ leave the cop without the energy or the drive to participate in ordinary family life.

It’s a vicious cycle. Sometimes the cop tries to break it by not going straight home, by staying on at work or having a few drinks with other cops. So the family misses out, the cop senses this and feels guilty. The sense of guilt causes hypersensitivity, which causes arguments.

BINGO. TROUBLE ON THE HOME FRONT

We gratefully
acknowledge the
work of Dr Kevin
M Gilmarstin

→ “Emotional Survival
for Law Enforcement
– a guide for officers
and their families”

CYNICISM AND PESSIMISM

It's a sad fact but cops have to work in a world of antisocial behaviour including, but not limited to anger, violence, deceit, trauma and sometimes even death. Not just every now and then, but pretty well all the time. A cynical and pessimistic view of everything and everyone is almost inevitable and it's very hard for a cop not to bring it home after work. After a time, it becomes very hard not to be distrustful of human nature. It's harder still not to let the distrust seep into off-duty life.

OVER-IDENTIFICATION AS A COP

Given the nature of the work, the service to the community and the hypervigilance necessary for survival and safety, it's very easy for police officers to over-identify with the job and identify less and less with the personal aspects of their life.

"I'm a cop"

RATHER THAN

*"I'm a husband, a wife,
a father, a mother, a
footy player, a member
of the netball club*

*...oh, and I work
as a cop."*

It's very common for hobbies, recreational activities and friends outside policing to hold less and less interest. People who aren't cops don't have good stories, they don't understand hypervigilance and they don't understand the adrenaline "high".

You don't have to be a psychologist, a counsellor or a social worker to work out where all this goes.



PUBLIC SCRUTINY AND MEDIA ATTENTION

Generally, police officers enjoy the support and loyalty of the public they protect – but not always. These days everyone carries a smart-phone and people love sensationalist media stories about the police, especially when it looks like they might be doing the wrong thing, regardless of the truth. Cops have to be very cautious about everything they say and do, every minute of the day. Try to imagine just how stressful that would be.



DEPRESSION

SOME FACTS

Depression is a diagnosable medical condition characterised 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.

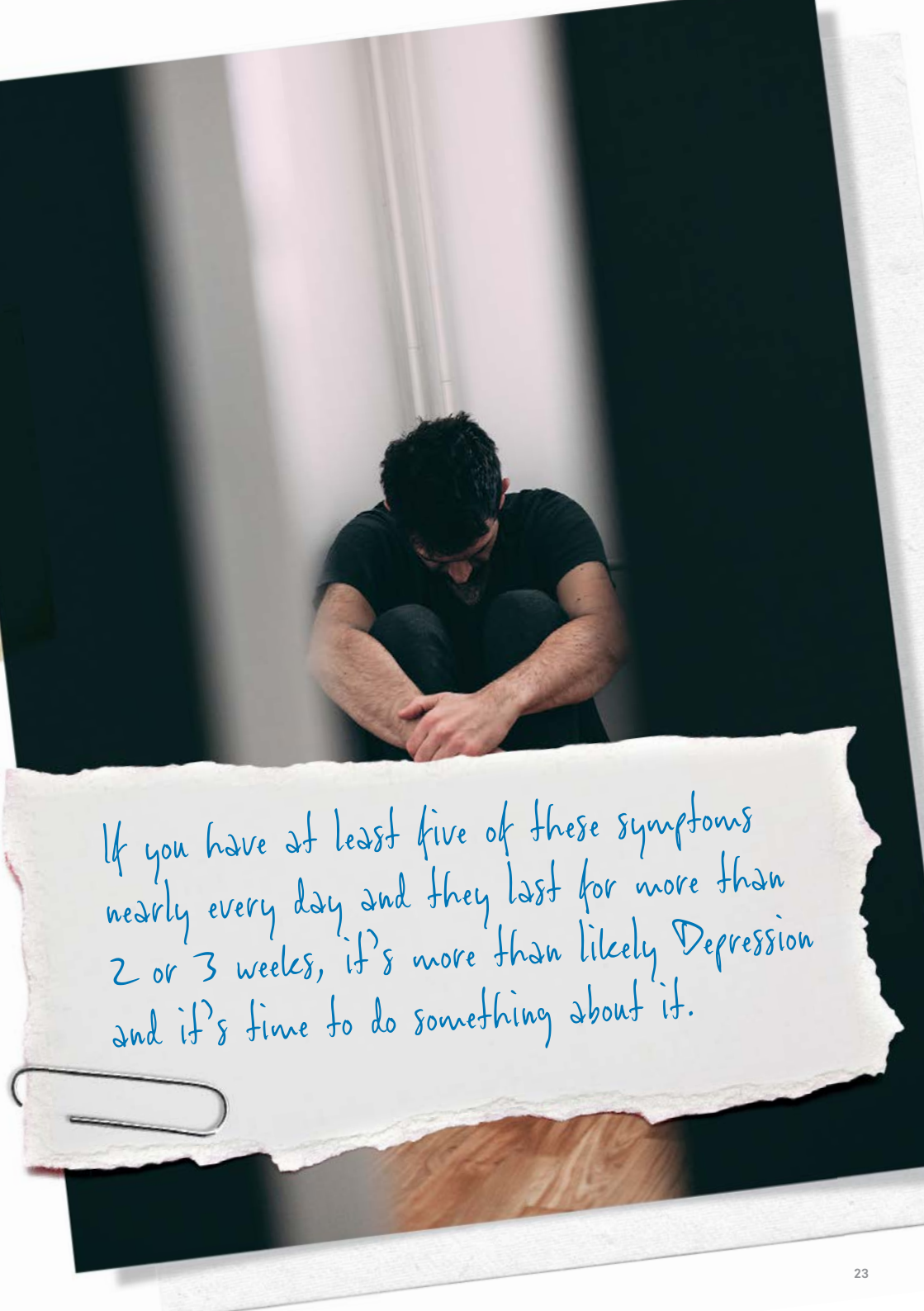
Depression also commonly co-occurs with other disorders such as anxiety and substance abuse.

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

SIGNS AND SYMPTOMS

- uncharacteristic mood swings and irritability
- loss of interest in doing the things that you usually enjoy – even sex
- a change in appetite – resulting in weight gain or weight loss
- a change in sleeping patterns
- a change in the level of activity
- loss of energy and/or noticeable fatigue
- social disengagement
- a lack of self-esteem – feelings of worthlessness, excessive or inappropriate guilt
- inability to focus or concentrate – difficulty in making decisions
- thoughts of death or suicide and/or suicide planning at some level

We all experience these signs and symptoms from time to time. So how do we know when these signs and symptoms point to Depression rather than simply being the ordinary ups and downs of life?



If you have at least five of these symptoms nearly every day and they last for more than 2 or 3 weeks, it's more than likely Depression and it's time to do something about it.

DEALING WITH DEPRESSION

LIFESTYLE CHANGES

Exercise regularly, enjoy a healthy, balanced diet, reduce your alcohol and tobacco consumption and take time out to relax (eg. meditate and/or get a massage). You'll find these things will be very, very helpful.

TALK TO YOUR GP

Outside of lifestyle changes, your GP is generally the “first port of call”.

Treatment options include:

- Medication: it might take the doctor some time to find the right medication and the most effective dose. Some medications take a couple of weeks before they start to work
- Talking therapies – usually administered by a psychologist or psychiatrist

Whatever treatment your GP recommends, combine it with your lifestyle changes.

It's not either/or – it's both!



ANXIETY



Friday,

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LIKE DEPRESSION,
ANXIETY IS AN ILLNESS,
NOT A WEAKNESS.

REMEMBER, WITH THE
APPROPRIATE TREATMENT
AND SUPPORT, PEOPLE WITH
AN ANXIETY DISORDER ARE
ABLE TO RECOVER AND GET
ON WITH THEIR LIVES.

ANXIETY DISORDERS

An anxiety disorder is a medical condition marked by irrational but incessant and excessive worry. Like Depression, an anxiety disorder interferes with a person's ability to function at work and/or socially.

Again, like Depression, Anxiety is common. Each year, about 14% of Australians will suffer an anxiety disorder. 1 in 3 women and 1 in 5 men will experience anxiety in their lifetime.

Anxiety can be a serious problem. But Anxiety, in men particularly, can be especially problematic because men are less likely to seek help.

Anxiety disorders can take a number of forms including:

- Obsessive Compulsive Disorder
- Phobias
- Panic Disorder
- Social Anxiety Disorder
- Post-Traumatic Stress Disorder



SIGNS AND SYMPTOMS

For an anxiety disorder to be diagnosed, three or more of the following symptoms will be present for a couple of months at least.

- restlessness – feeling keyed up or “on edge”
- fatigue
- difficulty concentrating or mind going blank
- irritability
- muscle tension
- sleep disturbance – difficulty falling or staying asleep or restless, unsatisfying sleep

PHYSICAL

- palpitations – a pounding heart
- difficulty breathing
- chest or stomach pain
- feeling faint, dizzy, disorientated and/or shaky
- hot flushes or chills

EMOTIONAL/PSYCHOLOGICAL

- excessive worry about the past, present or future
- a sense of impending panic, danger or doom
- catastrophic thinking – thinking that everything will turn out badly

BEHAVIOURAL

- avoidance of situations that make you feel anxious – this can have a deleterious impact on work, study and/or social life.

DEALING WITH ANXIETY

ANXIETY IS UNPLEASANT BUT THERE ARE SOME SIMPLE THINGS YOU CAN DO

- Write down the things that make you anxious alongside things you could do to alleviate the anxiety
- Divide these 'causes' into three groups:
 1. Things you can do or fix yourself – then write down when you will do each thing
 2. Things you can't fix by yourself – then make a note of who you can ask to help you
 3. Things that are unfixable – things that are just a fact of life
- Set aside a designated time to worry about things – "I'm not going to worry about this stuff now, I'll worry about it between 8.30 and 9:30 PM tonight." It sounds stupid – but it works
- Accept there are some things in life that you just can't do anything about
- Talk to your friends. You might pick up some advice on how they cope
- Keep your thoughts and expectations realistic. As Malcolm Fraser said way back in the 1980s, "Life wasn't meant to be easy"
- Stay active by doing the things you enjoy, things that are good for you
- Stay in regular touch with good people
- Stay as physically healthy as you can: this will mean doing some exercise, maintaining a healthy diet, giving up/reducing smoking, keeping a sharp eye on your alcohol intake and making sure you get enough sleep



TALK TO YOUR GP

The diagnosis of an anxiety disorder is usually made by a GP in the first instance. Like Depression, treatment options include:

- Medication: again, it might take the doctor some time to find the right medication and the most effective dose. Some medications take two or three weeks before they start to work
- Talking therapies: usually administered by a psychologist or psychiatrist



DESTRUCTIVE THINKING – (CYNICISM AND PESSIMISM)

Destructive thinking is when your thinking is distorted and your perception of reality is almost wholly negative. Destructive thinking can be as “destructive” to family and friends as to the person him/herself.

As we discussed earlier, cops can be more predisposed to destructive thinking than the general population. It's understandable: it comes with the job.

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 – and you know this just by looking at them

TREATMENT

No specific medication is available for Destructive Thinking.

Cognitive Behavioural Therapy (CBT/talking therapy) conducted by counsellors, psychologists and psychiatrists seems to offer the best and most effective strategy for dealing with Destructive Thinking.



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





FINANCIAL STRESS

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 stress can really affect your mental health. It feeds into everything – including family relationships and your friendships.

Commonly, financial stress leads to depression and anxiety.

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

SOME COMMON SIGNS OF FINANCIAL STRESS

- avoiding thinking about finances
- always being late paying bills
- dreading opening the mail – avoiding it when possible
- always just paying the minimum due on loans and credit cards
- using one credit card to pay off another
- arguing about money with your partner or your family
- feeling angry or fearful – mood swings traceable back to money problems
- social withdrawal – from family and friends

DEALING WITH FINANCIAL STRESS

- Don't ignore financial problems
- Come clean – first to yourself, then to your family
- Get some professional financial help – the Police Credit Union/Bank is a good place to start
- Make a plan and stick to it
- Stay healthy – maintain a good diet, exercise and make sure you get enough sleep

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

Revisit your priorities. Work out what's really important – and when you do, you will discover that it's not "things" that are important, it's people.

Remember, if you're in trouble financially, get help from a financial counsellor.

He/she can look objectively at your situation, help you do a budget and make a plan.

Financial counsellors know what they're doing; they can help and you will be surprised how much better you'll feel, mentally and physically.

When the game is over, the king and the pawn go back in the same box.



RELATIONSHIPS

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

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

If your relationships aren't going well, that's when Depression and Anxiety come into the picture. If the cop in your family is depressed or anxious then his/her mind won't be on the job. There's the safety thing again. So, sorting the relationship out is a safety issue for the cop in your family as well as an important emotional issue for the rest of the family.

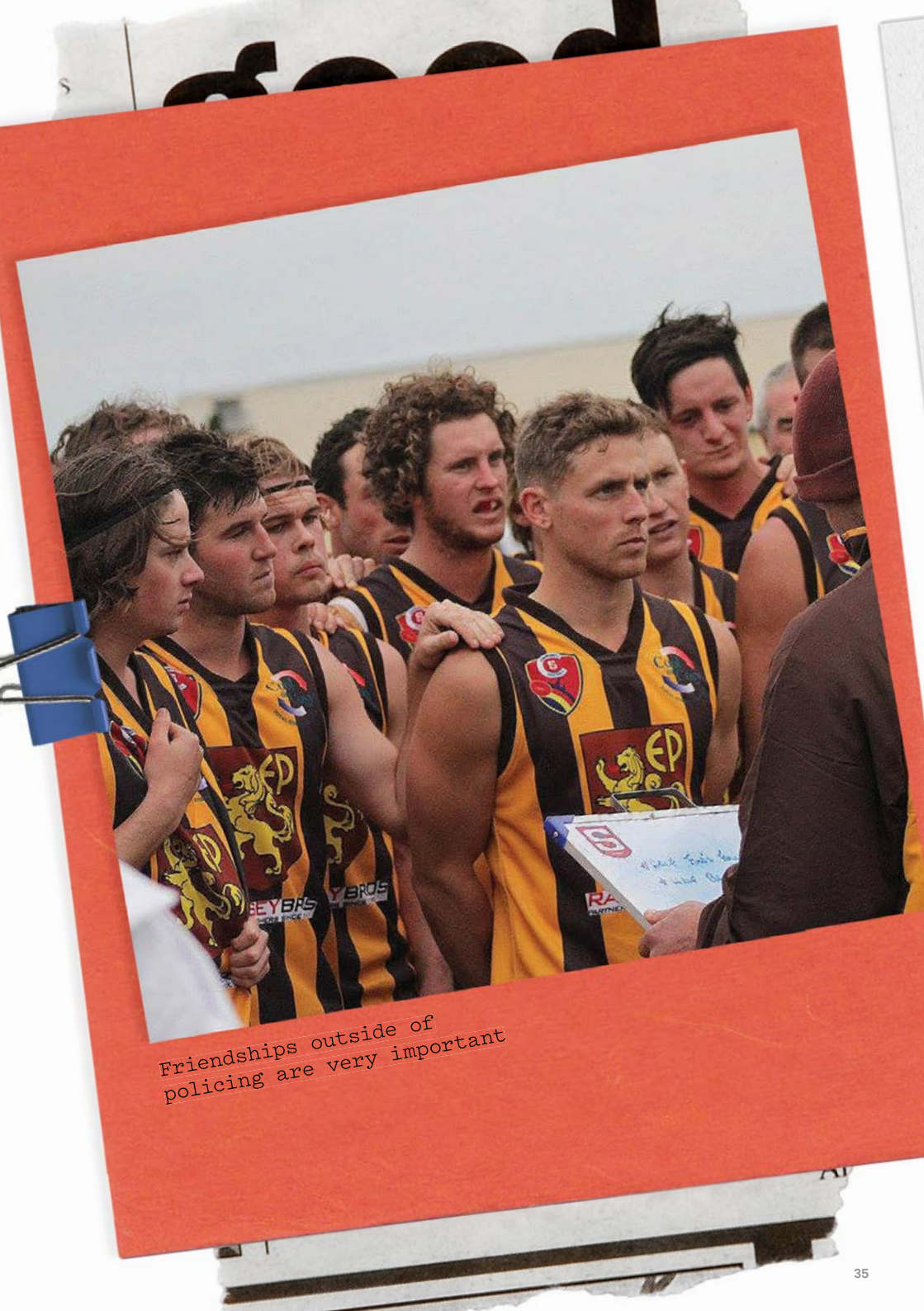
MAINTAINING POSITIVE RELATIONSHIPS

- Listen actively to each other – listening is harder than talking
- Be positive – positivity makes everyone feel good
- Accept other people's differences – we're not all the same
- Friendships outside of policing are very important
- Seek professional support if you need help with your relationship

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 how they always wish that they'd gone earlier.

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



Friendships outside of
policing are very important



ALCOHOL AND MENTAL HEALTH

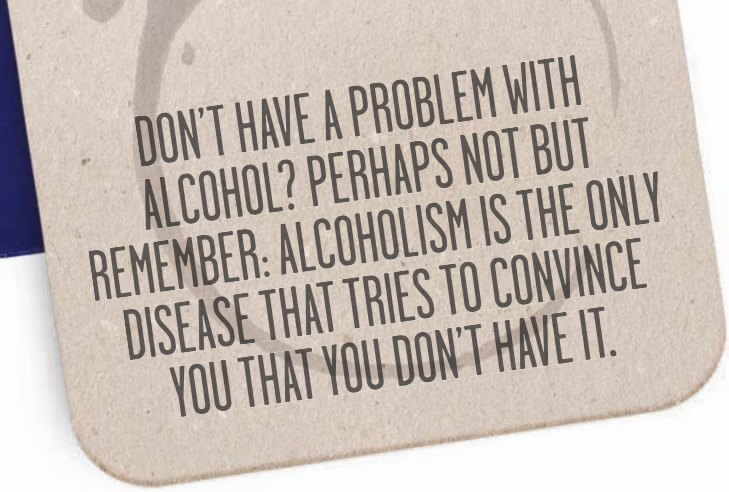
*"Here's a question: how many cops
drink more than they should?
And why do you reckon that is?"*

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 and fluctuating adrenaline levels, hypervigilance and unique psychological challenges. So, 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 to stay out
after work than it is going home."*

However, it's not always the police officer. Sometimes the partner can be self-medicating with alcohol in an attempt to mask other problems, like relationship issues.

Alcohol abuse is often tangled up with mental health issues. It can be quite difficult to determine what comes first, the mental health problem or the alcohol problem.

A piece of brown cardboard with a printed message in a bold, sans-serif font. The text is arranged in a slightly curved, downward-sloping layout. The background is white with a dark blue vertical strip on the left.

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.

SOME COMMON 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
- sleeping problems
- heart problems, high blood pressure
- liver problems
- visible physical deterioration
- financial and/or legal problems
- family/relationship problems
- poor eating habits – weight loss/obesity, anaemia, diabetes, dental issues
- compromised immune system – more colds and flu etc

DEALING WITH AN ALCOHOL PROBLEM

It's hard to watch somebody you care about developing – or with – an alcohol problem, especially if you don't know how to help.

- If you feel comfortable starting a conversation with the person you are concerned about, emphasise your own feelings and concerns. This can be a good way to start. In this way you come at the issue with a sense of compassion rather than judgement
- The person concerned will be defensive: it's hard for them not to be. Your job is to be calm and reasonable – but you need to pick your time. You both need to be sober and in a good frame of mind. There is absolutely no point in raising the issue when one or the other of you is drunk – or hungover
- And, once again, professional help is always best. Because it nearly always works. And again, your GP is the best place to start

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

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. And, like alcohol, it's not always the cop in the family with the problem.

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

SOME REASONS FOR DRUG USE

- looking for short-term, positive feelings
- to extend the adrenaline “high”
- to feel part of a group
- to relieve boredom
- to escape from reality
- to relax – to manage stress and anxiety

SOME COMMON SIGNS OF A DRUG PROBLEM

- financial problems, selling possessions – theirs or other people's
- extended periods in the bedroom or bathroom
- social withdrawal – especially from non-users – along with a corresponding gravitation to users
- drug paraphernalia in evidence
- heavy eyelids, dark eyes
- slowness in reaction – mental and physical
- illogical/dangerous/irrational choices and decisions

SOME COMMON SYMPTOMS

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

WANT TO HELP A PARTNER, FRIEND OR FAMILY MEMBER WITH A DRUG PROBLEM?

START A CONVERSATION — BUT CAREFULLY!

- Don't bring up the subject when the person is under the influence
- List the behaviours you've observed
- Tell the person that you care for him/her
- Establish a time to talk – for more than a few minutes
- 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

Research shows that people in some kind of supportive relationship, generally, find it easier to tackle their drug problem. Having good, solid support while withdrawing from drugs is a significant factor in avoiding relapse.

DEALING WITH A DRUG PROBLEM

- Withdrawal programs and rehab/detox centres
- Self-help programs
- Alcoholics Anonymous and Narcotics Anonymous
- Controlled use – under medical direction
- Counselling
- Medication
- Helplines, websites etc

WHAT TO EXPECT FROM WITHDRAWAL

- irritability
- restlessness
- anxiety
- depression
- confusion
- cravings
- sleep problems
- diarrhoea
- shaking and sweating
- loss of appetite

These symptoms tend to be short-term – 7 to 10 days. But, again, don't expect a dramatic change for the better right away. There is no quick fix – prepare yourself for the long haul.





ACUTE STRESS AND POST-TRAUMATIC STRESS DISORDER

"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."

This is the gritty end of police work which other people, including a police officer's family, don't see. Unless you do police work, you can't understand and you can't be expected to.



ACUTE STRESS REACTION

Acute stress reactions can arise up to a month after a person experiences a distressing incident – such as a fatality, a serious accident, physical or sexual assault or a natural disaster such as a bushfire or a flood. Even a “near miss” can cause an acute stress reaction. These reactions can include fear, horror, anger, sadness and hopelessness – and they are perfectly normal and natural after trauma.

These reactions can give rise to emotional, psychological and physical distress. Symptoms can include “flashback” episodes, decreased emotional responsiveness, amnesia and feelings of guilt about enjoying normal things.

In most instances, these symptoms will abate with time and after confiding in friends or family.

If, however, these reactions last for more than three or four weeks, it's important to seek help from a doctor or health professional as an acute stress reaction can also lead to Post-Traumatic Stress Disorder (PTSD).

About 25% of people who are exposed to a distressing or traumatic event will develop Post-Traumatic Stress Disorder (PTSD). Clearly, this accounts for the high level of PTSD in policing.

POST-TRAUMATIC STRESS DISORDER (PTSD)

*PTSD doesn't mean you're soft
– it means you're human*

We know about PTSD from the media – it's very often suffered by combat soldiers. It's also suffered by ambos and firies. And cops.

PTSD is when acute stress reactions don't fade away after a period of time.

PTSD symptoms are a bit like acute stress reaction symptoms but more intense – and worse in the sense that they don't go away.

COMMON SIGNS AND SYMPTOMS OF PTSD

- intrusive memories and/or nightmares (episodic flashbacks)
- physical symptoms – including but not limited to sweating, heart palpitations, panic attacks
- a sense of dissociation
- a sense of emotional numbness and avoidance – a strong desire to avoid situations that recall the traumatic event
- social withdrawal
- nervousness, high-level anxiety and heightened vigilance
- unmanageable anger, outbursts, irritability
- inability to concentrate/remember/make decisions

People with PTSD can develop other anxiety disorders – phobias, obsessive/compulsive disorders as well as Depression and drug and alcohol issues.

Talking about the stressful event with people who shared it with you or who understand and sympathise can be an effective way of preventing the onset of PTSD. Not always, but often.

Typically, PTSD treatment involves talking therapies with a qualified clinician – a psychologist or psychiatrist. In some cases, prescribed medication can be helpful.

With the right treatment and support, people with PTSD can recover and lead normal lives.

SOMETIMES YOU CAN'T GET OVER IT BUT, WITH HELP AND SUPPORT, YOU CAN GET PAST IT

The most critical thing to remember about PTSD is the earlier the diagnosis and treatment, the better the outcome.

Watch out for the signs in the cop in your family. If you think you see the signs emerging, make sure you encourage him/her to get help.

EARLY IDENTIFICATION EARLY DIAGNOSIS EARLY TREATMENT EARLY RECOVERY



SUICIDE

Suicide, the act of killing oneself voluntarily and intentionally, is not an easy topic. But we have to address it because, if we don't, nothing will change and our fellow Australians will keep dying needlessly.

THERE'S BAD NEWS...

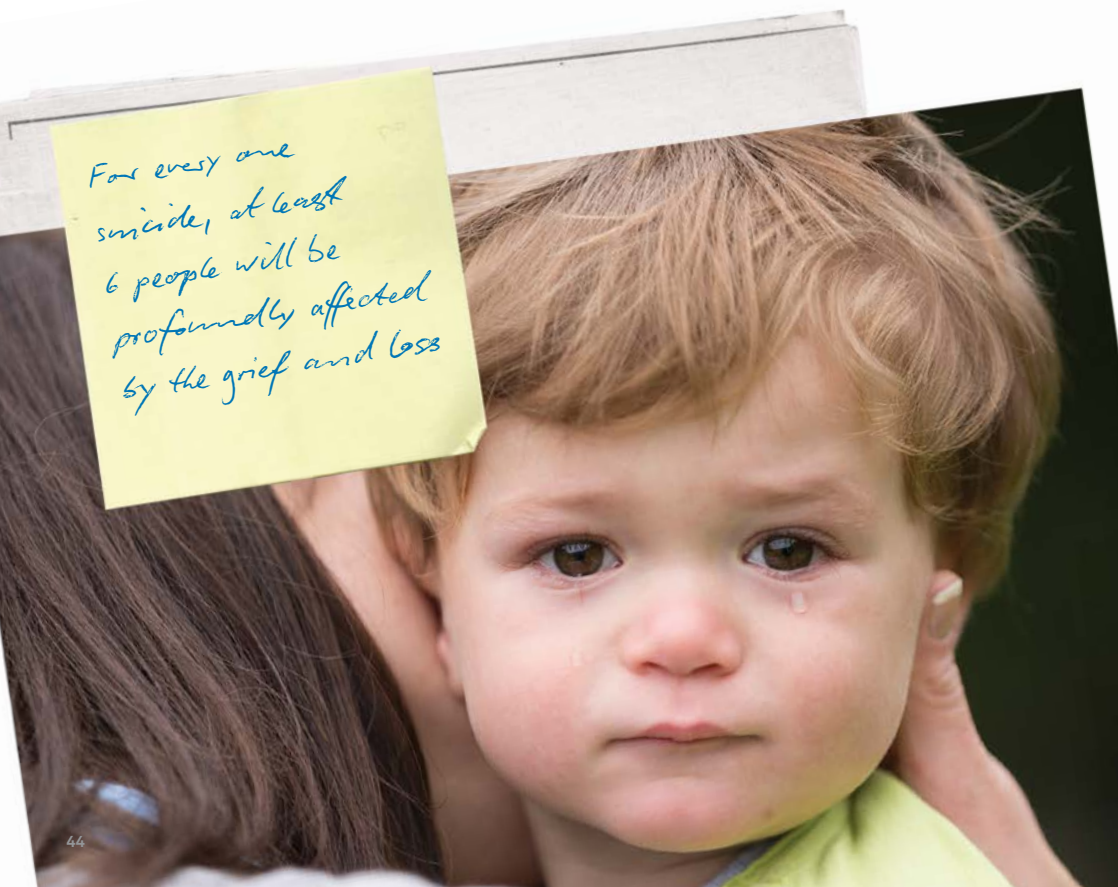
The bad news is that death by suicide is almost twice that from road accidents. In 2016, for instance, more than 3000 people suicided – and 76% of them were men. Suicide is the number one killer of men between the ages of 15 and 44.

...AND BETTER NEWS

But the better news is that, statistically anyway, the rate of suicide amongst police officers is lower than in the general community.

It's very rare that someone suicides for just one reason: usually it's a combination of things going on in someone's life. Importantly, untreated mental illness, usually Depression, is in the mix in a vast majority of cases.

For every one
suicide, at least
6 people will be
profoundly affected
by the grief and loss



WHY PEOPLE ATTEMPT SUICIDE

Mostly, people don't want to end their lives. They just want to end the suffering. 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: physical, verbal, sexual
- serious legal problems
- inability to deal with a humiliating situation – real or perceived
- alcohol and/or drug abuse

For every one suicide in Australia, it's estimated that there are about 30 attempts

SOME WARNING SIGNS ALONG THE WAY

- 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)

MYTHS AND FACTS ABOUT SUICIDE

There are plenty of myths surrounding suicide. Here are just a few.

- **MYTH!** People who talk about suicide a lot are probably not serious about it
FACT! Someone talking about suicide is crying out for help
- **MYTH!** Suicides, generally, don't happen without warning
FACT! Generally, there are lots of warning signs along the way to a suicide attempt
- **MYTH!** You can't stop someone from suiciding if they really want to
They'll do it sometime, somehow -
FACT! Most people don't want to stop living. They just want the pain and suffering to stop. There's a big difference
- **MYTH!** Talking about suicide or asking someone if they feel suicidal only encourages them to go ahead
FACT! Talking it out is the first, big step on the way back
- **MYTH!** There's nothing family and friends can do to help if someone is suicidal
FACT! Family and friends are critical in supporting a suicidal person and getting him/her back on the road to recovery

IF YOU FIND YOURSELF SUPPORTING SOMEONE WHO IS SUICIDAL, REMEMBER ASK*

ASSESS THE RISK
SUPPORT THE PERSON
KNOW HOW AND WHERE TO
GET PROFESSIONAL HELP

*© Steve Carrick



SAFETY FIRST

- 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 the person from suicide



AFTER A SUICIDE CRISIS: WHAT ABOUT YOU?

It's perfectly normal for someone who has supported a suicidal person 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, 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 THE MENTAL HEALTH OF YOU, YOUR PARTNER AND YOUR FAMILY

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

Look out for the people in your life. If you're worried about them, start a conversation.

If we're silent about mental health that's all anyone will hear.

- 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 work and other “obligations”
- Maintain positive relationships with the people closest to you – seek help if your relationship is under pressure
- Encourage the cop in the family to 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



On the road to self improvement

A SPECIAL MESSAGE TO THE COP IN THE FAMILY

Those of us who are cops understand there is something deeply satisfying about serving the community on the front line, in ways that most people don't ever see and certainly don't understand.

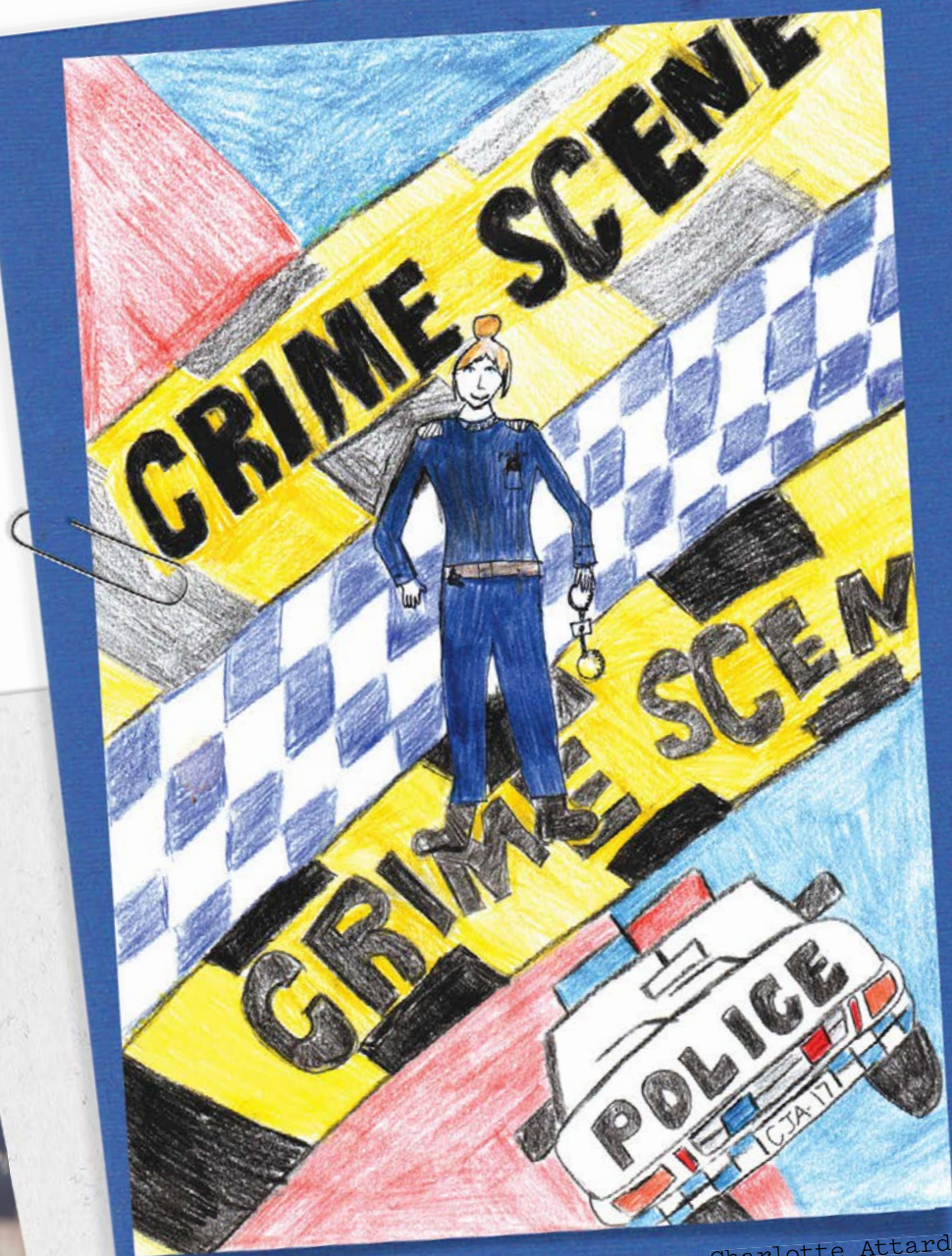
The job can be exciting and challenging and the little adrenaline buzz that comes with not knowing what's going to happen next can be quite addictive.

But, as we said earlier, being a cop can be all-consuming. When you're totally focused on protecting the community, it's all too easy to forget the people you want to protect most – your partner, your kids, your loved ones and your friends.

When you go to work each day, remember who you're doing it for – your family, first and foremost. And don't forget, they'll be the ones who'll be walking alongside you when the road gets rough.

Talk to them first. Tell them what's going on. They're the ones who love you: they're the ones with your best interests at heart. They'll be there at the beginning and they'll be there at the end, when everyone else has dropped away. Never forget that.





Charlotte Attard

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

NT Mental Health Crisis Team

☎1800 682 288

<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](#)

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

GENERAL SUPPORT SERVICES

Beyond Blue

☎ **1300 224 636**

www.beyondblue.org.au

Beyond Blue provides information and support for people living with mental illness.

New Access

☎ **1800 010 630**

Confidential - easily accessible, low-intensity Cognitive Behaviour Therapy (CBT) coaching.

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.

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.



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

NOTES

