Webinar
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Speaker:
Professor Sharon Lawn

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Families' experiences of supporting Veterans and Emergency Servicers First Responders to seek help

In this presentation Professor Sharon Lawn, the Family Lead at Open Door Veteran, Public Safety Officer and Families Transition, Integration and Wellbeing Centre, Flinders University shares the key findings and insights from its study of Australian Military and Public Safety Connected Families to join us for the Launch of New Research on the experiences of Australian Military and Public Safety Connected Families who are supporting Veterans and Public Safety Officers with mental health problems.

To (re)-see this webinar: https://www.youtube.com/watch?v=xFiBc-g-q7w&list=WL&index=1&ab_channel=VeteranTransitionandWellbeingWebinarSeries

Across all veteran groups, family members were those most likely to suggest they seek help for their mental health. The role of family is significant when we know that high levels of social/family support enable better wellbeing and resilience, but first responders often are reluctant to seek formal support. Only 1 in 5 probable PTS/high psychological distress receive adequate help. When they did, they delayed help-seeking for months or years.

However, families remain largely invisible to services and mental health providers. This research goal is to describe families' experiences of supporting veterans and first responders to seek help for a mental health problem.

The job is different from others

When someone joins these services so do their families: they share the pride and the role identity as a family. Whilst veterans and first responders get the benefits of training, organisational support, and camaraderie from their peers, families are often excluded from that world and receive little education about what to expect. They must take on the lifestyle, the values, the challenges, giving up their own careers sometimes, moving house several times, etc.

Making change first involved recognising something was wrong

All could easily identify when they first noticed changes in

their family member's emotions, behaviours, and mental health as part of their intimate and relational knowledge and experience of the person within the family unit. None of the family members we spoke to had received any help from the person's organisation. They didn't know what to expect, who to call, or what came next.

Many were unsure of the sentence and where those nightmares and hyper vigilance and angry outbursts were just expected because it's a stressful job after all.

The tipping point

Something that all talk about was the tipping point. Families we spoke to were very ton, they feared the career impacts for the person. They're torn between doing something and not doing something and nagging pressuring whatever the person to do something. This protecting nature of recognizing that there's an underlying mental health problem was often marked by significant tension sometimes conflict, withdrawal, and distress for the whole family.

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

Supporting veterans and emergency services to seek help

Barriers to help-seeking

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

- Trust in the help-seeking process

- Problems with trust, workplace perceptions of stigma, seen as "weak", a potential "career killer", bullying and breaches from privacy

- Family members saw this lack of support as a betrayal by the organisation.

Families' critical role in supporting help-seeking

The organisation's failure to recognise the significant role of families was seen as:

- Abrogating their responsibility for the veteran/first responder's wellbeing

- Being complicit in development of the mental health problems

- Not to be trusted

- Hindering family members' efforts to provide and seek support by dismissing and excluding them.

What is moral Injury?

A betrayal of what's right, by someone who holds legitimate authority, in a high stakes situation (Shay 2014). The existential, psychological, emotional, and or spiritual trauma arising from a conflict, violation, or betrayal, either by omission (failure to act) or commission (taking action leading to harm) or break with one's moral beliefs or code(s) (Jamieson et al. 2020). Institutional betrayal has proven links to exacerbations in PTS, other mental health conditions and intensified suicidal ideation among military personnel (Griffin et al. 2019, Smith & Freyd 2014) and first responders (Lentz et al. 2021).

Moral Injury and Families

We argue that families are vicariously situated and impacted by the services. Therefore, MI can arise from:

1) Families' profound sense of institutional betrayal or the serving members' mental health needs through the organisations' failure to respond or deliver promised supports to the person and their family (omission).

2) Organisational culture and acts that punish or dismiss the person and block families' attempts to seek help (commission).

Conceptual Model