



Service Standard 7.1.2

Mental Health Services

Version	2.0
SOPs	7.1.2A Mental Health Services Guideline
Policy Owner	Deputy Commissioner People & Corporate Services
Policy Contact	Director Health & Safety
Approval Date	13 May 2025
Next Review	13 May 2030

1. Purpose

- 1.1. Members of the RFS are faced with distinct and unique challenges through the course of their duties, which can and do require mental health support. The RFS is committed to providing a mentally healthy environment through strategies and actions that support our organisation to Be Well, our leaders to Lead Well, and our members to Stay Well and Return to Well.
- 1.2. This Service Standard outlines the RFS Mental Health Services Framework, a member-centred and integrated approach to our mental health service offerings designed to enable better mental health outcomes for our members, particularly in the context of the specific needs of an emergency service first responder environment.
- 1.3. The Framework provides an overview of mental health service offerings, activities, and roles and responsibilities of those providing them. The objective is to ensure a shared understanding of service provision requirements to enable integrated, consistent, and quality state-wide mental health support to RFS members.
- 1.4. The Mental Health Services Guideline forms part of this Service Standard. The Guideline provides more detailed information on the application of the Mental Health Services Framework.

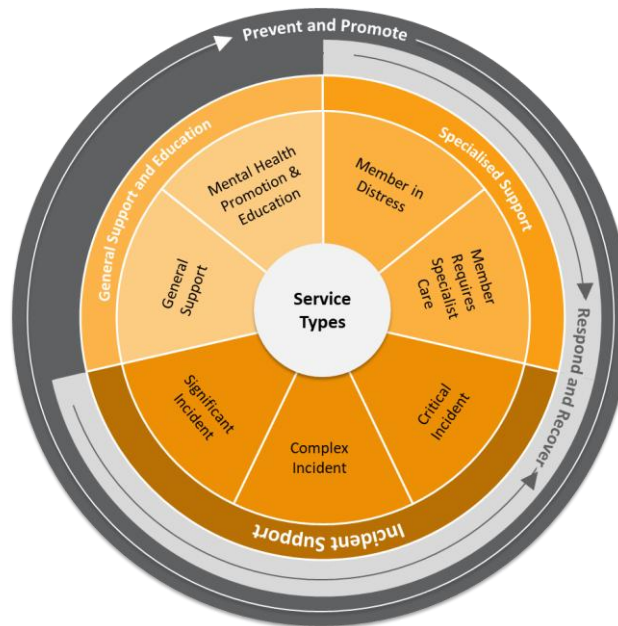
2. Policy

Mental Health Services Framework

- 2.1. The RFS Mental Health Services Framework is a structured approach to the delivery of mental health interventions, designed to help protect members from significant mental health impacts and support their recovery when needed.
- 2.2. The Framework is premised on evidenced-based practices of Stepped Care and Trauma Informed Care (TIC) and supplemented by essential mental health techniques such as Psychological First Aid (PFA). It recognises the importance and power of integrated mental health services, working together to deliver the best possible support care for members through accessible, quality and timely services, across a spectrum of needs.

2.3. The Framework aligns with industry best practice in emergency services and places a strong focus on responsive incident-based mental health services for members exposed to Potentially Traumatic Events (PTEs), as well as general specialist mental health support to all members.

The Mental Health Services Practice Model



Service Types

2.4. 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.

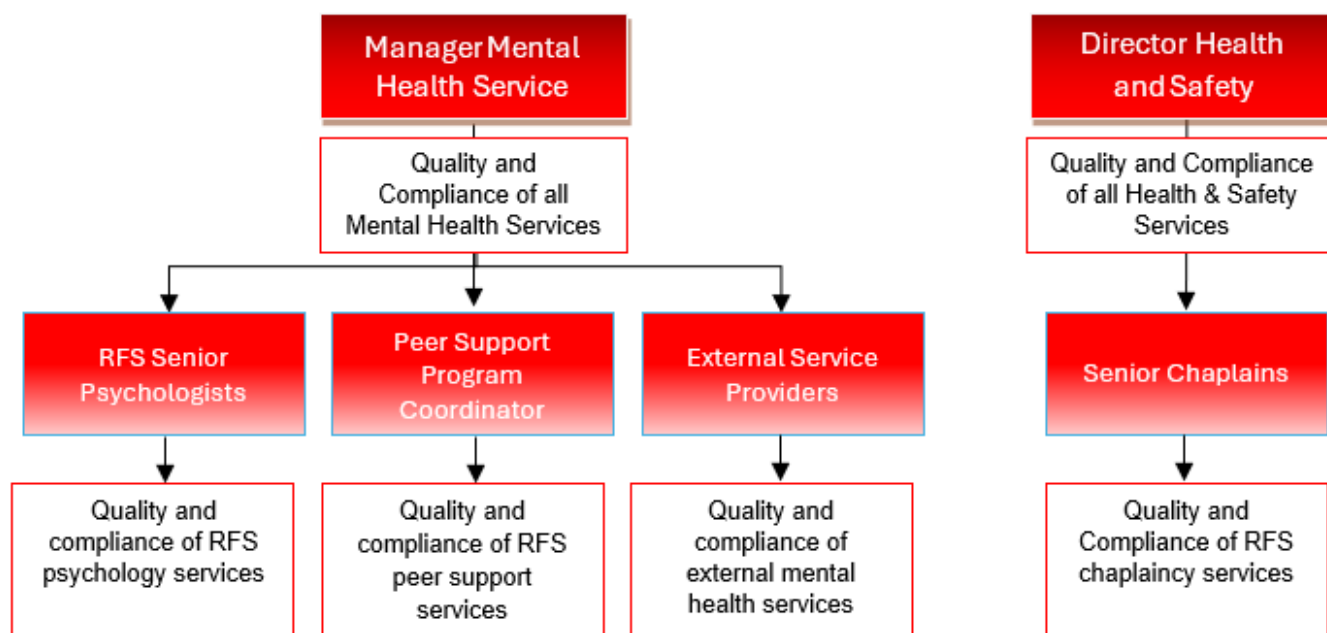
Type	Relevance	Nature of Service
Type 1 General Support & Education	Where a member is generally well or experiencing mild difficulties and the focus is on prevention and promotion. <i>'Well to mild difficulties.'</i>	<ul style="list-style-type: none"> General advice and early intervention support. Self-directed 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 specialist 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 (onsite and remote). Post-incident mental health monitoring, support and intervention.

Categories of service provided in each Service Type

Service Types		
Type 1: General Support and Education	Type 2: Specialist Support	Type 3: Incident Support
General Support e.g. Online chat support, self-help resources, providing a safe space to listen. Information gathering, general counselling, case management services, personalised care plans.	Member in Distress e.g. Providing urgent assistance to members who are at risk of self-harm or suicide or to members who are experiencing severe emotional distress and require immediate support.	Significant Incident e.g. Response to potentially traumatic events associated with operational response, Psychological First-Aid (PFA), and Trauma Informed Care (TIC).
Member Health Promotion and Education e.g. Workshops on stress management, resilience building, mental health first aid training, webinars on self-care strategies and mental health awareness campaigns.	Member Requires Specialist Care e.g. Access via referral to planned clinical mental health support including psychologists, counsellors, specialised therapy techniques (e.g. CBT). Also support with referrals to third party care e.g. psychiatrists, in consultation with the GP.	Complex Incident e.g. Rapid response to complex incident. Peer Support Officers are rapidly activated to provide urgent support to members or members families. Rapid MHS response for on-site support, including Psychological First Aid and coordination with emergency response agencies.
		Critical Incident e.g. Rapid response to critical incident. Peer Support Officers, Chaplains are rapidly activated to provide urgent support to members. Rapid MHS response for on-site support, including Psychological First Aid and coordination with emergency response agencies.

Governance

- 2.5. A governance structure has been established to ensure that the suite of mental health services being provided to members is consistent in standard (quality) and compliant with legislative requirements.



2.6. A breakdown of the governance structure, including who is responsible for ensuring the quality and compliance of each of the mental health services is outlined below.

Service	Activities	Lead Provider	Partner Provider
Provide consistent quality and legislatively compliant mental health services (delivery, recording, monitoring and evaluation)	Deliver mental health strategy that meets the needs of members now and into the future	Manager Mental Health Services	RFS Psychologists Chaplains Peer Support Officers Member Assistance Program MHS Escalation Officer MHS Duty Officer Peer Support Program Coordinator
	Ensure consistent quality and legislatively compliant RFS Psychology services	Manager Mental Health Services	RFS Psychologists
	Ensure consistent quality and legislatively compliant Chaplaincy services	Director Health and Safety	Senior Chaplains
	Ensure consistent quality and legislatively compliant Peer Support services	Manager Mental Health Services	Peer Support Program Coordinator
	Ensure consistent quality and legislatively compliant Member Assistance Program	Manager Mental Health Services	Member Assistance Program
	Provide management assurance and performance reporting	Manager Mental Health Services	Peer Support Program Coordinator

Reporting and Documentation

- 2.7. Records of support delivered to members by **Peer Support Officers or Chaplains** are documented in JotForm. This data can then be used to record the support provided to members, including safety planning and risk management, and plans for further support including any referrals to a RFS Psychologist or external providers. Records must be maintained in accordance with RFS record keeping guidelines and policies.
- 2.8. Records related to clinical activities provided by **RFS Psychologists** are stored in Content Manager, an electronic secure records management system. This system stores confidential client files which include records such as consultations, clinical notes, referral and consent forms, psychological reports, and referral related correspondence. Records are maintained in accordance with best practice health records management in line with Psychology Board of Australia (PsyBA)/Australian Health Practitioner Regulation Agency (AHPRA), Australian Psychological Society (APS), and RFS record keeping guidelines and policies. This system also complies with Federal, State, and Territory laws and professional regulations governing privacy and record retention.
- 2.9. Records of mental health education programs and consultations are also kept for reasons including, but not limited to, service delivery monitoring and program development.
- 2.10. De-identified clinical data such as number of referrals, client sessions, and primary presentations/concerns, is captured by RFS Psychologists in the MHS Reporting Tool (see

Mental Health Service Guidelines). This data is overseen by the Manager Mental Health Services and is reported on in forums such as the Corporate Executive Group (CEG) and the Audit and Risk Committee (ARC).

Personal Information and Privacy

- 2.11. The RFS has obligations under the *Privacy and Personal Information Protection Act 1998* (PPIPA) and *Health Records and Information Privacy Act 2002* (HRIPA) in relation to the collection, use and disclosure of personal and health information. Service Standard 1.1.14 Personal Information and Privacy sets out the way the RFS shall collect and use personal information in carrying out the functions of the Service, to comply with the provisions of the PPIPA and HRIPA.
- 2.12. The RFS Privacy Management Plan further articulates the responsibilities of the RFS under PPIPA and HRIPA.
- 2.13. For requests to share personal information where confidentiality and privacy applies, the member will be informed of this request and if they agree to share their information, they will be required to complete the RFS Mental Health Services Consent for Release of Information form.

Consent

- 2.14. In general, there are three elements that are required to form valid consent to share personal information:
- The member must be considered competent to provide consent.
 - The consent should be given voluntarily, without any coercion. This requires the Mental Health Services team personnel to decide whether the person has understood the information provided and has freely made their own decision about whether to proceed.
 - The consent must be specific, i.e. the scope and nature of what the member is consenting to have been made clear, and they are able to understand it.
- 2.15. It is understood that for certain incidents, e.g. critical incidents, written consent may not be achieved immediately. However, written consent should be sought as soon as possible. At a minimum, verbal consent should be provided at the time of initial contact.
- 2.16. If there are requests to share information and the limits of confidentiality outlined in the *Limits of confidentiality* section of this document apply, it is not essential to obtain consent but where possible, member consent will be sought.
- 2.17. For members younger than 16 years of age, parental consent to share information is required. For members who are aged at least 16 years but less than 18 years, it is not mandatory for parental consent to be provided. For further information about informed consent for members aged 16-17 years refer to *Appendix 3 – MHS 7.1.2A Guidelines - Capacity to provide informed consent to participate in a psychological service – RFS members aged 16-17 years*.

Limits of confidentiality

- 2.18. The RFS and its members, including Mental Health Services team members, have an ethical and legal obligation to take appropriate action if:
- a. A member is at risk of harm to themselves or any other person; or
 - b. A member discloses a serious criminal offence; or
 - c. A member is unable to safely undertake their duties, or the individual is at risk of psychological harm by continuing their duties; or
 - d. The law requires or permits RFS to disclose personal information (including health information).
- 2.19. Appropriate action that a Mental Health Service team member may take, includes but is not limited to:
- a. Disclosure of information and referral to relevant health providers.

- b. Disclosure of information and referral to relevant legal or regulatory authorities (e.g. NSW Police, Independent Commission Against Corruption, SafeWork, State Insurance Regulatory Authority, nominated Insurer).
- c. Disclosure of information to relevant management authority (e.g. Area Commander) to the extent needed for guidance and intervention.
- d. Disclosure of information to identified support network (e.g. next of kin emergency contact).

Working with children

2.20. Roles within the Mental Health Services team have been deemed child related by the RFS in accordance with Service Standard 1.1.9 Working with Children Check. All Mental Health Services team members are required to obtain a Working with Children Check (WWCC) and provide it to the RFS for verification. Staff members will be required to obtain a paid WWCC. The WWCC is free for volunteer members.

3. Document control

Release history

Version	Date	Summary of changes
1.0	1 September 1999	Initial release as SS 7.1.2 Critical Incident Support Services
1.1	14 December 2009	Minor amendments
1.2	13 April 2016	Complete review
2.0	13 May 2015	Repeals and remakes v1.2 (Critical Incident Support Services) Complete review and renamed Mental Health Services v2.0

Approved by

Name	Position	Date
Rob Rogers AFSM	Commissioner	13 May 2025

Related documents

Document name
RFS Mental Health Strategy 2023 -2027
RFS Mental Health Services Framework (in development)
7.1.2A Mental Health Services Guideline
Service Standard 1.1.14 Personal Information and Privacy
1.1.14A Privacy Management Plan
Service Standard 1.1.9 Working with Children Check