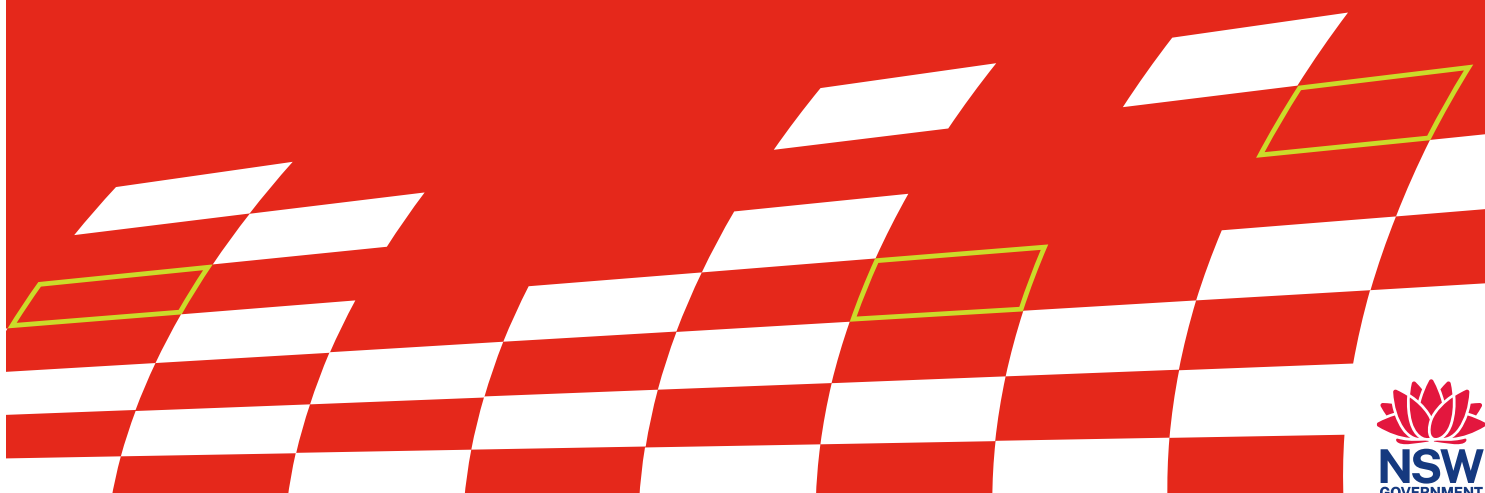




RFS

7.1.2A Mental Health Services Guideline



Document control

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Related documents

Document name
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Mental Health Services Framework (in development)

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Introduction

The RFS is committed to a mentally healthy environment where our members can thrive, through strategies and actions that support our organisation to **Be Well**, our leaders to **Lead Well**, and our members to **Stay Well** and then **Return to Well**.

Members of the RFS (including both RFS Staff and RFS Volunteers) are faced with distinct and unique challenges through the course of their duties, which can and do require mental health support. The RFS Mental Health Services team provides mental health interventions which are designed to help protect members from significant mental health impacts and support their recovery when needed.

Our multidisciplinary Mental Health Services (MHS) team work collectively to ensure our members receive a seamless and consistent service which includes: -

- support following Potentially Traumatic Events (PTE)
- early detection and intervention for members at risk or experiencing a high level of distress
- targeted and integrated clinical and psychosocial support and,
- an emphasis on maintaining protective factors and recovery.

There are three types of services provided by RFS Mental Health Services, where the response effort is matched to the complexity of mental health needs.

Type	Relevance	Nature of Service
Type 1 General Support & Education	Where a member is generally well or experiencing mild difficulties and the focus is on prevention and promotion. <i>'Well to mild difficulties.'</i>	<ul style="list-style-type: none">- General advice and early intervention support.- Self-directed help and resources.- Informal and formal preventative and promotional programs.
Type 2 Specialist Support	Where a member is at risk or showing clinical concerns and the focus is on response and recovery. <i>'Moderate to severe difficulties.'</i>	<ul style="list-style-type: none">- Highly specialised and intensive mental health services.- Early detection and intervention for members at risk or experiencing a high level of distress.- Targeted and integrated clinical and psychosocial support.- Emphasis on recovery and maintaining protective factors.
Type 3 Incident Response	Where a member is exposed to a Potentially Traumatic Event (PTE) - Critical, Complex, or Significant Incident. <i>'PTE exposure.'</i>	<ul style="list-style-type: none">- Coordinated response to emergency incidents which exacerbate the risk of mental health concerns.- Psychological First Aid (on-site and remote).- Post-incident mental health monitoring, support and intervention.

Table 1: Overview of service types

Overview of MHS Service Providers

There are several teams and roles that support the Mental Health Services Framework.

Service Provider	Description
Manager Mental Health Services (MMHS)	MMHS leads and supports all mental health service providers to deliver professional, trusted, and effective mental health services to RFS members across the state. They provide management assurance and performance reporting on MHS for all service types.
Mental Health Services Escalation Officer (MHS EO)	<p>The MHS Escalation Officer provides oversight and strategic support to the MHS DO, particularly during complex or critical incidents. While the MHS DO leads the coordination of the mental health response, the MHS EO retains ultimate decision-making authority and ensures alignment with broader service priorities, clinical standards, and organisational expectations. The MHS EO is responsible for providing advice and support for the deployment of specialist services where specialist mental health interventions are required for vulnerable members.</p> <p>The MHS EO also monitors and guides the effectiveness of the MHS response, including support for the MHS DO and MHS team members who in the course of their duties may be indirectly exposed to trauma and cumulative stress.</p>
Peer Support Program Coordinator (PSPC)	<p>The PSPC is responsible for the central coordination and management of the state-wide RFS Peer Support Program and ensuring peer support services are delivered to a consistent quality and are legislatively compliant.</p> <p>Alongside the MHS Administration Coordinator, the PSPC also creates reports for the service to assist with management and quality assurance.</p>
Mental Health Services Duty Officer (MHS DO)	The MHS Duty Officer is the primary coordinator of incident-based mental health services and serves as the key liaison between the State Operations Communications Centre and the MHS team during Type 3 incidents. The MHS DO is responsible for managing operational aspects of the response, including tasking, communication, and information flow. The MHS DO is supported by the MHS EO in this function.

Service Provider	Description
Peer Support Officers (PSOs)	<p>PSOs are trained members of the RFS who volunteer their time and draw upon their lived experience to provide social and emotional support to fellow members, information about wellbeing and mental health, and connect members to additional mental health services.</p> <p>This coordinated program supports members who may be experiencing traumatic or everyday stressful reactions or mental health challenges. PSOs are specially trained to assist and support other members exposed to PTEs through operational incidents.</p> <p>PSOs also participate in the delivery of mental health information and education programs (informal and formal) to support member resilience and a mentally health environment.</p>
Senior Chaplains and Chaplains	<p>The RFS Chaplaincy and Family Support Service is provided by a team of Chaplains assigned to an RFS District, comprising of clergy and trained lay workers led by our Senior Chaplains. Chaplains work alongside the MHS team to support the wellbeing of members and their families.</p> <p>Chaplains provide general and specialised care to protect and promote wellbeing, as well as proactive and ongoing long-term support to members and their families following PTE.</p> <p>Chaplaincy and Family Support is available to all RFS members and their families. Senior Chaplains and Chaplains work closely with the MHS team and report directly to the Director Health and Safety. Our team of clergy and trained lay workers provide proactive pastoral care during crisis and emergency response and across a wide range of settings.</p> <p>Chaplains are there to care for everybody without exception, whether they have a faith or express no faith at all. They are available to listen confidentially and provide support for whole of life settings, including spiritual, relational, mental and emotional health needs.</p> <p>Senior Chaplains are responsible for ensuring Chaplaincy services are delivered to a consistent quality and are legislatively compliant.</p> <p>For more information on Chaplains, refer to Chaplaincy and Family Support on One RFS.</p>
RFS Senior Psychologists	<p>RFS Senior Psychologists, in conjunction with the Manager Mental Health Services, are responsible for ensuring RFS psychology services are delivered to a consistent quality and are legislatively compliant.</p>

Service Provider	Description
RFS Psychologists	<p>RFS Psychologists work to enhance member wellbeing and reduce the risk of psychological harm in our workplace, through the provision of consistent quality and accessible professional services that help protect, promote and support better mental health.</p> <p>This role is Area-based and works to support the relevant Area Commander and District Managers in creating a constructive and safe work environment for member mental health and wellbeing.</p> <p>All RFS psychologists are responsible for ensuring they deliver a compliant service in line with both RFS standards and AHPRA's code of ethics/conduct.</p>
Member Assistance Program (MAP)	<p>MAP is a free confidential counselling, coaching and wellbeing service available to all RFS members and their immediate families.</p> <p>This service is provided by an external independent provider and can help members achieve lifestyle, work, physical health, personal, financial and family goals. It can also assist with managing work and life experiences or issues that arise from time to time.</p>
Other External Providers	<p>Members can be referred to other external providers where appropriate, for example:</p> <ul style="list-style-type: none"> – GP to seek advice and possible referral to a mental health practitioner from medical providers. – Other Mental Health Professionals (e.g. External Psychologists, Psychiatrists, Social Workers) – where required. – Black Dog Institute – providing diagnosis, treatment and prevention of mood disorders such as Depression, Anxiety, Bipolar Disorder and Post-Traumatic Stress Disorder. – Fortem Australia – deliver free, evidence-based wellbeing and mental health care, supporting the mental health and wellbeing of first responder families. – Beyond Blue – providing information and support to help Australians achieve their best possible mental health, whatever their age and wherever they live.

Table 2: Overview of service providers

Type 1: General Support and Education

Overview

General mental health support and education is relevant for situations where a member is generally well or experiencing mild difficulties and not showing clinical signs of mental health concerns. Type 1 service is preventative, lower intensity and more enduring and frequent. It encompasses general support, advice and education that will provide members with the tools to manage their own mental health and build resilience.

Support at this level usually involves responding to stressors and mild mental health difficulties which can be resolved through making recovery focused lifestyle adjustments and adopting new problem solving and coping techniques. It typically involves a supportive 'listening ear' for sense making and self-help, extending to talking therapies and lifestyle advice as needed.

Prevention and promotion are key to this service type, including the design and delivery of mental health education programs and accessibility of fit-for-purpose self-help resources. These educational programs may be delivered virtually, face-to-face, or blended. Lived experience and a strong appreciation and understanding of member needs, and visibility and connection to the RFS community, are important aspects of this service. As such, all Chaplains within RFS Chaplaincy and Family Support Service Team and Peer Support Officers (PSOs) play a prominent role in providing Type 1 services.

There are several ways Type 1 Services can be initiated including via the CISS Phonenumber (1800 049 933), emailing the Mental Wellbeing mailbox, or speaking directly with a MHS team member or Chaplains directly.

The key categories under Type 1 are:

Category	Service Description
General Support	Promotion and prevention by providing guidance, empathy and understanding to members facing difficulties.
Promotion and Education	Promotion and prevention through events and programs (informal and formal) that build mental health awareness and capabilities.

Type 1 Service Catalogue

An overview of the services and activities relevant to Type 1: **General Support and Education**, as well as who performs them, is outlined below.

Service	Activities	Lead Provider	Partner Provider
General mental health support	Listening ear, guidance and advice (whole of life settings)	Chaplains PSOs	MAP
	Community attendance	PSOs	Chaplains
	Brigade briefings and visitations	PSOs	RFS Psychologists Chaplains
	Hospital and home visits	Chaplains	
Mental health education	Produce or adapt educational content / training	Occupational Psychologist RFS Psychologists	PSOs Chaplains

Service	Activities	Lead Provider	Partner Provider
	Deliver individual and group information sessions, workshops and webinars	RFS Psychologists PSOs Chaplains	MAP External Providers
Guidance for leaders	Leadership consultation and coaching	RFS Psychologists (consultation) MAP (coaching)	
Support with interprofessional matters	Support workplace complaint matters	PSOs	MAP Chaplains
	Support with Brigade relations	PSOs	MAP Chaplains
Mental health awareness	Produce or adapt awareness / promotional content	Occupational Psychologist RFS Psychologists	PSOs
	Attend events and promote mental health services	PSOs Chaplains	RFS Psychologists

Table 3: Type 1 Service Catalogue

A detailed description of each activity in Type 1: General Support and Education below:

Activity	Description
General mental health support	
Listening ear, guidance and advice (whole of life settings)	<p>Providing individuals with access to accurate and relevant resources related to mental health and wellbeing. This includes providing guidance on available support options, advice on self-help strategies, and information about mental health concerns, treatments, and community resources.</p> <p>Chaplains provide support for whole of life settings, including spiritual, mental and emotional health needs of staff, volunteers and their immediate families.</p>
Visibility and connection to maintain protective factors	<ul style="list-style-type: none"> – Community attendance – physically attending community events to answer questions, provide a presence, and to increase the awareness of MHS.

- **Brigade briefings and visitations** – physically attending brigades to establish rapport and increase awareness of MHS.
- **Hospital and home visits** – offering personalised support to RFS members who are sick or injured. Chaplains visit members and their families at their homes or in hospitals to provide emotional support, assess their needs, and coordinate appropriate care and resources.

Mental Health Education

Produce or adapt educational content / training

Creating or adapting educational material and training to build mental health and wellbeing capabilities and resilience for members and leaders.

Deliver individual and group information sessions, workshops and webinars

Providing education services aimed at enhancing mental health literacy and building awareness among members and leaders. This may involve workshops, training programs, and educational materials focused on topics such as mental health promotion, early intervention, reducing stigma, and creating mentally healthy environments.

Guidance for leaders

Leadership consultation and coaching

Providing coaching and advice to leaders around mental health education and support to implement in RFS brigades and work locations.

Support for members with interprofessional matters

Support with interprofessional matters

Providing psychosocial support and guidance to individuals facing interprofessional tension, conflicts, or complaints. It involves confidential consultations, advocacy, and resources to address these issues and promote respectful and healthy working relationships.

Support with brigade relations

Providing service to brigades to support productive member interactions and relations.

Mental health awareness

Produce or adapt awareness / promotional content

Creating or adapting 'marketing' content for the MHS to increase awareness of services, e.g. posters, flyers, fact sheets.

Attend events and promote mental health services

Attending events to promote the mental health and wellbeing of members and their families and awareness of services offered by the MHS team.

Table 4: Detailed description of Type 1 activities

Members can access Type 1 -General Support and Education several different ways, including:

Referral pathway	Service Type	MHS Team Member responsible	Action
Mental Wellbeing inbox mental.wellbeing@rfs.nsw.gov.au for non-urgent psychology services (actioned within business hours only)	Mental health education, clinical guidance for leaders, redirection of service requests such as Peer and/or Chaplaincy support, or non-urgent requests for referrals for RFS Psychologist	Duty Psychologist	RFS Psychologist will undertake initial review of email request to ensure appropriate support and/or referral pathway is initiated.
Direct contact with RFS Psychologist (e.g. request for a psychological service for a member or leader, with the consent of the member)	Mental health education, clinical guidance for leaders, re-direction of service requests such as Peer and/or Chaplaincy support, or non-urgent requests for referrals for RFS Psychologist.	RFS Psychologists <i>* not a dedicated crisis intervention service.</i>	RFS Psychologist will undertake initial review of email request to ensure appropriate support and/or referral pathway is initiated.
Peer Support Program 1800 049 933 (24/7)	Specialised support /care – Peer Support	PSPC or MHS Duty Officer activates PSO as required	OCC will page MHS DO to contact member and commence activation of Peer Support.
Chaplaincy and Family Support Services 1800 049 933 (24/7)	Chaplaincy and Family Services	Senior Chaplain	OCC may page Senior Chaplains to contact member and action appropriate support and/or referral pathway. Individual Chaplains may also be contacted directly by members to access support or the support of other members with their consent.

Table 5: How members can access Type 1 General Support and Education

General Mental Health Support

Peer Support Officers (PSOs)

The Peer Support Program (PSP) forms part of a multidisciplinary approach to mental health support for members alongside RFS Psychologists, Chaplaincy and Family Support, and the Member Assistance Program (MAP). The aim of the PSP is to provide peer support to members who are experiencing mental health and wellbeing related impacts as a result of operational activity and/or from other areas of life. The program aims to proactively build the resilience and wellbeing of our membership and connect members to appropriate professional supports.

Peer Support Officers (PSOs) receive specialist training and supervision to provide non-clinical, person-centred and trauma-informed peer support including wellbeing and emotional support, and recovery principles following a Potentially Traumatic Event (PTE). A person-centred approach puts the person at the heart of their care and tailors the support to their experience and needs. PSOs know when to access appropriate internal or external mental health services and empower members to make decisions that promote personal recovery and proactive wellbeing. A trauma-informed approach promotes psychological safety and recognises that a significant number of members may be exposed to PTEs and experience the impact of trauma within their lifetime.

PSOs are trained in Psychological First Aid (PFA) which provides foundational skills and approaches to support members who may be exposed to, and/or experience a PTE, or have been impacted by a disaster or emergency. PFA supports a natural recovery through promoting a sense of safety, calm, self-efficacy, increasing connectedness, and instilling hope. In combination with trauma-informed care, purposeful storytelling and effective communication skills, PFA is a best practice approach to peer support in emergency services. In providing general support, PSOs may maintain contact with a member over an agreed period of time to work through life and/or psychosocial stressors that may be impacting their mental health and wellbeing. This is frequently completed through short phone calls, texts, or in some instances via video link or face-to-face.

General support may be provided following exposure to a PTE and/or as a step-down from more specialised support such as Type 2 Member at Risk intervention when it has been determined there are no immediate risk or mental health concerns for the member.

PSOs are also able to provide psychosocial support and guidance to individuals facing interpersonal/workplace tension, conflicts, or complaints. This service involves confidential consultations, advocacy, peer support and provision of resources, to address these issues and promote respectful and healthy working relationships. PSOs can provide this service to brigades to support productive member interactions and relations.

Chaplaincy and Family Services

Part of the RFS Health and Wellbeing team, Chaplains work closely with the MHS to ensure members, and their families are supported following PTEs, as well as challenging life events and experiences. Chaplains take the lead in providing whole of life support to members and their families by offering personalised support to RFS members who are sick or injured. Chaplains visit members and their families at their homes or in hospitals to provide emotional support, assess their needs, and coordinate appropriate care and resources. RFS Chaplains are also available to perform or participate in baptisms, weddings, funerals, or memorial services for members and their families.

Chaplains may also be supported by PSOs at funeral and memorial services to offer mental health support if required. PSOs and Chaplains may be requested to support members involved in workplace complaint matters or experiencing difficulties with brigade relations. They may also provide brigade briefings and visitations (sometimes accompanied by PSOs and RFS Psychologists) and attend community events to answer questions, provide a presence,

increase awareness of the supports provided by the RFS MHS, and aid the reduction of stigma associated with mental health discussions.

Chaplaincy and Family Support forms part of a multidisciplinary approach to mental health support for members alongside RFS Psychologists, the Peer Support Program (PSP), and the Member Assistance Program (MAP). The aim of Chaplaincy is to support members and their families who are experiencing mental health and wellbeing related impacts as a result of operational activity and/or from other areas of life. Chaplaincy also aims to proactively build the resilience and wellbeing of our membership and connect members to appropriate professional supports.

Chaplains receive specialist training and supervision to provide non-clinical, person-centred and trauma-informed pastoral care including wellbeing and emotional support, and recovery principles following a Potentially Traumatic Event (PTE). A person-centred approach puts the person at the heart of their care and tailors the support to their experience and needs. Chaplains know when to access appropriate internal or external mental health services and empower members to make decisions that promote personal recovery and proactive wellbeing. A trauma-informed approach promotes psychological safety and recognises that a significant number of members may be exposed to PTEs and experience the impact of trauma within their lifetime.

Chaplains are trained in Psychological First Aid (PFA) which provides foundational skills and approaches to support members and their families who may be exposed to, and/or experience a PTE, or have been impacted by a disaster or emergency. PFA supports a natural recovery through promoting a sense of safety, calm, self-efficacy, increasing connectedness, and instilling hope. In combination with trauma-informed pastoral care, purposeful storytelling and effective communication skills, PFA is a best practice approach to mental health Peer support in Emergency Services. In providing general support, Chaplains PSOs may maintain contact with a member over an agreed period to work through life and/or psychosocial stressors that may be impacting their mental health and wellbeing. This is frequently completed through short phone calls, texts, via video link, but most commonly in person, face-to-face. Chaplains provide a ministry of presence by being there for members and their families whenever support is required 24/7.

General support may be provided following exposure to a PTE and/or as a step-down from more specialised support such as Type 2 Member at Risk intervention when it has been determined there are no immediate risk or mental health concerns for the member.

Chaplains are also able to provide psychosocial support and guidance to individuals facing interprofessional tension, conflicts, or complaints. This service involves confidential consultations, advocacy, and provision of resources, to address these issues and promote respectful and healthy working relationships. Chaplains can provide this service to Brigades to support productive member interactions and relations.

Mental Health Education and Awareness

Within the General Support and Education service type, RFS Psychologists, PSOs and Chaplains work together to deliver mental health education and training. In conjunction with the RFS Occupational Psychologist, RFS Psychologists use their expertise to create and/or adapt mental health awareness and educational material and training packages to build mental health capabilities and resilience for leaders, members and their families.

These include presenting workshops, training programs, and educational materials (e.g. posters, flyers, OneRFS fact sheet) focused on enhancing mental health literacy and building

awareness of wellbeing, with topics such as mental health promotion, early intervention, reducing stigma, and creating mentally healthy workplace environments.

RFS Psychologists, PSOs and Chaplains can customise presentations, content, and workshops to suit specific training and educational needs such as for conferences, training exercises etc. Any modifications to RFS endorsed mental health education and training packages require Manager Mental Health Services approval.

Leadership Guidance

Consultation with RFS Psychologists is available to leaders around mental health education as well as support to implement programs and strategies in RFS brigades and work locations. Leaders and RFS Psychologists also collaborate at times to support individual members who are experiencing challenges in the workplace.

Leaders can consult with RFS Psychologists for advice on how to effectively support members experiencing mental health and/or wellbeing concerns particularly when it is impacting on their supervision of the member and/or workplace dynamics. In some cases, the member/s in question may be current clients of the consulting RFS Psychologist, or another RFS Psychologist on the Mental Health Services team. If the member is a client of the consulting RFS Psychologist, no information disclosed within the context of the therapeutic relationship will be shared without the prior consent of the member, except in circumstances where the RFS Psychologist is legally and ethically obligated to breach confidentiality (e.g. member poses a risk of harm to themselves or others). All interactions will be conducted with respect for privacy and confidentiality, with both parties working collaboratively to advocate for and achieve the best possible outcomes for the member.

RFS Psychologists are based in each of the Area Commands and leaders can approach them for consultation and support directly (i.e. in-person, via email or MS Teams, phone) during business hours. In Areas where there are no RFS Psychologists or where they are temporarily unavailable, leaders are encouraged to contact the mental.wellbeing@rfs.nsw.gov.au mailbox or the Manager Mental Health Services so that they can be connected with an available RFS Psychologist.

MAP may be activated to assist members including leaders, with general mental health support, education, and individual leadership coaching. This may be at the request of a member due to conflict of interest or personal preference, non-availability of MHS team members, or specific needs not covered by the RFS MHS. MAP offer a telephone hotline service targeted at people leaders which is freely available to RFS Members in leadership positions.

It should be noted that the RFS MHS does not offer mediation services but can assist with referral and/or information regarding external service providers and options.

Responding to Type 1 service requests

Stakeholder	Key activity	Details
State Operations (Operational Communications Centre - OCC)	Receive call	Receive and respond to calls received via 1800 CISS phonenumber. Gather information and page/text MHS Duty Officer to activate MHS response.
Mental Health Services Duty Officer (MHS DO)	Respond to request information provided by OCC	MHS DO is notified and communicates with the OCC within 15 minutes after the request for support has been received via the 1800 CISS phonenumber.
	Activate request	Once the MHS DO confirms the service type, they act on information and level of service required.
Peer Support Program Coordinator (PSPC)	Respond to request for support	During office hours, the PSPC is available to assist with member requests and referrals. The PSPC may be contacted directly with requests for support or education sessions for a member, brigade or team.
	Activate request	Confirm service type and coordinate PSO or referral to appropriate MHS team
Peer Support Officer (PSO)	Activation	PSOs are activated by MHS DO or PSPC to provide general support or education as per member request.
Senior Chaplains and Chaplains	Activation	Senior Chaplains and Chaplains are activated by OCC or MHS DO if a member requests Chaplaincy and Family Services. Individual Chaplains may also be contacted directly by members to access support or the support of other members with their consent
Specialist Support – RFS Psychologist and Member Assistance Program (MAP)	Activation	Member may be referred by MHS DO, PSPC or directly to RFS Psychologist or MAP for requests of mental health education, training or leadership consultation.

Table 6: Responding to Type 1 Service Request

Type 2: Specialist Support

Overview

Support at this level involves responding to mental health difficulties which are moderately to severely impacting a member's quality of life. It involves providing care in response to specific and complex mental health needs and concerns, and to members who are experiencing a high degree of psychological or emotional distress that requires urgent support.

Type 2 service is primarily about maximising recovery and preventing escalation. Specialist mental health support is directed to the delivery of specialist programs of recovery focused support and treatment by a range of mental health specialists. This includes psychological therapies and referral services for medical and other therapeutic interventions where required.

Specialised care for trauma and stress-related disorders is a critical component of this service type, given the inherent risks faced by RFS members in the undertaking of emergency response and first responder duties. Trauma-informed practice and evidence-informed interventions are an essential capability requirement.

Services are focused on providing support following Potentially Traumatic Events (PTE), as well as early detection and intervention for members at risk or experiencing a high level of distress, and includes targeted and integrated clinical and psychosocial support, and an emphasis on maintaining protective factors and recovery.

Other specialised support and care included in this service type that is aimed at reducing the psychological load on members facing extreme stressors, includes but is not limited to:

- financial support for members personally impacted by natural disasters
- legal support for coronial inquiries (or other legal proceedings) involving RFS
- challenges RFS staff may experience when responding to concerns raised by volunteers or the community.

The key service categories under Type 2 are:

Category	Service Description
Members in distress	Providing urgent assistance to members who are experiencing a high degree of emotional distress and require immediate support.
Members requiring specialised support/care	Providing specialist support aimed at addressing specific and complex mental health concerns, i.e. tailored and planned therapeutic interventions for mental health concerns, including trauma and stress related disorders. This may include referring members out to other specialist service providers.

Type 2 Service Catalogue

An overview of the services and activities relevant to **Specialist Support**, as well as who performs them, are outlined below.

Service	Activities	Lead Provider	Partner Provider
Specialist mental health support	Psychological assessment and therapeutic intervention	RFS Psychologists	MAP External Providers
	Trauma-focused therapeutic intervention	RFS Psychologists	MAP External Providers
Emotional Distress support	Risk identification and assessment	PSOs	Chaplains
		RFS Psychologists	MAP
		MHS EO	
		MHS DO	
	Urgent support for members in distress/at risk	MHS DO RFS Psychologists MHS EO	Chaplains PSOs MAP
	Crisis pastoral care	Chaplains	
	Ongoing monitoring and support	RFS Psychologists	Chaplains PSOs MAP External Providers
Mental health needs assessment and referral	Mental health needs assessment	RFS Psychologists	PSOs MAP Chaplains
	Referral service	RFS Psychologists	PSOs Chaplains MAP
	Information gathering	PSOs Chaplains RFS Psychologists	MAP

Service	Activities	Lead Provider	Partner Provider
	Assistance with navigating the mental health system	PSOs Chaplains RFS Psychologists	MAP
Specialised support/care	Practical financial advice/aid	MAP Chaplains	External Providers
	Psychosocial support during Agency legal proceedings (e.g. coronial inquiries)	PSOs Chaplains	RFS Psychologist (<i>if complex mental health presentation, may need to be the lead provider</i>)
	Physical health and wellbeing support	MAP Chaplains	External Providers
	Pastoral care	Chaplains	
	Grief and bereavement support	Chaplains	MAP External Providers RFS Psychologists
	Health and injury management referral support	RFS Psychologists	PSOs Chaplains
Ceremonial events	Perform or participate in baptisms, weddings, funerals, or memorial services for members and families	Chaplains	
	Provide wellbeing support at Funerals and Memorials	PSOs Chaplains	
Family specific support	Provide support and guidance to immediate family	Chaplains PSOs	MAP External Providers
	Family referrals and services	Chaplains PSOs	MAP

Table 7: Type 2 Service Catalogue

Type 2: Specialist Support

A description of each activity under Type 2 is outlined below.

Activity	Description
Specialist mental health support	
Clinical assessment and therapeutic intervention	Provision of professional therapeutic interventions by trained mental health professionals. Clinical mental health services, including the assessment and evidence-based treatment for mental health concerns. This service aims to address individual mental health concerns, improve overall wellbeing, and promote recovery.
Trauma-focused therapeutic intervention	Provision of clinical assessment and evidence-based therapeutic interventions for trauma related disorders (e.g. Trauma Focused - Cognitive Behavioural Therapy, Eye Movement Desensitisation and Reprocessing therapy).
Emotional Distress Support	
Risk identification and assessment	Obtain information about individuals to understand any immediate risk, to inform the level and type of mental health support required.
Support for members in distress	Offer immediate assistance to individuals experiencing a high degree of emotional distress. The MHS team member aims to stabilise the situation, ensure safety, and provide emotional support during times of significant distress. This may involve risk assessment and connecting individuals to appropriate resources for further care.
Crisis pastoral care	Involve attentive listening and helping people answer questions about the changes in their life. We believe every life at every stage has intrinsic value. This motivates our holistic, relationship-based care for all people.
Ongoing monitoring and support	Provide ongoing monitoring and support to individuals who are presenting with a high degree of emotional distress.
Mental health needs assessment and referral	
Needs assessment	Undertake needs assessment for members, to understand what support is required.
Referral service	Refers members to evidence-based treatment/interventions aimed at addressing specific mental health concerns, via a third-party service provider who can provide an external mental health service.
Information gathering	Gathers information about individuals to understand the level of mental health support required.

Assistance with navigating the mental health system	Assist members and families to navigate the mental health system
Specialised support /care	
Practical support	Provides support for members experiencing financial distress.
Psychosocial support during Agency legal proceedings	Provide support to members who are involved in legal proceedings.
Physical health and wellbeing support	Provide specific advice on physical wellness and nutritional matters.
Pastoral care	Involves attentive listening and helping people answer questions about the changes in their life. We believe every life at every stage has intrinsic value. This motivates our holistic, relationship-based care for all people.
Grief and bereavement support	Support individuals and groups (e.g. brigades, families) experiencing grief or loss, to return to optimal functioning.
Health and injury management support	Identify injured or ill members who may be eligible for workers compensation and connecting them with the Work, Health, and Safety Team so that they can begin the workers compensation process.
Family specific support	
Provide support and guidance to immediate family members	Provide a service to support family members.
Family referrals and services	Support family members with referrals to third party providers and assistance navigating the system.
Ceremonial events	
Perform or participate in baptisms, dedications, weddings, funerals or memorial services	Chaplains provide pastoral care to members and their families during the preparation and planning of significant life events. Chaplains can officiate or participate in services for members and their families.
Provide wellbeing support at funerals and memorials	Involve PSOs who can provide peer support to members or family members during or after a service.

Table 8: Type 2 Detailed description

Specialist Support Service Request

Type 2 Specialist Support is primarily about maximising recovery and preventing escalation. This includes psychological intervention and/or external referral for medical and other therapeutic interventions where required.

Members may be referred for Type 2 Specialist Support via a number of different ways, including:

Referral Pathway	Service Type	MHS Team member Responsible	Action
CISS phonenumber 1800 049 933 (24/7)	All Type 2 services	MHS Duty Officer	OCC will page MHS DO to contact member and commence appropriate support and/or referral pathway.
Mental Wellbeing inbox mental.wellbeing@rfs.nsw.gov.au for non-urgent Psychology services (actioned within business hours only)	Specialist support - RFS Psychological services	Duty Psychologist	RFS Psychologist will undertake initial intake to ensure appropriate support and/or referral pathway.
Direct contact with RFS Psychologist (e.g. self-referral by member or leadership referral with consent of member)	Specialist support - RFS Psychological services	RFS Psychologists <i>* not a dedicated crisis intervention service.</i>	RFS Psychologist will undertake initial intake to ensure appropriate support and/or referral pathway.
Peer Support Program 1800 049 933 (24/7)	Specialised support/care- Peer Support	PSPC or MHS DO activates PSO as required	OCC will page MHS DO to contact member and commence activation of Peer Support.
Chaplaincy and Family Support Services 1800 049 933 (24/7)	Specialised support/care - Chaplaincy and Family Services	Senior Chaplain	OCC will page Senior Chaplains to contact member and action appropriate support and/or referral pathway.

Table 9: How members can access Type 2 Specialist Support

Members may also be referred for Type 2 care following touchpoint contact after involvement in a Critical or Complex incident.

Responding to Type 2 Specialist Support requests

State Operations (Operational Communications Centre)

Key activity	Details
Receive call	Receive and respond to calls received via 1800 CISS phoneline. Gather information and immediately page/text MHS Duty Officer to activate MHS response.
Provide information	Monitor the phone 24/7 to ensure immediate response, provide information and assistance
Coordinate response	Maintain communication with MHS DO as required, to ensure alignment with MHS service delivery.

Mental Health Services Duty Officer (MHS DO)

Key activity	Details
Respond to request information provided by OCC	MHS DO is notified and communicates with the OCC as soon as possible after request for support received via 1800 CISS phoneline.
Activate response	Once the MHS DO confirms the service type, they act on information and level of service required. MHS DO may consult with PSPC during business hours or MHS EO outside of business hours.
Coordinate response	The MHS DO works with the PSPC, or MHS EO outside of hours, where required, to agree and coordinate response, allocating other MHS personnel as appropriate.

Peer Support Program Coordinator (PSPC)

Key activity	Details
Organise response	<p>During office hours, the PSPC is available to support the MHS DO when supporting a Member at Risk if required.</p> <p>The PSPC may be contacted directly with a request to support a member.</p>
Activate response	Once the MHS DO confirms the service type, they act on information and level of service required.

Key activity	Details
Coordinate response	The MHS DO may consult with the PSPC during business hours, to agree and coordinate a response, activating or referring to other MHS personnel as appropriate.

Mental Health Services Escalation Officer (MHS EO)

Key activity	Details
Organise response	The MHS EO may be contacted outside of office hours should the MHS DO require advice on when to involve emergency services and/or an RFS Psychologist in the support of a Member at Risk.

Peer Support Officer (PSO)

Key activity	Details
Activation	PSOs are activated once the need for specialised support/care is confirmed by the MHS DO.
On the ground response	PSOs allocated to a member by the MHS DO or PSPC to provide appropriate level of support/care.

Senior Chaplains and Chaplains

Key activity	Details
Activation	Senior Chaplains and Chaplains are activated by the OCC or MHS DO if member requests Chaplaincy and Family Services. Individual Chaplains may also be contacted directly by members (24/7) to access support or the support of other members with their consent.

Specialist Support

Key activity	Details
Activation	Member will be referred to Mental Health Specialist (RFS Psychologist or MAP) for Specialist Support if required by the MHS DO or other MHS personnel.
On the ground response	<p>RFS Psychologists or MAP do not provide crisis services for members at imminent risk.</p> <p>MHS DO should follow process to ensure the member is provided with immediate emergency care.</p>

Specialist Support Service Provision

The provision of specialised mental health services sets an expectation for a consistent standard of support to be provided to a member in distress or showing clinical concerns, and where the focus is on response and recovery.

For distressed members presenting with a risk of harm to themselves or others, the nature of the support provided will be determined by the member's assessed level of risk:

Member in Distress (Imminent Risk of Harm to Self or others)

Immediate Steps for Imminent (Immediate) Risk Cases:

- **Ensuring member's Safety and Immediate Support:** When an RFS member is present with another member facing imminent risk of harm to self, it is imperative that they remain with the member and not leave them unattended, if safe to do so. In instances where a member poses a risk to others, the MHS team member, RFS staff or volunteer present with the member, may be required to move to a location where preferably they can still safely observe the member. In situations where support is provided remotely over the phone or via video conferencing, all efforts should be made to ensure a capable person can be in the physical proximity of the at-risk member whilst an appropriate response is identified and organised.
- **Contact Appropriate Response Services:** The person present/engaged with the member should promptly contact appropriate response services. This could involve calling emergency services (000), facilitating a visit to the local emergency room (ER), or arranging for the member to see a General Practitioner (GP). Where appropriate, effort should be made to include the distressed member in planning a response. However, there may be instances where the member may not be capable of participating in this process due to their level of distress. For example, when immediate safety cannot be assured, an emergency response is necessary, and the limits of confidentiality apply.
- **RFS Psychologists** may play a role in providing support to RFS members experiencing a high level of distress, including situations of imminent (immediate) risk of suicide. RFS Psychologists do not provide an after-hours crisis counselling service, but during business hours RFS Psychologists may provide further support to members experiencing risk of harm to self or others.
- **After Business Hours Cases:** In instances occurring after standard business hours, the above steps should still be followed. The MHS DO also has the option to reach out to the MHS EO for guidance and support if required.

Chaplains may play a role in providing support to RFS members experiencing a high level of distress, including situations of imminent (immediate) risk of suicide. Chaplains provide an after-hours crisis counselling service to provide further support to members experiencing risk of harm to self or others.

In a mental health emergency, if someone is at immediate risk of harm to themselves or someone else, call Triple Zero (000) for urgent care.

Member in Distress (No Imminent Risk of Harm to Self or Others)

The MHS team may work with members who are experiencing risk of harm to self or others, but are not at imminent risk, to provide early intervention strategies and support to reduce future risk.

Support Options for Non-Imminent Risk Cases:

- **RFS Peer Support Program/Critical Incident Support (PSP/CISS)** (available 24/7): Members in distress can seek assistance via the CISS 1800 049 933 phonenumber.
- **Chaplaincy and Family Support Services (Chaplaincy)** (available 24/7): Members in distress can seek assistance via the Chaplaincy and Family Support Services 1800 049 933 phonenumber.
- **Member Assistance Program** (available 24/7): Our Member Assistance Program (MAP) is a dedicated support service designed to provide confidential assistance and resources for a wide range of personal, professional, and mental health concerns. Our MAP provider can arrange for a MAP Psychologist to contact a highly distressed member within 2 hours. It should be noted that this is not an alternative to scheduling a standard MAP appointment, rather the purpose of this service is to de-escalate, stabilise and arrange an appropriate referral for ongoing care and support.
- **External Support Services** (available 24/7): If needed, individuals or a colleague, friend or family member acting on behalf of the member, can access external support services, including but not limited to; Lifeline (13 11 14), Suicide Call Back Service (1300 659 467) or the NSW Mental Health Line (1800 011 511).
- **Non-Urgent Referral to RFS Psychologist** (referrals will be responded to and actioned during business hours): For members requiring non-urgent psychological support, a referral can be made to an RFS Psychologist. This referral can be initiated through the Mental Wellbeing inbox or via the CISS phonenumber – 1800 049 933.

Members requiring Specialised Support/Care

The RFS MHS is a multidisciplinary team dedicated to providing members with a seamless and consistent service. Type 2 Specialist Support focuses on maximising recovery and preventing the escalation of psychological risks and mental health conditions. RFS Psychologists play a crucial role in this service type, using their expertise in trauma and stress management to support members in maintaining their psychological wellbeing and operational readiness.

RFS Psychologists provide comprehensive clinical support to RFS members requiring specialised care either through internally facilitated services or referral to external partners and service providers. RFS Psychologists do not provide a mental health crisis service but may assist in coordinating emergency care in the case of a member at imminent risk of harm to themselves or others.

RFS Psychologists use trauma-informed, evidence-based treatment approaches to work with a range of psychological conditions and challenges that our members may experience. By focusing on these areas, the RFS psychology team aim to support the ongoing mental wellbeing and resilience of RFS members and address any trauma and stress-related injury or disorders that may develop in the course of their RFS duties.

RFS Psychologists may also provide consultation to leaders regarding staff who are presenting with mental health and wellbeing concerns.

RFS Psychologists strive to collaborate with other professionals and organisations to ensure RFS members receive the comprehensive support they need to address their specific challenges and promote their overall wellbeing. Where they are unable to meet this demand within the inhouse psychology team, they will work with members to ensure they are referred to other providers for appropriate care and treatment.

RFS Psychologists are committed to ensuring RFS members receive the comprehensive support they need to address their specific challenges and promote their overall wellbeing. Members presenting with Domestic, Intimate Partner, and Family Violence, Victims of Sexual Abuse, Unmanaged Psychiatric Conditions such as Thought Disorder and Psychosis,

Dissociative Disorders, Somatoform Disorders, or Eating Disorders, will be supported to access service providers who specialise in those areas.

Diagnostic assessments for Neuropsychological, Learning, and/or Developmental disorders including Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD), are not offered within the RFS psychology service.

Type 3: Incident Response

Overview

Incident response is focused on delivering effective mental health and psychosocial and relational support to members and their families following exposure to a Potentially Traumatic Event (PTE). These events may be experienced as physically or emotionally harmful or life threatening by members.

Type 3 service support is focused on delivering effective mental health and wellbeing, pastoral and psychosocial support, which is widely recognised as crucial to long-term positive consequences for members, their families, and communities.

Incident-based mental health and psychosocial support involves immediate Psychological First Aid in response to the event (or incident) and effective post-incident monitoring, support and intervention predicated on trauma-informed care.

There are three categories of incidents where a response will be required:

1. **Critical Incident:** Death or critical injury of RFS member(s) on duty or death or critical injury of a member of the public potentially as a result of actions taken by the RFS in the management or suppression of a fire or operational incident.
2. **Complex Incident:** Large scale, sustained or complex major event requiring RFS operational response, with greater potential to cause significant psychological impact to members and local community. (e.g. multi-vehicle accident with multiple casualties with increased potential to cause significant psychological impact to multiple members.)
3. **Significant Incident:** Any other Potentially Traumatic Event (PTE) encountered by a member as a result of operational response, that has posed a threat to their physical or psychological wellbeing. (e.g. vehicle accident involving children).

This incident-based response procedure for mental health services sets an expectation for a consistent standard of support to be provided to members and their families, following exposure to (1) Critical, (2) Complex, or (3) Significant incidents.

The key differences in the minimum standard of mental health service response to these three incident types are outlined in the table below.

Incident Type	Mandated notification	Minimum on-site support	Activation	Post incident response
Critical	MHS DO MHS EO Senior Chaplain	Chaplain PSO	Activated / notified immediately then placed on standby, ready to attend the	Chaplain PSO RFS Psychologist

Incident Type	Mandated notification	Minimum on-site support	Activation	Post incident response
			incident when practical and appropriate	
Complex	MHS DO MHS EO Senior Chaplain	PSO Chaplain (where required)	Activated / notified immediately then placed on standby, ready to attend the incident when practical and appropriate	PSO RFS Psychologist Chaplain (where required)
Significant	MHS DO	PSO (where required) Chaplain (where required)	As required	PSO RFS Psychologist (where required) Chaplain (where required)

Table 10: Type 3 Incident Types

NB: The role of the MHS Escalation Officer (MHS EO) is undertaken by the Peer Support Program Coordinator (PSPC) during office hours. If the PSPC is on leave, then the MMHS undertakes the role of the MHS EO during office hours.

Type 3 Service Catalogue

An overview of the services and activities relevant to **Incident-Based Response**, as well as who performs them, are outlined below:

Service	Activities	Lead Provider	Partner Provider
Response initiation	Manage the CISS 24/7 phoneline	MHS DO	
	Coordinate the MHS incident response	MHS DO MHS EO	
	Map needs of those affected (impact assessment)	PSOs Chaplains	RFS Psychologists MAP
	Logistics coordination	MHS DO MHS EO	
Incident response	Psychological First Aid (PFA)	PSOs Chaplains	RFS Psychologists MAP

Service	Activities	Lead Provider	Partner Provider
	Clinical mental health care	RFS Psychologists	MAP
Post-incident response	Participate in post-deployment briefings	PSOs Chaplains	RFS Psychologists MAP
	Participate in after action reviews (AARs)	PSOs Chaplains	RFS Psychologists MAP
Coordinate care / support plans	Coordinate individual, team, event level support plans	RFS Psychologists	PSOs
	Individual check-ins (PFA/Wellbeing)	PSOs Chaplains	RFS Psychologists MAP
	Monitor and/or follow up on touchpoint plans	RFS Psychologists	PSOs Chaplains MAP

Table 11: Type 3 Service Catalogue

A detailed description of each activity under Type 3 is outlined below:

Activity	Description
Response initiation	
Manage CISS 24/7 phoneline	Rostered attendance of the CISS 24/7 phone line (1800 number) to provide assistance in a mental health emergency.
Coordinate the MHS incident response	Coordinated response to a critical, complex or significant incident – planning and deployment of mental health support to mitigate the impact of Potentially Traumatic Events (PTE) on members.
Map needs of those affected (impact assessment)	Identify members exposed to the PTE, undertake an impact assessment, and determine incident response requirements.
Logistics coordination	Coordination of travel, accommodation, and financial arrangements to enable MHS team deployments (out of area).
Incident response	
Psychological First Aid (PFA)	Team members are trained in providing Psychological First Aid to those exposed to PTEs. Psychological First Aid is a first line response provided to members who have experienced a PTE and

	are at risk of developing a trauma related disorder, including PTSD. It includes basic principles of support to promote natural recovery.
Clinical mental health care	Trained mental health professionals provide clinical advice and support for vulnerable members exposed to a PTE.
Post-incident support	
Participate in post-deployment briefings	MHS representatives will attend post-deployment briefings where practicable.
Participate in After Action Reviews (AARs)	MHS representatives will attend AARs where practicable.
Individual, team or event level support plans	Create and action touchpoint plans to support individuals and teams. Event level support plans may also be created to enable a coordinated MHS post-incident response.
Individual check-ins (PFA/Wellbeing check)	Undertake individual check-ins to triage the needs of the individual following the incident, aligned to support plans.
Monitor and follow-up on touchpoint plans	This service includes follow-up care to ensure the wellbeing and recovery of individuals affected by the incident, e.g. scheduled follow-up care following line of duty critical injuries and deaths.

Table 12: Type 3 Detailed Description

Response Initiation

- The incident response initiation commences when the Operational Communications Centre (OCC) is notified of an incident, either through a '000' call, by the District Duty Officer/Manager, a member in need, or via Mental Health Services (MHS) personnel.
- OCC is required to immediately page via text the Mental Health Services Duty Officer (MHS DO) to initiate the provision of appropriate mental health services.
- MHS DO is required to respond by contacting the OCC to obtain details of the incident and establish the incident type, to determine and initiate the appropriate mental health support.

Incident Response

MHS DO is to coordinate a minimum mental health service response based on the incident type.

Critical Incident:

- MHS DO is to immediately notify the Mental Health Services Escalation Officer (MHS EO) and Senior Chaplain.
- Chaplains are to be activated/notified immediately then placed on standby, ready to attend the incident when practical and appropriate to critically impacted members and/or next of kin.
- PSOs are also to be activated/notified immediately then placed on standby, ready to attend the incident when practical and appropriate to provide support to members deployed to scene and other members identified as impacted by the MHS DO.

- MHS EO will monitor the situation and determine the need for specialist services, specifically clinical mental health care, and deploy RFS Psychologists (or supplementary clinicians) where required and practical to do so.

Complex Incident:

- MHS DO is to immediately notify the MHS EO.
- PSOs are also to be activated/notified immediately then placed on standby, ready to attend the incident when practical and appropriate to provide support to members deployed to scene and other members identified as impacted by the MHS DO.
- Senior Chaplains are to be notified of the incident and will decide in collaboration with the MHS DO and MHS EO if they need to provide on-site support.
- MHS DO and EO will monitor the situation and determine the need for additional services, specifically clinical services, and deploy additional resources where required.

Significant Incident:

- MHS DO will determine the nature and degree of support required and how urgently that support is needed.
- As a minimum, MHS DO/PSO activated as soon as possible, and remote support provided to impacted members.
- Senior Chaplains are to be notified of the incident and will decide in collaboration with the MHS DO and MHS EO if they need to provide on-site support

State Operations (Operational Communications Centre)

Key activity	Details
Receive call	Receive and respond to calls, gather information to support activation of the MHS response. Send an SMS (page) to the MHS DO Send an email to the Safety DO (Critical Incident only)
Provide information	Monitor the phone 24/7 to ensure immediate response, provide information and assistance
Coordinate response	Coordinate operational response with involved operational members, whilst maintaining communication with MHS DO throughout the incident to ensure alignment of service provision across MHS.

Mental Health Services Duty Officer (MHS DO)

Key activity	Details
Align on incident with OCC	MHS DO is notified and communicates with the OCC as soon as possible.

Key activity	Details
Activate response	Once the MHS DO confirms the incident type, they notify the appropriate MHS personnel to activate the response: <ul style="list-style-type: none"> – Critical Incident: MHS EO and Senior Chaplain – Complex Incident: MHS EO and Senior Chaplain – Significant Incident: Senior Chaplain (+/- additional MHS personnel as deemed appropriate)
Coordinate response	The MHS DO works with the MHS EO, where required, to agree and coordinate response, activating other MHS personnel as appropriate. MHS DO remains in contact throughout incident with OCC to ensure alignment between operational and MHS response.

Peer Support Program Coordinator (PSPC)

Key activity	Details
Organise response	During office hours, the PSPC is notified of an incident and works with the MHS DO to organise a MHS response and coordinate logistical arrangements for activated MHS personnel as soon as possible.
Coordinate response	The PSPC acts as the MHS EO during office hours and helps coordinate the response, including confirming allocation of MHS personnel to each member involved in the incident.
Handover	The PSPC hands over to the MHS EO after hours to continue coordination of an incident response if required.
Touchpoint plans	In concert with the RFS Psychologists, maintain oversight, monitoring and adherence to post-incident touch point plans. The PSPC works with primary support providers to monitor and can provide advice on when to involve an RFS Psychologist in the support of a member.

Mental Health Services Escalation Officer (MHS EO)

Key activity	Details
Organise response	Once the MHS EO is notified, they work with the MHS DO to organise a MHS response and coordinate logistics arrangements for activated MHS personnel as soon as possible.
Coordinate response	The MHS EO will help coordinate the response, including confirming allocation of MHS personnel to each member involved in the incident.

Key activity	Details
Handover	The next working day, the MHS EO hands over to the Area-based RFS Psychologist to continue to support incident response and post-incident support for members.

Peer Support Officer (PSO)

Key activity	Details
Activation	<p>PSOs are activated once the need for response is confirmed.</p> <ul style="list-style-type: none"> – Critical Incident: PSOs provide on-site support. – Complex Incident: PSOs provide on-site support. – Significant Incident: PSOs provide remote or on-site support, as required.
On the ground response	<p>PSOs briefed on incident and are deployed to provide Psychological First Aid.</p> <ul style="list-style-type: none"> – Critical Incident: PSOs arrive on site as a matter of urgency, where practicable – Complex Incident: PSOs arrive on site as soon as possible, where practicable – Significant Incident: PSOs arrive on site only if required, or provide support remotely, with need and timing determined by MHS DO <p>NB: Where on-site is not practicable (e.g. inaccessibility, distance) remote support can be provided in the interim.</p>
Handover	<p>PSOs provide incident update and information to PSPC, PSPC then works with MHS EO, MHS DO and other MHS personnel to complete handover process to the allocated/Area-based RFS Psychologist. PSOs can provide important information from attending the incident, which supports the decision making in ongoing support post incident.</p>

Senior Chaplains and Chaplains

Key activity	Details
Activation	<p>Senior Chaplains and Chaplains are activated once the need for response is confirmed.</p> <ul style="list-style-type: none"> – Critical Incident: Senior Chaplains provide on-site support. – Complex Incident: Senior Chaplains are notified of the incident and make a decision in collaboration with the MHS DO and MHS EO if the need to provide on-site support is required.

Key activity	Details
	<ul style="list-style-type: none"> – Significant Incident: Chaplains provide support where required and as determined by the MHS DO with the consideration of member requests.
On the ground response	<p>Senior Chaplains and Chaplains briefed on incident and arrive on-site:</p> <ul style="list-style-type: none"> – Critical Incidents: Chaplains arrive on-site as a matter of urgency, where practicable. – Complex Incidents: Chaplains arrive on-site, as soon as possible, if required and where practicable. – Significant Incidents: Senior Chaplains are notified of the incident and decide in collaboration with the MHS DO and MHS EO if the need to provide on-site support is required. <p>NB: Where on-site is not practicable (e.g. inaccessibility, distance) remote support can be provided in the interim.</p>
Handover	<p>Senior Chaplains and Chaplains work with MHS EO and other MHS personnel to complete the handover process to an RFS Psychologist. They may provide information which supports the decision making in ongoing support post incident.</p>
Ongoing support	<p>Funeral services to be organised at a suitable time when Chaplaincy services are requested. Commissioner's Office and Media and Communications to be kept updated to ensure appropriate notification of RFS members for attendance.</p>

Specialist Support

Key activity	Details
Activation	<ul style="list-style-type: none"> – Mental Health Specialist (RFS Psychologist or MAP Clinician) will be activated for specialist support, if required, by the MHS EO. – MHS EO reaches out to an available RFS Psychologist closest to incident during business hours. – MAP Clinician will only be activated if an RFS Psychologist is unavailable.
On the ground response	<ul style="list-style-type: none"> – MAP can be contacted to provide on-site support, 24/7, to locations within 2 hours of their Sydney office. – If there is need for support outside of the 2-hour radius, on-site support can be provided within 24 hours (for regional areas) or within 48 hours for remote areas if resourcing is available. – RFS Psychologist can provide support the next working day if required. <p>NB: Where on-site support is not practicable (e.g. inaccessibility, distance) remote support can be provided.</p>

Key activity	Details
Handover	MHS EO works with MHS personnel to allocate providers to individuals for ongoing support and complete handover process to an RFS Psychologist the next working day . The Area-based RFS Psychologist will work in concert with the PSPC to oversee the development of touchpoint plans for members, according to need.

Manager Mental Health Services

Key activity	Timeframe
Receive update	Receive information updates from Operations, MH DO, EO and PSPC on MHS incident response.
Ongoing contact	Engage ongoing support contact and RFS Psychologist to align on approach. Ensures correct MHS and RFS personnel are notified of incident if required. Provide support for MHS team members as required.
Oversight	Be available to provide oversight and advice as needed.

Post-Incident Support

Individual, team and event level touchpoint plans are to be developed to foster optimal mental health outcomes for exposed members. MHS DO/MHS EO will assign a MHS team member (PSO, Chaplain, or RFS Psychologist) to monitor and check-in with each impacted member depending on mental health need and individual touchpoint plans. At a minimum, each member involved in the incident will be contacted one week and one month post incident, unless they decline support/follow-up. This may need to be adapted and tailored to accommodate the needs of individuals support requirements. More intensive follow-up and support are to be provided where indicated.

MHS Team Follow-Up Process

In line with the Stepped Care Model, three touchpoints are offered to impacted members post incident. This ensures support is best suited to the needs of the members over time whilst being in line with best practice.

Key activity	Details
Day 1 Touchpoint	Immediate contact post-incident with chosen ongoing support contact (the MHS team member first assigned to the individual for consistency). These check-ins are to understand the mental health status of the individual and establish any further mental health support requirements.
Week 1 Touchpoint	A touchpoint approximately one-week post-incident to align on services required.

Key activity	Details
	<p>Ongoing MHS support, if required, can be provided by:</p> <ul style="list-style-type: none"> – PSOs – Senior Chaplains/Chaplains – RFS Psychologist – Any other suitable MHS team member <p>The member may choose to decline additional support/follow up following the Week 1 check-in.</p>
Month 1 Touchpoint	<p>Continue to monitor the wellbeing of members after the incident. This involves a touchpoint approximately one-month post incident, with ongoing support contact to align on services required.</p> <p>Ongoing MHS support, if required, can be provided by:</p> <ul style="list-style-type: none"> – PSOs – Senior Chaplains/Chaplains – RFS Psychologists
Transition	<p>If at the month 1 touchpoint, it is determined that the individual is coping, proactive mental health support will cease. The member returns to the Type 1 General Support and Education service (self-directed) where they can access general mental health support, advice, resources, and early intervention.</p>

RFS Psychologists Role in Post-Incident Support

Key activity	Timeframe
Handover	MHS DO hands over to the allocated/Area-based RFS Psychologist the next working day, for awareness.
Touchpoint plans	The Area-based RFS Psychologist will work in concert with the PSPC to oversee the development of touchpoint plans for members, according to need.
Week 1 touchpoint	The Area-based RFS Psychologist provides oversight of the mental health support of impacted members post incident. Working with PSOs and brigade and team leaders, they should be aware of the support being provided to the members in their area including accepting referral of member for psychological treatment or further assessment if required.
Month 1 touchpoint	The Area-based RFS Psychologist provides oversight of the mental health support of impacted members post incident. Working with PSOs and brigade and team leaders, they should be aware of the support being provided to the members in their area and assist if required.

Key activity	Timeframe
Ongoing care	If required, the PSPC and the RFS Psychologist will work with primary support providers to make referrals to specialised care services and monitor the support the individual receives

Monitoring and Reporting

MHS Critical and Complex Incident Register Status Report

- There will be a monthly ‘Incident Register Status Report’ provided by the **Manager Mental Health Services (MMHS)** detailing all the open and closed Critical and Complex Incidents for each area in the last 12 months.
- This de-identified report goes to the RFS Psychologists and PSPC for awareness.
- These reports are shared via email to the PSPC and via the Mental Wellbeing mailbox to the RFS Psychologists.
- The Manager MHS will provide the report to the Deputy Commissioner People & Corporate Services, where necessary.
- MHS Administration Coordinator to support reporting requirements.
- The Incident Register Status Report focuses on capturing high level detail on:
 - Date of incident, location, number of members impacted, number of members requiring follow up, close out report due date, percentage progress of check-ins, whether the close out report is complete, number of referrals made.

MHS Critical and Complex Incident Close-out Report

- There is a ‘close out report’, created by Peer Support Program Coordinator and the Area-based RFS Psychologist six weeks after the incident took place.
- These reports are shared via email directly to Manager MHS for review and follow-up where necessary.
- The Manager MHS will review reports and provide to Deputy Commissioner People & Corporate Services.
- The Incident Close-out Report focuses on capturing:
 - Details the incident, including date, time, members impacted, MHS activation, type of activation, time it took, whether referral was required/provided, follow up touchpoint details and any post incident support (if required).

Glossary

Term	Outline
‘On-scene’	Refers to the location of the incident
‘On-site’	Refers to a safe location close by to the incident, but away from the scene
AAR	After Action Review
ASIST	Applied Suicide Intervention Skills Training
ED	Hospital Emergency Department (may also be known as Casualty)
HRIPA	<i>Health Records and Information Privacy Act 2002</i>
MAP	Member Assistance Program
Member	Includes both RFS Staff Member and RFS Volunteer Member
MHS	RFS Mental Health Service
MHS DO	Mental Health Service, Duty Officer
MHS EO	Mental Health Service, Escalation Officer
OCC	Operational Communications Centre
PFA	Psychological First Aid - PFA is a first line response provided to people who have experienced a PTE. It includes basic principles of support to promote natural recovery
Phoenix Australia	National Centre of Excellence in Posttraumatic Mental Health
PPIPA	<i>Privacy and Personal Information Protection Act 1998</i>
PSO	Peer Support Officer
PSPC	Peer Support Program Coordinator
PTE	Potentially Traumatic Event - PTEs are powerful and distressing experiences that are usually life-threatening or pose a significant threat to an individual’s physical or psychological wellbeing
PTSD	Post Traumatic Stress Disorder

Appendix 1: Practice Models

Stepped Care Practice Model

A stepped approach to supporting mental health for people who are exposed to PTEs is supported by the evidence and endorsed by Phoenix Australia¹. Stepped care is an evidence-based, staged approach to delivering mental health services. It is comprised of a hierarchy of mental health interventions that are matched to the individual's needs, the least intensive at the bottom of the hierarchy, and the most intensive at the top.

Phoenix Australia advises that interventions are most effective when matched to individual needs and are provided in a stepped manner. These include:

- universal interventions made available to all to prevent or minimise the impacts of exposure to PTEs,
- early low intensity support for individuals with emerging mental health issues, and
- specialist mental health and return to work support for those who develop more chronic mental health issues.

A stepped approach ensures members can access the most appropriate services based on their mental health needs at any given time. They may move up and down to different levels of care based on where they sit on the mental health continuum (**Figure 9**) as they move along their recovery journey.



Figure 9: Mental Health Continuum

¹Phoenix Australia (n.d.). A stepped-care approach to bushfire recovery. Retrieved 2 January, 2025, from <https://www.phoenixaustralia.org/news/a-stepped-care-approach-to-bushfire-recovery/>

Chaplaincy Practice Model

The Chaplaincy and Family Support team are volunteers who are clergy and trained lay workers within the RFS Health and Wellbeing team; they have specific pastoral care skills to assist members and their families.

The team represent a wide range of faith groups throughout NSW. The nominations of local Chaplains and family support Chaplains are processed by the Senior Chaplain in consultation with the district team or zone managers as well as the denominational leaders. Chaplains are endorsed by their denomination having met the various requirements of tertiary study and pastoral experience.

District Chaplains can only be expected to be available to service within the mandate of the appointment given by their denominational head or church.

The Chaplain aims to be the one who can listen with empathy, advise calmly and offer assistance when assistance is appropriate. Chaplaincy is available to listen confidentially and provide pastoral care and spiritual guidance to all members and staff, and their immediate family members. Our pastoral care and relational approach enable Chaplains to be an effective first response and are uniquely positioned to provide ongoing care long after acute or clinical support is no longer required.

Chaplains work with individuals, couples, families and ad hoc groups of various sizes to enhance effective communication, provide relationship and crisis support and promote all areas of wellbeing, knowing that prevention is better than cure.

RFS Chaplains understand that emergency service workers are at increased risk of exposure to Potentially Traumatic Events (PTE) and poor mental health compared to the general population, and in response, adopt a Trauma-Informed Care (TIC) approach to service delivery. TIC is based on an understanding of the ways trauma affects people's lives, their support needs and service usage, and incorporates principles of safety, choice, collaboration, trust and empowerment, as well as respect for diversity. Essentially, TIC is providing person centred, recovery-oriented and compassionate care to all RFS members.

PTE are defined as exposure to an actual or threatened event or situation that has the potential to create a significant risk of substantial or serious harm and/or trauma to the physical or mental health, safety or wellbeing of the individuals who were exposed to it. A stepped-care approach is widely recognised as the best practice for supporting individual mental health following exposure to a PTE.

A stepped-care approach is most effective when matched to individual needs and available to all involved people to prevent or minimise the impacts of exposure to PTEs. RFS Chaplains work closely with PSO and Psychologists, and other mental health professionals and health providers, to ensure they provide a stepped-care approach when supporting members. They understand that immediate support is best practice, but mental health issues can manifest a few weeks or months after exposure to a PTE and monitoring of wellbeing over time is a critical part of supporting people with single or multiple exposure to PTE. Chaplains support RFS members working through moral injury associated with their unique role, as they are equipped to explore ethical and moral issues within a framework of soul care.

Peer Support Program Practice Model

Peer Support Program (PSP) services are available to all members of the NSW RFS who may be experiencing traumatic or every day stressful reactions.

The key goal

The key goal is to provide a positive way to cope with the effects of dealing with traumatic events and lessening the impact of trauma related stress on members and their families.

Information, support and referral

Information and support are available for NSW RFS members and their immediate families allowing them to gain a better understanding of trauma related stress and how to manage it. The likelihood of serious problems building up over a period may be reduced when information and support is provided.

Information about the program or the effects of trauma related stress is available from PSP/CISS team members.

MHS Duty Officers (MHS DO) and Peer Support Officers (PSO)

MHS DO and PSO are recruited volunteer members of the NSW RFS specially trained to assist and support other members involved in operational critical incidents. PSOs work on a voluntary basis and are available to provide a range of support services within the program including information, education, and awareness about stress, resiliency and recovery.

Confidentiality

Confidentiality is maintained for critical incident support services provided. No information regarding the name, personal reactions, feelings, concerns or behaviour of any member will be disclosed unless it is required by law, to sustain life, or if a member is being referred to a clinical specialist. Every effort will be made to obtain the consent of the individual concerned before releasing information.

Psychologist Practice Model

A Psychologist is a mental health professional who has undertaken a minimum of 6 years of combined university study and workplace training and supervision. Psychologists must be registered with the Psychology Board of Australia (PsyBA) and are regulated by the Australian Health Practitioner Regulation Agency (AHPRA).

Registered Psychologists may have post graduate training and have endorsed areas of practice from the PsyBA, such as Clinical Neuropsychology, Counselling Psychology, Clinical Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology, Organisational Psychology and Sport and Exercise Psychology.

A Provisional Psychologist has graduated from a general (minimum 4 year) psychology degree and is undertaking further study and practical experience to gain full psychology registration under the supervision of an AHPRA approved supervisor.

Psychologists study the brain, memory, learning and behaviour, and use a range of assessments and tools to tailor evidence-based, best-practice, treatments and interventions to meet their clients' (e.g. individual, group, family or organisation) needs and goals. RFS Psychologists are proficient in supporting members presenting with various concerns including common psychological conditions such as mood disorders, anxiety disorders, adjustment disorders, trauma related conditions (non-complex, severe or long-term), stress related conditions, workplace conflict, burnout, and other psychosocial stressors. Psychologists use evidence-based treatment modalities such as Cognitive-Behavioural Therapy (CBT), Acceptance Commitment Therapy (ACT), EMDR, Brief Solution Focused Therapy, or Mindfulness-based approaches as well as skills-training and psychoeducation in areas of stress management, effective communication, relaxation and behaviour activation.

RFS Psychologists understand that emergency service workers are at increased risk of exposure to Potentially Traumatic Events (PTEs) and poor mental health compared to the general population, and in response, adopt a Trauma-Informed Care (TIC) approach to service delivery. TIC is based on an understanding of the ways trauma affects people's lives, their support needs and service usage, and incorporates principles of safety, choice, collaboration, trust and empowerment, as well as respect for diversity. Essentially, TIC is providing person centred, recovery-oriented and compassionate care to all RFS members. PTEs are defined as exposure to an actual or threatened event or situation that has the potential to create a significant risk of substantial or serious harm and/or trauma to the physical or mental health, safety or wellbeing of the individuals who were exposed to it. A stepped care approach is widely recognised as the best practice for supporting individual mental health following exposure to a PTE.

A stepped-care approach is most effective when matched to individual needs and available to all involved people to prevent or minimise the impacts of exposure to PTEs. RFS Psychologists work closely with RFS PSOs and Chaplains, and other mental health professionals and health providers, to ensure they provide a stepped-care approach when supporting members. They understand that immediate support is best practice, but mental health issues can manifest a few weeks or months after exposure to a PTE and monitoring of wellbeing over time is a critical part of supporting people with single or multiple exposure to PTEs.

Appendix 2: Service Catalogues

Mental Health Service Suite: TYPE 1 – General Support & Education										
	MHS Duty Officer	Peer Support Officers	RFS Psychologists	Senior Chaplains & Chaplains	MHS Escalation Officer	Peer Support Coordinator	Manager Mental Health Services	RFS Occupational Psychologist	Member Assistance Program	External Provider
General Mental Health Support										
Listening ear, guidance and advice (whole of life settings)	✓	✓		✓					✓	
Visibility and connection to maintain protective factors										
• Community event attendance	✓	✓		✓						
• Brigade briefings and visitations	✓	✓	✓	✓						
• Hospital and home visits to injured/ill members				✓						
Mental Health Education										
Produce or adapt educational content / training		✓	✓	✓				✓		
Deliver individual and group information sessions, workshops and webinars	✓	✓	✓	✓					✓	✓
Guidance for Leaders										
Leadership consultation and coaching			✓						✓	
Support with Team Issues										
Support with workplace complaint matters	✓	✓		✓					✓	
Support with Brigade relations	✓	✓		✓					✓	
Mental Health Awareness										
Produce or adapt awareness / promotional content		✓	✓					✓		
Attend events and promote mental health services	✓	✓	✓	✓						

Mental Health Service Suite: TYPE 2 – Specialist Support

	MHS Duty Officer	Peer Support Officers	RFS Psychologists	Senior Chaplains & Chaplains	MHS Escalation Officer	Peer Support Coordinator	Manager Mental Health Services	RFS Occupational Psychologist	Member Assistance Program	External Provider
Specialised Support										
Practical financial advice / aid				✓					✓	✓
Psychological support during legal processes (e.g. coronial support)	✓	✓	✓	✓					✓	
Physical health and wellbeing support									✓	✓
Pastoral care				✓						
Grief and bereavement support	✓	✓		✓					✓	✓
Health and Injury management support	✓	✓								✓
Psychological assessment and therapeutic intervention			✓						✓	✓
Family Specific Support										
Provide support and guidance to immediate family	✓	✓		✓					✓	✓
Support family referrals and services	✓	✓	✓	✓					✓	✓
Needs assessment, referral and MH system navigation										
Needs assessment	✓	✓	✓	✓					✓	
Referral service	✓	✓	✓	✓						
Information gathering	✓	✓	✓	✓					✓	
Assistance with navigating the mental health system	✓	✓	✓						✓	✓
Significant Ceremonies										
Perform or participate in wedding, funeral, dedication or baptisms or memorials				✓						
Provide funeral and memorial mental health support	✓	✓		✓						
Emotional Distress Support										
Risk identification and assessment	✓	✓	✓	✓	✓	✓	✓		✓	✓
Urgent support for members in distress	✓	✓	✓	✓					✓	✓
Crisis pastoral care				✓						
Ongoing monitoring and support	✓	✓	✓	✓					✓	✓

Mental Health Service Suite: TYPE 3 – Incident Response

	MHS Duty Officer	Peer Support Officers	RFS Psychologists	Senior Chaplains & Chaplains	MHS Escalation Officer	Peer Support Coordinator	Manager Mental Health Services	RFS Occupational Psychologist	Member Assistance Program	External Provider
Incident Support										
Manage the CISS hotline	✓									
Coordinate the MHS incident response	✓				✓	✓	✓			
Map needs of those affected (impact assessment)	✓	✓	✓	✓	✓	✓				
Logistics coordination	✓				✓	✓				
Psychological Care										
Provide psychological first aid care	✓	✓	✓	✓					✓	
Psychological advice / support (in hours)			✓						✓	
Psychological advice / support (out of hours)	✓				✓				✓	
Operational Events										
Participate in post-deployment briefings	✓	✓	✓	✓						
Coordinate Care/Support Plans										
Individual, team or event level support plans	✓	✓	✓							
Individual check-ins following incident response (PFA/Wellbeing check)	✓	✓	✓	✓					✓	
Follow ups on care plans	✓	✓	✓	✓					✓	✓

Appendix 3: Capacity to provide informed consent to participate in a psychological service - RFS members aged 16-17 years

A mature minor is an adolescent under the age of 18 who has sufficient maturity and understanding to make decisions about their health care, including the nature, consequences, risks, and implications of their decisions.

By law, the competency of young people under the age of 18 years to provide consent must be assessed. In NSW, common law allows for children as young as 14 years old to consent to their own psychological intervention.

In practice, the capacity to consent is usually accepted for young people aged 16 years or older, although clinicians should assess each individual's capacity based on their maturity and understanding rather than age alone.

Clinicians will consider factors such as the young person's level of independence, communication skills (including comprehension), emotional maturity, and the presence of other relevant health issues (e.g., developmental disability) in determining whether a young person can provide informed consent. They will also seek supervision and guidance from their clinical supervisor when determining if a young person can provide informed consent.

The young person will be asked why they are attending alone, what supports are in place, and which adults (if any) are aware of their situation. This information will be documented, along with the rationale for determining competency to consent, with due consideration given to the young person's right to privacy.

RFS Psychologists will not automatically accept requests for a psychological service from children or young people under the age of 18. Where it is deemed not appropriate for an RFS Psychologist to provide a psychological service to a child or young person under the age of 18, the RFS psychology team will support the child or young person to access an external service that will meet their clinical needs.

Where an RFS Psychologist determines it is appropriate for a young person aged 16-17 years to access a psychological service from an RFS Psychologist, the psychologist will assess the factors outlined above (and any other relevant factors) to determine the young person's competency to consent. They will also seek clinical supervision, guidance, and approval from the Manager Mental Health Services and/or their supervising Senior Psychologist when determining competency to consent, and throughout the intervention as required.

Even if the young person provides informed consent on their own behalf, the RFS Psychologist will encourage the young person to involve their family and friends as much as they are comfortable with throughout their intervention, where it is appropriate to do so, and their involvement aligns with the young person's wishes and the goals of the intervention.

Everything a young person tells an RFS Psychologist is confidential. Information a young person shares with an RFS Psychologist will not be disclosed unless they have received permission from the young person to do so, or:

- They are at risk of harming themselves or others.
- They disclose any form of child abuse (physical, emotional, or sexual).
- Their psychological records have been subpoenaed by a Court of law.

Headspace: National Youth Mental Health Foundation (2020), *Clinical Toolkit, Clinical Tips: Capacity to Consent*, accessed 23 January 2025, <https://headspace.org.au/assets/download-cards/CT-Capacity-to-Consent.pdf>

Headspace: National Youth Mental Health Foundation (n.d.), *Information for Friends & Family*, accessed 23 January 2025, <https://headspace.org.au/assets/Uploads/Centres/Castle-hill/Information-for-Friends-Family-Castle-Hill.pdf>



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