

In the First Person... A First Responder's Road to Recovery

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Release date: Wednesday 5 March on MHPN Presents

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Mark Creamer (00:18):

Hello and welcome to this episode of MHPN Presents In The First Person. In this podcast series, we have the opportunity and indeed the privilege of hearing people's stories in their own words and also the opportunity to look at how the multidisciplinary team approach helped or indeed perhaps hindered their recovery. My name's Mark, Mark Creamer. I'm a clinical psychologist with a long interest in the mental health effects of trauma, particularly in high-risk organisations such as military and first responders. And so I am really looking forward to chatting with my guest today. Tim Peck. Welcome Tim.

Tim Peck (00:58):

Thanks for having me. Mark,

Mark Creamer (00:59):

We met a while ago, Tim, I think probably when you were working for Phoenix.

Tim Peck (01:02):

Yeah, that's right. Mark. I recall you were working on respond to assist in setting it up right from the outset. So it's always been a great interest of mine to have someone of your sort of experience and knowledge in the mental health world, particularly around trauma and policing in high risk organisations. To have a chat too about my experience and the book to get that different perspective. That doesn't often come out in some of the other ways that I speak about the book, not so much about the story, more about some of the background behind it.

Mark Creamer (01:27):

Yeah, great. Well, I'm certainly looking forward to it. I must say to you, I'd like to talk briefly about your time with Victoria Police and the homicide squad and then we'll go on to talk about, if I can use the term, you'll slide into the abyss of serious mental health problems and then the very long and hard journey out and we'll wind up with your current work around improving mental health outcomes for first responders. But it really is an inspiring story of recovery I think. And it's particularly relevant at the moment because you've just published a book about your experiences, Tim, which I know is available wherever you get a good book. It's called *The Invisible Obvious*. So congratulations first of all.

Tim Peck (02:03):

Yes, thanks for that. Released that in about June or July last year. Quite a long time in the writing, but very proud and pleased that I finished it.

Mark Creamer (02:10):

I'm sure, I'm sure. And so you should be, I'm full of admiration for anyone who manages to write a book to be quite honest. I'm sure I've got one up here somewhere. But getting it onto a bit of paper, God knows. It's called *The Invisible Obvious*, which is an unusual sort of title. Do you want to just say a little bit about where that title comes from?

Tim Peck (02:25):

I'd love to say it was my own unique idea, but it wasn't quite, there's a chap called Moshé Feldenkrais who has an awareness through movement. He was a physiotherapist and my sister was heavily involved and still is in teaching that model of physiotherapy. And he had a book called *The Elusive Obvious* and it related to how with small movements and using our mind and body, we can actually go back to movements that are more efficient and allow us to function better both mentally and physically. And as I was reading that book, that was the elusive obvious for me. My problems were right in front of me and I basically refused to look at them. So they were invisible, but only to me because of my choice.

Mark Creamer (03:02):

Yeah, absolutely. And we'll come back to that. I think you do describe that very well through the book. Okay, wonderful. Let's just talk briefly about your time in the police force. So you did what, 20 plus years in Victoria Police and in many roles, but particularly homicide, and I guess that all areas of policing have the potential to be difficult. I've worked with a lot of police from different areas, and I'm just staggered at some of the things that these guys have to confront, but homicide is probably towards the particularly difficult end.

Tim Peck (03:30):

So I spent 21 years, I'd say probably 15 of those as a detective. And then uniform was my other areas. I've finished in a sort of a human source management, which was involving high risk informers. So a really broad range I guess. But I do agree with what you say. There's so many varied and diverse roles, but you never know when your day's going to come up. There's not a day when you don't prepare that something bad could happen today or that level of hypervigilance needs to be around to keep you safe and keep your colleagues safe and the community safe. So it's something you carry with you.

Mark Creamer (03:59):

Exactly. Even though of course for 90% of police, 90% of the time you don't need it. But if you don't have that hypervigilance there, then you run the risk of getting into trouble when you do need it.

Tim Peck (04:08):

And I think it does extend outside of work as well. It's not as if you switch it off at four o'clock when you finish your shift, it's always with you.

Mark Creamer (04:14):

That's a really important point. I want to come back to that it was particularly true for you, I think, wasn't it? I'd like to talk a bit about the police culture because you both explicitly and implicitly talk quite a bit about police culture. My take home message really was that there are two types that one is very positive, the collegiate, the support, the blue blanket I think you called it. And then there's the other side that is perhaps less helpful, which is about the desire for achievement being results driven and being tough and having no weakness. Is that a fair description that we've got both of those coexisting?

Tim Peck (04:48):

It took me a while to try and articulate that, but the blue blanket concept does resonate with many members that I speak to. That idea of having, they call it the blue family, but it's a difficult job. And having people around you and those resources around you when you feel challenged, it's a real comfort to have that and know that as a team that you will get through anything. And having that support and guidance and other experience members is really crucial. Not everyone buys into the culture like I did. I was probably right place, right time, right age. I was Caucasian male, fitted in well, liked to drink, was good at what I did and got results. So really easy to fit into that culture and yeah, celebrate your wins, commiserate your losses, but there was some really great work done. And I think that challenge between internalising it and working out that what's more important than solving an important crime, and when you compare that to looking after your own physical and mental health, the choice often becomes of solve the crime.

Mark Creamer (05:41):

Exactly, exactly. And again, I think that's a point we'll return to a few times, but I did want to make that distinction really between what belongs with the organisational culture and what actually you bring in or put on yourself, your own personal culture, your expectations on yourself, how difficult is in fact to take responsibility for one's own mental health and particularly in a setting like that.

Tim Peck (06:02):

Yeah, and I think there's also personality traits that go with that. I did have really high standards. I wanted to be the best, always pushing forward trying to get to the next big job or the next promotion or whatever. So again, not everyone has those traits, but certainly for me, they were there. And ironically in the organisation, it is a bit of a culture where you pick your best and brightest and really teach them well and promote them through.

Mark Creamer (06:23):

But I think it's an important point that it is that interaction, isn't it, between the sort of personality that the person brings in and the culture or the nature of police work, which allows that personality to kind

of thrive or the whole get into real trouble, which was your case. Okay, you had 20 plus years of policing and reading the book, it does strike me that really throughout that time there was something of a steady sort of downward spiral in terms of mental health that gradually things got worse. And particularly I was struck by the sort of anxiety and the panic and the hypervigilance, which you were saying, which seemed to always be there.

Tim Peck (06:59):

Yeah, it wasn't an intentional thing to end up like I did obviously, but I think the slip happened over a period of years and there were many times when I'd try and get out of it that I'd try and change the ways I did things. And I think we were all familiar with 'I'll only work eight to four this week. I won't do any extra overtime' or 'I'm working to rule' or whatever the case might be. But inevitably something would pop up and you'd fall back into your old ways of doing extra hours and trying to get the job done and get good results and so on. Alcohol had always been an issue, I guess in hindsight along the way it did shift from being something I drank a lot with friends and colleagues to drinking a lot more by myself. That was probably the biggest change in that respect. But the part I really didn't understand was my own thoughts and the impact the intrusive thoughts had and the hypervigilance that led to me spending hours thinking about what might happen if I didn't keep that level of vigilance as high as I did, that the risks that were out there that weren't really out there to the extent that I'd portrayed them in my own mind.

Mark Creamer (07:53):

Yeah, absolutely. And I find it very interesting the way you discuss that self-talk, that negative self-talk, even to the point where you gave your negative self-talk a name, it is just potentially so destructive, isn't it so damaging?

Tim Peck (08:06):

And it absolutely felt like that. There was two parts of me that I was fighting a struggle between, Murdoch as I relate to him in the book, and the other part of me that wanted to be the best version of myself, but continually in conflict with this other voice that was, you can keep going. There's nothing wrong with you stopping us or push on, you'll get there.

Mark Creamer (08:23):

Just for the benefit of the listener, I should say that Murdoch is not the media baron Murdoch, that was a name from your childhood, wasn't it?

Tim Peck (08:29):

Yes.

Mark Creamer (08:29):

I agree. That sort of internal dialogue is really important. The alcohol became a massive problem really, didn't it?

Tim Peck (08:36):

Yes. Yeah. Alcohol was pretty much my go-to for everything. When I was really unwell, I wasn't sleeping at all. Sleep was maybe two or three hours a night, and that was generally after drinking heavily.

(08:47):

And I would wake and then not go back to sleep, either get up or lay or do whatever. But alcohol became for me a way of stopping my or slowing my brain down a bit from the levels of anxiety and hypervigilance that I was experiencing. And it just gave me a safe place. And it sounds ridiculous now, but even if that was only for 15 minutes a day, I put myself through all the rest of the regret I had after it, the buildup to it when I didn't want to have a drink, and then having a drink for that 15 minute buzz of just feeling okay and in hindsight, ridiculous. But at the time it was the way I coped.

Mark Creamer (09:17):

Fascinating how powerful it is. It sort of highlights how difficult it is to give that up when it does have that incredible anxiolytic kind of effect. I wanted to just tie the alcohol into other avoidance because alcohol is a coping strategy, but also an avoidance in some ways. And you were doing a lot of avoidance as well, weren't you? Wherever you could really.

Tim Peck (09:35):

Yes, I became certainly more isolated amongst my group of friends. I'd go out for short periods of time, but then I would isolate by myself for weekends when I wasn't around the team or around my people, often weekends at home spent without really interacting with anyone, including family.

Mark Creamer (09:50):

Including family. I was going to make the point that you also cut yourself off from the family, paid a huge price really. I think I'm also interested in the fact that it seems like your colleagues didn't know, and yet inside or from the book, it looks like you were barely hanging on by the skin of your teeth. But there's an interesting comment in the epilogue from one of your colleagues who says it came was a complete surprise to me. I didn't know Tim wasn't coping.

Tim Peck (10:11):

So I think externally I did a great job of hiding it. I could front up every day and make reasonable decisions and I was fortunate that I was able to function on little sleep with a hangover and just get through. And I think some of that confidence and bravado and I knew my job really well and I had a lot of knowledge and a lot of experience that I could share. So it was easy to teach and get people away from me. So it was like I could give advice and move them off and then go and hide again. It probably ended up being a bit of a defense mechanism that using that experience and sort of expertise as a way of deflecting others away from what was going on.

Mark Creamer (10:43):

Absolutely. Which you were very good at doing, I have to say. I just want to come back to your point that you made a few minutes ago about there were multiple points at which you said to yourself, right, this is it. I've got to get myself back together. And from now on as you were talking, I was struck by one of my mum's favourite expressions, which was 'the road to hell is paved with good intentions', but you had the intentions over on multiple occasions and yet as you say, something took over and became more important than your mental health.

Tim Peck (11:10):

And I don't think I ever really committed as I needed to. It was clear the underlying mental health condition was far more significant than what I was giving it credit to. And even when I went to clinicians, I would avoid and lie and do whatever in my mind, the idea to break the cycle was to change work locations and that didn't change anything. It was quite clear, I'd be all right for a couple of weeks, then I'd straight you back into the old mode. So whilst I was looking for solutions in the state I was in, there probably wasn't any viable one without actually addressing my own mental health issues and behaviours.

Mark Creamer (11:40):

Well, eventually you hit rock bottom actually. You have a car accident while you're drunk, which is presumably a career ending moment for most people though you'd got through it once before, but we won't go there. I mean that really was maybe the precipitant, it wasn't the spur of the moment. This was a constant decline and you became actively suicidal. And you do talk in the book about the powerful appeal of suicide, how it just really seemed that this is the way to solve everything.

Tim Peck (12:04):

It's probably one of the most difficult things to describe because in hindsight, you look back now and think, well, it just doesn't make any sense. But a little bit like I spoke before about alcohol, giving you a period of time where you weren't as anxious and you could sit with some comfort thinking about suicide actually gave me a comfort because for so long, not having a solution and being a very solution focused and wanting to find the answer suicide provided me with a solution, provided me with the way out that I was able to convince myself that would be best for everyone else as well as best for me. So from my point of view, I saw it as a sacrifice, if you like that if I did this, everyone else's pain will stop and everyone can move on instead of watching me and me having to live through that.

Mark Creamer (12:44):

And that was interesting, the comment that your therapist made, which was something along the lines of unfortunately you can't control how other people feel.

Tim Peck (12:52):

I know the words he said. He said, 'you don't get to choose how other people feel'. So before you commit suicide, go and ask your wife what she thinks, you're telling me she'll be better off, I'll let you ask her first'. Good advice.

Mark Creamer (13:03):

Very good advice in indeed, very good advice. But you got within a gnat's whisker of carrying it out really. And it seemed to me that it was pretty lucky that in fact someone intervened and found you and brought you back from the brink at that particular point.

Tim Peck (13:16):

Yeah, I was really well advanced. I made the decision. There was no looking back. And I think I mentioned that if you had been with me on that day, I would've convinced you that that was the best outcome for everyone. I was that clear. It was nearly like doing another police operation. That's how it felt.

Mark Creamer (13:30):

It's frightening. But that became a turning point for you really. And I remember in my early, well, very early clinical days, someone wasn't getting better and wasn't turning up, and a very experienced mental health nurse said, 'sometimes Mark people have to hit rock bottom before they're going to be ready to change'. And it seems that happened to you, that this really was rock bottom.

Tim Peck (13:51):

Yeah. It's interesting though that my clinician at the time always kept saying that we dunno where rock bottom is. We feel terrible at the moment, but that doesn't mean it can't get worse, but it can get better if we buy in and give it our best effort to try and get well again. So he really did give me that comfort that there was no easy way out of that. It was just going to be hard work and there was no guarantee that it wouldn't get worse.

Mark Creamer (14:12):

Yes, that's a very good point, isn't it? But hard work, incredibly long and hard work. Can you just talk a little bit, because I've got some ideas myself, what you think were the key important factors in those early first few months, what I would call the acute recovery phase? What were the important components?

Tim Peck (14:28):

I saw my clinician a lot and I had a really good relationship with him by that time, and I think he really gave me that confidence to have a plan. And if I had the plan and did it every day, we would then talk about what actually shifted, even if it was only a little bit, was there one thing that was positive out of you following a plan? They're generally involved around exercise and trying to look after your sleep and diet and then thinking about the work I had to do on the intrusive thoughts and trying to understand that I was going to have the thoughts. I couldn't stop the thoughts coming, they were going to keep coming and they were going to be uncomfortable and make me feel anxious and so on. But if that's the worst that's going to happen today, you can get up and go again tomorrow and it might be better. You dunno, lots of hours spent stomping up and down the Yarra River with the dogs and Paul Kelly in my head, lots and lots of that - very isolating. But the stopping drinking was obviously a big shift.

Mark Creamer (15:17):

I was going to say, I mean I would see that probably as the cornerstone. I think if you had kept drinking, it would've been pretty hard to do anything else really.

Tim Peck (15:24):

And I think all that other work I'd done previously where I'd tried to stop drinking and I think I just realised that I would never be a controlled drinker. I could never be someone that could have one or two. It was either now or never. And if I gave it everything and it didn't work out well, I could go back to my plan and I hadn't lost anything had I, and that's the way I was looking at it.

Mark Creamer (15:43):

I do think that in itself was a great achievement to become abstinent almost overnight. That was pretty -

Tim Peck (15:49):

I will say the detox wasn't pleasant when you do it yourself. That was very untidy.

Mark Creamer (15:55):

Horrible, horrible. I think we underestimate how difficult detox from alcohol is. We hear a lot about coming off heroin or whatever, but alcohol can be pretty nasty too. Yes. So it's interesting that you talk about managing the thoughts and challenging the thoughts, identifying them, not letting them control you and perhaps part of that was the diary. You did keep a diary, which I can imagine was quite difficult at times, but do you feel that was helpful?

Tim Peck (16:20):

I remember the first entry I wrote was just gibberish. Just me feeling really sorry and unloading it all, but I never thought anyone would ever read it. I didn't even think I'd ever read it again. So I just wrote what I felt. So I'd had a real routine. I'd get up, go exercise, go down to the favourite coffee shop, sit by myself in the corner and type on the iPad. That was the routine. Some days just absolute rubbish. Other days you get some insight out of it. I'd go back to Alex, my clinician and we'd discuss and talk about, but I did find over time it gave me a way of expressing myself that I wasn't very good at without the writing part of it. It created pathways for me to open new dialogue, if you like, through writing that I wasn't very good at verbalising.

Mark Creamer (17:02):

I think it's a very interesting point and the point you make at the beginning there that you're not writing this for anyone else, it doesn't matter. No one else is going to read this. This is about the process of writing and in fact I want to come at the end if we've got time just to come back and talk about the process of writing the book and how you found that. Okay. So there's a whole lot of things there that I think are really important and I would not underestimate for a minute the importance of the physical stuff, the exercise and the diet and the sleep is just so crucial, isn't it?

Tim Peck (17:26):

And I think obviously there's one other key factor and that was my wife and children obviously, I would say the key factor, even over giving up alcohol, having plenty of chances for them to have kept me adrift or me left or whatever the case might've been. But to have that solid, stable base, it's really hard to win back trust when you've breached trust so many times over so many years and you think you're getting yourself right again and you're saying, no, I'm not going to drink anymore, and this is six months in and they're getting frustrated with you and you're like, well, why won't they believe me? Then your brain clicks into gear and you think, why would they believe you? I barely believe myself. Why would they believe you? But having that confidence and trust in me that if I continued to do the right thing, they would support me and that was really crucial too.

Mark Creamer (18:07):

Yeah, that was actually top of my list was support from your wife and your family. I can imagine. Absolutely crucial. And then second on my list actually was support from your colleagues. I wonder whether that was a surprise to you that actually they didn't reject you when they found out you had mental health problems, they actually supported you.

Tim Peck (18:22):

Yeah, it was a funny one. I did shut myself off for a number of months. I didn't speak to many at all. That was my way of dealing with it. I had hundreds of messages and stuff on my phone and I didn't respond to them, but when I did finally put the toe back in the water so to speak, I was taken aback by just how supportive they were across the board. They really didn't care about my career or what I'd done or anything else about me. They just wanted to make sure I was okay.

Mark Creamer (18:46):

It's so important and it's an illustration of how distorted your thinking was beforehand really. And I think it's a really important message to people out there in all areas that actually most people are not going to reject you just because you stick your hand up and say -

Tim Peck (19:00):

And particularly around the drinking, I don't think I've ever had an issue with anyone. I was obviously one of the key organisers in the middle of all the drinking stuff and then to go from that to zero and then there's never been a criticism or second guess or anything along those lines. So yeah, super supportive.

Mark Creamer (19:16):

Just very briefly, you were angry, which is, I guess it's almost a universal emotion that we see in these kind of post-traumatic situations, but very angry at the police feeling, let down feeling uncared for and so on. And you also put in a work cover claim. Do you have any thoughts about that now or do you want to make any comments on that?

Tim Peck (19:34):

On reflection, again, if you look at the diaries, there was a lot of conflict internally about was it my fault? Was it Vic Pol's fault? Where did it all lie? And it had to be black and white. It had to be one or the other was the way I was looking at it. But I think the most frustrating part was that nobody could see it from my point of view. So I had all these outside systems pushing me and pulling me in different directions and telling me what to do and I had to go here and do this and do that, but nobody actually understood it from where I was, and that was probably my most frustrating part. I just wanted to explain that I'm here because I'm here, but you telling me to put a WorkCover claim in or get a pension or you have to go to court on this date and do this, none of that gelled together into a narrative that made sense for me. It seemed like I was just being pulled from pillar to post and that none of them really knew what each other were doing, and no one really cared. That's what it comes across as now I know individually, they did care, but collectively it came across as nobody cares.

Mark Creamer (20:30):

Yeah, interesting. And of course you did go on, I'm jumping ahead now, but you did go on to work for the police association and you'd think that that would be somewhere where you would find that kind of broader understanding.

Tim Peck (20:40):

Yeah, so that's certainly part of the work I did was to try and really advocate for the members, the expert in their lives that they don't really need other people to tell 'em what they do. They need people to support them and listen to them and guide, give them the choices they can make or the options and allow them to make their own choice. I didn't feel like there was any choice when I was going through it.

Mark Creamer (20:59):

Yeah, interesting. Okay. That was the acute phase, which you managed extremely well, but then we have a kind of road to sustainable recovery, which is slow and it's hard and it's fluctuating, no doubt. You have plenty of bad days and so on, which I think is really important to remember. I was thinking actually reading your book about that quote from one of the American founding fathers, something about the price of liberty is eternal vigilance. I think we could say the price of good mental health is eternal vigilance, isn't it?

(21:27):

Got to keep watching your physical stuff, the thinking, you've got to keep watching your behaviour and so on. Yeah, constant battle at least for a while.

Tim Peck (21:34):

Yeah, I think still now everyday attention's what I call it, I need to think about my mental health every day and where I'm at and what I'm doing and reflect on that and what's worked and what hasn't worked. It does shift over time.

(21:46):

I think back then there was so much going on with the drink driving and the court matters and all that type of thing that the one aspect that I think probably didn't come out as clearly was the trouble I had in letting go of policing. I'd have head full of police information and intelligence and everywhere I went I saw policing. And my clinician cleverly now in hindsight, got me back in even though it was one subject for one semester, got me to start a master's in counselling and psychotherapy. But the key to that was it wasn't for me to do that to become a clinician. It was for me to do that, to learn and understand more about how I got to where I got to. And then if that led somewhere else, that was a bonus, not the other way around that if I do this, somebody owes me something, I was doing it to better myself and then see where I could get to from there.

Mark Creamer (22:31):

I think it's a very important point and I think it's again, tremendous that you were able to do that and all kudos to your therapist for shoving you in that direction because it's really good. Anyway, long and short of it is that over that period you did gradually continue to reduce your symptom severity. You gradually repaired your family relationships and your social functioning and you returned to some occupational functioning's. You say starting off some study you went to work for the police association, you worked for Beyond Blue, which was incredibly impressive I have to say. And then Phoenix. And I guess I'm interested in what your thoughts are about the importance, how important that aspect of actually returning to work and returning to occupational functioning, doing something meaningful. How important was that in terms of long-term sustainable recovery?

Tim Peck (23:15):

I think I was really fortunate that Beyond Blue was my first workplace after when I returned to work. And I remember sitting at the interview for that job and I was absolutely upfront about where I was, so it wasn't invisible anymore. I was very conscious about being visible about my mental health condition and then how could I still use those skills in a work environment. And to their credit, they took me on when they probably didn't have to and supported me really well. And I found then a great confidence that what I thought, I had no skills outside of policing. I quickly learned I had many skills that could adapt and transfer really quickly into other environments around project management and communication

and all those types of things. So it was a really nice pathway and then that burning desire to get back and help others was still there. And again, with a lot of work with my clinician elected to go back to the police association and try and help others who had been either in the midst of or going through what I'd been through.

Mark Creamer (24:05):

Because I think it must've been very difficult for someone in your situation. There are many others as well, where your whole life is your occupation, that's who you are. And it's the same for the military and it's the same even for elite sports people, I think. And suddenly you find you can't do that well, that's very, very damaging. And so the opportunity to fill that gap with something meaningful and valuable and so on is really important. You've kind of touched on this, I just want to quickly come back to this idea of a multidisciplinary team. I guess I'm thinking not only of the psychiatrists and psychologists and OT's or whatever, but the team more broadly that would include perhaps your employer and your family and your colleagues and so on. It sounds like there were elements where that was very important and elements where it didn't really work.

Tim Peck (24:48):

I think over time I've developed my own team and my own way of dealing. So I do have obviously good support in the workplace now. I still have great relationships with my psychologist and clinician, don't have to see them every month, but clearly know where my pathway is if I do need to reengage. I've been really fortunate on the journey to meet lots of great people, mentors and other people that I can go to now. And I'm fortunate that I've become mentors to many, many others and that sort of keeps me honest in the fact that I'm helping out others. And for me, that's really important that I keep the standard around my own mental health so that you can be an example to others. So quite unplanned. It has turned in a really good protective strategy to keep me well as you are living it every day and talking about it every day. So as you're more immersed in it, the more natural and, just seems like what I do every day now.

Mark Creamer (25:38):

Yeah, absolutely. But I like the fact that you highlight how important it is that you keep looking after yourself while you're doing that. The other thing I liked about your couple of points you made in the book is how valuable you found it to have a model that helped you understand what was going on. You talked about your quadrant model, but also this continuum model of the green, the yellow, the orange and the red. So having something to hang your hat on that's kind of important for your recovery.

Tim Peck (26:02):

Yeah, I think that might be the way I think always in models, that's the way I think. So I started off with a very basic quadrant theory that made sense to me, but probably to nobody else. The mental health continuum really struck a chord. I understood that and could relate to the different phases along there and moving along that continuum and being okay to be in the yellow if we were working to get back to the green and not having extended periods. And then in the book, I talk about my plan now, which is sort of a combination of a number of those things.

Mark Creamer (26:30):

Yeah, absolutely. And I want to come back to that plan. I think it's really important. There was a psychologist decades ago who was very influential on my work called Donald Meichenbaum, and he

used to say that whether or not the model is true is much less important than whether or not it makes sense to the person. It gives them an answer, that's what's important. So you're currently at Phoenix just in a couple of sentences, which is a bit unfair. What do you do at Phoenix?

Tim Peck (26:51):

So I manage a project called Responder Assist, which provides clinical services intake across the seven emergency service agencies in Victoria. We also have training for clinicians. We run communities of practise and we have a very strong research arm. So really implementing what I've learned along the way to try and educate and guide others. One of the real assets I think we have and we're fortunate to have is that we can get people into evidence-based treatments. So getting people into good clinical care early is really what we're about and trying to achieve. And I think the model does work well in that sense and also spreading the word out to clinicians about that cultural awareness about how important it's to understand from the client's point of view, what it's like to work in those roles and what some of the challenges are and have a really deep understanding of that when you're engaging with them. It makes, in my view, a huge difference to that therapeutic alliance when you can see that they listen and they understand and they're empathetic to what you might be challenged with.

Mark Creamer (27:49):

Yeah, absolutely. And that idea of facilitating a pathway to evidence-based care, very difficult for someone with no background in mental health, suddenly finds they want help. Blimey. Where you even start is a tricky one. But anyway, that's like responder assist. Very, very important programme. In our final couple of minutes, I'd just like to reflect on a couple of issues and one is the role of the employer. This is something I'm struck by over and over again in the work that I do and especially if I'm doing medicolegal kind of stuff, that an organisation like Victoria Police, all of them really have masses in the way of welfare and support and resources available to them. So I'm kind of interested in what you think is going, where's that disconnect? How come people are not using them?

Tim Peck (28:33):

So our data shows us that across the board and all emergency services, about 30% openly say they'll never engage with their employer around mental health. So you already have 30% and generally in my experience, the 30% are the most unwell.

Mark Creamer (28:46):

Yes, exactly. -That's the problem

Tim Peck (28:48):

- Who aren't reaching out. So part of Responder Assist, part of the reason we're developed it is that it does offer somewhere independent and confidential for that group to go to get assistance, not for a minute taking away the responsibility of the employer to provide good services and safe workplaces and the like, but we can't just provide that and then say, well, they didn't access it so bad luck. We need to have an alternative where they can get access to good treatment.

Mark Creamer (29:11):

The 30% who won't access it, that's because they just don't trust the employer.

Tim Peck (29:15):

Look, and from personal experience, it is really hard, you know in all likelihood, particularly in policing, it'll impact on your career. It's reality that if you have a significant mental health condition, the likelihood of you being operational again is fairly low and that is a big barrier to coming forward. There's also the general stigma around and not just in the workplace, it's hard to go and tell your kids that I've got a significant mental health condition and not working. It's hard yard. So I think people hang on, they look at the financial incentives and so on and just keep trying to get through and they're the ones we're finding are most unwell and take the longest to get back again. So really trying to shift the dial to get in early, understand your treatment, understand what's happening so that we can hopefully prevent the extent of the injury or the impact of the injury, by having better strategies upfront.

Mark Creamer (30:07):

And actually reduce the chances that it's going to have an impact on your career getting in early. But I also take your point, which I think is a good one, that we probably can't rely only on the employer organisations to be providing this stuff. We also need something like Responder Assist or external things that the person can feel safe going to. You alluded to a number of times actually your idea of people having a plan. I think that's also part of this issue. It is not all the employer's responsibility, it's also our own or the member's responsibility. And you make this very nice point I think about everybody having their own sort of personal plan, personal coping plan. Do you want to just talk briefly about that?

Tim Peck (30:47):

Yeah, so I think in my experience, so it was about the first step for me was becoming visible and accepting that I'm in a high risk industry, probably the highest risk in the state for a mental health injury. I can either do nothing about my mental health or I can make a plan to try and look after it. And common sense would suggest we need a plan. What that plan looks like is different for every individual. What I believe is that doing nothing isn't a plan. Understand what the employer offers, understand what is outside and make a choice. Don't simply do nothing and say it's too hard and bury your head in the sand and try and push through. There are resources out there. Some may cost you money if that's your choice. If you choose not to go to a Vic Poll or whoever your employer is, that's a choice you make. But there are alternatives and the alternative of doing nothing and just waiting to see how you go. That's my main message that if we do that, we invariably end up much worse off.

Mark Creamer (31:35):

I think it's a very good point and how important it is then for the employer to be supporting that idea of everybody having their own plan and reviewing it regularly and so on from day one. Really, you might join the police thinking you're six foot two and bulletproof, but actually you're not and you've got to start from day one.

Tim Peck (31:51):

Yeah, there are experiences. You dunno what you're going to be exposed to, so it just makes sense. We plan for everything else around contingencies and policing, but do we plan around our mental health to the same level,

Mark Creamer (32:02):

Just in a sentence or two. Then I promised I was going to ask the question, did you find writing the book therapeutic?

Tim Peck (32:07):

Yes, very much so. Took me a long time to get to it. I finished a journal, so it was the start of 2016 when I went to Beyond Blue. I didn't look at it again for five years.

(32:18):

My clinician again kept encouraging me and I started with that journal and then it took me about five years to write it, but I dunno how many hundreds of thousands of words I wrote, but I found a good editor and it was very therapeutic. It sort of brought in a narrative sense, everything back into a sequence that I could make sense of instead of it being jumbled all over the place. It sort of forced me to take the time to put it into a sequential narrative that now on reflection makes a whole lot more sense than before when I didn't have that sort of markers along the way.

Mark Creamer (32:48):

Well, that's good. I'm glad that it was valuable therapeutic for you because I also think that it's a potentially very valuable resource for anybody involved in these kinds of issues. The member themselves, the employer, the clinicians, the family, the friends, and so on. It does give a really broad perspective of what you went through. Couple of final closing comments from you, Tim. Do you have any advice for clinicians working with first responders or for the first responders themselves? Your sort of couple of quick take home messages?

Tim Peck (33:18):

First thing for members engaging, just be honest. I think we go in too much worried about the, is this going to be confidential? Who's going to find out? All those types of things. So turning up and being ready to work is really important and for the clinician it is to take that time to learn and understand it is a different world, it is a unique environment they work in. The challenges are nearly incomparable, I would say to some of the things that they're exposed to and do and never underestimate the resilience of those members. They might say that they struggle a lot, but have a look at some of the stuff they've been through and for me it's remarkable. People get so far without being injured, so give them credit for what they've gone through.

Mark Creamer (33:56):

That's a good point. It's very good point. And your point about cultural awareness on the part of clinicians is very important as well. Having some understanding, whether it's police or military or whatever it is.

Tim Peck (34:07):

Just one other, I guess from the clinician point of view, and it's something I've seen time and again, is just trying to avoid becoming an advocate for the member. I've never seen it work out well where we've got a clinician acting as the advocate, not just supporting them, but trying to guide them down certain pathways and this can't happen and stay in your lane, understand yours as the therapeutic stuff, the industrial relations will sort out on another page.

Mark Creamer (34:29):

I'm very glad you say that, Tim, because that's a key point of mine. You're not an advocate for this person, you're their therapist and it's a very different role. Yeah, good point. Well look, maybe that's a good note to end on. Tim. It's been a fascinating discussion and as I say, I really enjoyed the book, so thank you very much indeed for joining me today

Tim Peck (34:45):

And I must say thank you, Mark. I think of all the podcasts have done, it's the first time I've had someone with a clinical background to have the interview, so it was really nice to go through it from a slightly different perspective and with your experience and wisdom. It was a great experience.

Mark Creamer (34:57):

Good, good. Well, I find it valuable, certainly to our listeners. I hope that you find it valuable also, and thank you very much indeed for joining us on this episode of MHPN Presents In The First Person. If you'd like to learn more about Tim or myself, our bios and some useful links, including a link to Tim's book can be found on the landing page of this episode. You'll also find a link to the feedback survey, so please let us know how you found this episode, provide suggestions to help shape the future of MHPN podcasts. If you want to stay up to date with future episodes of In the First Person and indeed other MHPN podcasts, make sure you subscribe to MHPN presents. But for now, it's thanks very much again to my guest, **Tim Peck**.

Tim Peck (35:41):

Thanks Mark.

Mark Creamer (35:41):

And to all of you for listening. Thanks again and bye for now.

Host (35:47):

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