



Mental Health

Telling It Like It Is

“Far and away, the best prize that
life has to offer is the chance to work
hard at work worth doing”.

Theodore Roosevelt Jr
26th President of the United States (1901 to 1909)

Working at Maxima can be very rewarding. But it can come at a price.

Lots, but not all, of the people we work with face pretty serious challenges as they walk through life. They are long-term unemployed, people with one or more disabilities and indigenous Australians.

When we pull someone off the economic or the social scrapheap, work with them, build their confidence, develop their skills and find them a job, there's no better feeling. But to get there, there are plenty of obstacles and bureaucratic hoops to jump through. And, the truth is that some of our clients can be a bit difficult, a bit demanding. Sometimes more than a bit.

Success in our business sometimes comes at a price. We call it 'compassion fatigue' - feelings of helplessness in the face of other people's difficulties. We can feel worn down and exhausted by work demands. We can also feel detached, numb and emotionally disconnected. We drift along, gradually losing interest in activities that we used to enjoy. We find that it's easier to withdraw from friends and family. One day, we wake up with mental health issues, wondering how it all got to this.

A little bit of understanding

This booklet has been put together by Maxima for you, your partner and your family.

It tries to explain what it is about our work that can bring about some of these feelings and changes. It explains what we all need to be on the lookout for and what we can do to help ourselves and each other through the tricky bits. And if we do get into trouble, it points us to pathways to help.

The importance of family

If we let it, our work can be all-consuming. When we're totally focused on helping our clients get their lives together, it's all too easy to forget the lives we really want to help most - our partners, our kids, our loved ones and our friends.



This booklet

This booklet is not a professional mental health course and it's not a crash-course in work/life balance or personal counselling either. However, it will:

- increase your awareness and understanding of social/emotional well-being and mental health, including common mental health issues
- help you and your loved ones family understand the risks and challenges involved in your work
- make clear the connection between mental health and personal safety
- help you recognise when a mental health or a social/emotional well-being problem might be on the horizon
- outline a few simple strategies to help you all look after your mental health and your social/ emotional wellbeing
- direct you to some initial pathways to help

A bit of quiet time

We encourage you to put a little bit of quiet time aside to read this booklet. If you are worried about yourself, a work colleague, a family member or a friend, 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 always the first and 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 the obstacles that life throws at us all every day.

What is 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.

Mental health issues are pretty common

- Nearly 1 in 2 Australians, men and women, will experience some form of mental illness at some stage during their life
- Mental illnesses are not purely psychological conditions - that is, confined to the mind. Many mental illnesses are accompanied by physical symptoms
- Where occupational risks are higher, this ratio can fall to 1 in 4 - sometimes 1 in 3
- Every year, 1 in 5 Australians will experience a mental illness
- Men are less likely to recognise that they have a mental illness and/or seek help for than women
- If someone has depressive symptoms, the risk of a physical accident increases significantly
- Mental ill-health costs Australia over \$20 billion per year in lost productivity

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.

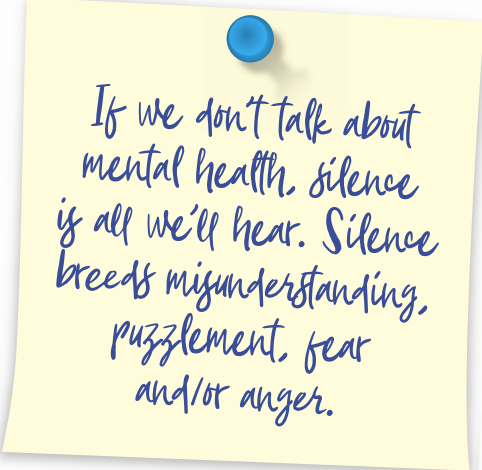
Good mental health has a lot to do with staying active and engaged, contributing and feeling accepted by others as part of the community. Stigma erodes the self-confidence of people with a mental illness. Fearing misunderstanding and ridicule, they avoid social interaction - the very thing they need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

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 with the person you confided in is strengthened. It's easier to face things together.

Denial is not a strategy.



If we don't talk about mental health, silence is all we'll hear. Silence breeds misunderstanding, puzzlement, fear and/or anger.



“Mental illness is nothing to be ashamed of,
but stigma and bias shame us all”.

Bill Clinton



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

**It's not
one size
fits all**

It's important to understand that 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 people 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.

Depression

- One in 16 Australians is currently experiencing depression.
- One out of every 7 Australians will suffer depression at least in their lifetime.
- Depression is a diagnosable medical condition characterised by intense moodiness and sadness that lasts longer 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 worthless, 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

Anxiety is the most common mental health condition in Australia. On average, one in four people – one in three women and one in five men – will experience anxiety at some stage in their life. In a 12-month period, over two million Australians experience anxiety.

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. 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
- Social Anxiety Disorder
- Post-Traumatic Stress Disorder
- Phobias
- Panic 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/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 be 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.
- Write down the things that makes you anxious alongside the things you need to do to alleviate the anxiety.
- Divide these 'causes' into three groups:
 1. Things you can do or fix yourself - write down when you'll do each one
 2. Things you can't fix by yourself - 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, give up 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 3 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.

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.

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.

Some common signs of financial stress

- Avoiding thinking about finances
- Always being late paying bills
- Feeling angry or fearful - mood swings traceable back to money problems
- Using one credit card to pay off another
- Dreading opening the mail - avoiding it when possible
- Always just paying the minimum due on loans and credit cards
- Arguing about money with your partner or your family
- Social withdrawal - from family and friends

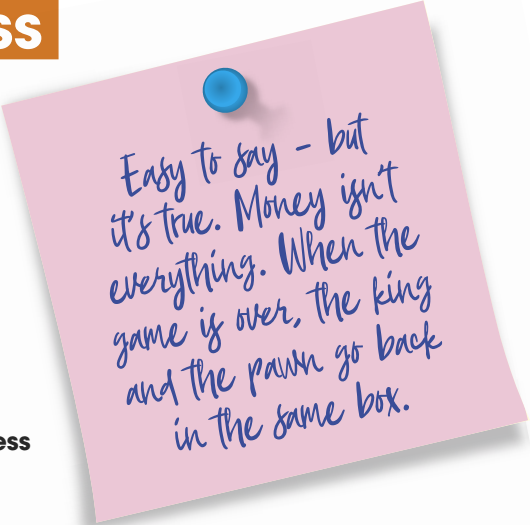
Dealing with financial stress

- Don't ignore financial problems
- Come clean - first to yourself, then to your family
- Get some professional financial help - the Maxima is a good place to start
- 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 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, its 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 all feel, mentally and physically.



Easy to say - but it's true. Money isn't everything. When the game is over, the king and the pawn go back in the same box.



Relationships

If your relationships aren't going well, that's when depression and anxiety come into the picture.

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 are very important
- Seek professional support if you need help with your relationship

Professional counsellors can help when relationships run off the rails from time to time. 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.

Alcohol and Mental Health

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. Dealing on a day-to-day basis with people who are confronting significant life challenges can be highly stressful and present unique psychological challenges. So, at the end of the day, it's easy and really tempting to self-medicate with alcohol.

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.

Alcoholism isn't a spectator sport either: in time, everyone gets to play - family, friends and workmates.

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


If you do have a problem with alcohol yourself, the biggest hurdle will be admitting to yourself. Professional help is always best. Because it nearly always works. Again, your GP is the best place to start.

On the other hand you might be watching somebody you care about developing - or with - an alcohol problem.

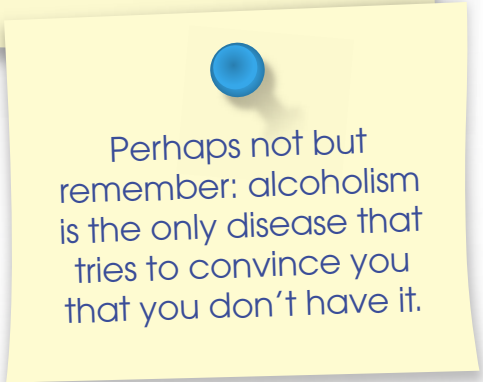
If you feel comfortable starting a conversation with the person you are concerned about, emphasise your own feelings and concerns. This can be a good way to start. In this way you come at the issue with a sense of compassion rather than judgement.

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.



*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.



Drugs and Mental Health

42% of Australians will use an illicit drug at some point in their lifetime. Drugs can and do trigger mental illness and while some drugs can relieve the symptoms of mental illness, the effect will only be temporary.

Some reasons for drug use

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

Fact: more people die from drug overdoses, including pharmaceuticals, than die on the roads every year

Some common signs of a drug problem

- Extended periods in the bedroom or bathroom
- Financial problems, selling possessions - theirs or other people's
- 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 (women)

How to start helping 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 weating
- 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

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. 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 and physiological distress and physical illness. 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 and family.

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

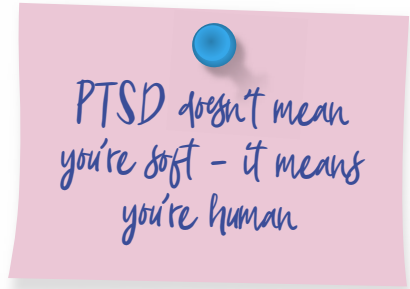
About 25% of people who are exposed to a distressing or traumatic event will develop Post-Traumatic Stress Disorder (PTSD).

Post-Traumatic Stress Disorder (PTSD)

We know about PTSD from the media - it's very often suffered by combat soldiers. It's also suffered by ambulance drivers, firefighters 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 whatever it was but, with help and support, you can get past it.

The most critical thing to remember about PTSD is earlier the diagnosis and treatment, the better the outcome. Watch out for the signs. If you think you see the signs emerging in yourself, a family member or a friend, make sure you get some 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.

Some frightening stats...

The bad news is that death by suicide is almost twice that from road accidents. In Australia, around 3000 people suicide each year - and 75% of them are men. Suicide is the number one killer of men between the ages of 15 and 44.

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

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)

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

Facts and Myths about Suicide

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

There's nothing family and friends can do to help if someone is suicidal – **MYTH!**
The fact is that family and friends are critical in supporting a suicidal person and getting him/her back on the road to recovery

People who talk about suicide a lot are probably not serious about it – **MYTH!**
The fact is that someone talking about suicide is crying out for help

Suicides, generally, don't happen without warning – **MYTH!** The fact is that, generally, there are lots of warning signs along the way to a suicide attempt

You can't stop someone from suiciding if they really want to. They'll do it sometime, somehow – **MYTH!** Most people don't want to stop living. They just want the pain and suffering to stop. There's a big difference.

Talking about suicide or asking someone if they feel suicidal only encourages them to go ahead – **MYTH!** Talking it out is the first, big step on the way back.



If the person has a weapon and/or is agitated or threatening, remove yourself and others immediately. Call for back-up.

- 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 has supported someone who is suicidal 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 2, make sure you get some professional help yourself

*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

Practical, self-help strategies
to build and maintain the mental
health of you,
your family and
your friends.

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

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



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

- 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 relationship 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





Mental Health Support – Pathways To Help

The following list of support services is not exhaustive - it's a general guide only. The information provided is for convenience only and should not be interpreted as an endorsement or approval of any of these organisations and/or their services.

BeyondBlue – 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 BeyondBlue initiative)

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 & other drugs.

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.

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.

Black Dog – www.blackdoginstitute.org.au



Reach Out – www.reachout.com.au

ReachOut is a mental health organisation for young people (generally under the age of 25). ReachOut provides practical support to young people experiencing tough times - with a focus on youth mental health and suicide.

Maxima's Employee Assistance Program, me&work, confidential counselling for all Maxima Staff and Family – 1300 90 45 57 – info@meandwork.com.au

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.

Relationships Australia – 1300 364277 / www.relationshipsaustralia.org.au

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

1800 Respect – 1800 737 732 (24/7) / www.1800respect.org.au

A national counselling helpline, information and support line for people experiencing sexual assault or domestic and family violence.

Other phone counselling services 24/7

Kids Helpline – 1800 55 1800

Suicide Call Back Service – 1300 659 467

Open Arms – Veterans & Families Counselling | 1800 011 046

Qlife – Free anonymous LGBTI peer support | 1800 184 527 (3PM-Midnight every day)

National Indigenous Postvention Service – After Suicide Support 24/7 | 1800 805 801

Brother to Brother 24-hour crisis line – 1800 435 799



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