PHOENIX BUNKER

Mental Health & Substance Use Support in the Australian Security Industry

A comparative review of police, fire and rescue, ambulance services and construction—and a practical proposal for sector-specific action.

DOCUMENTED REVIEW & RECOMMENDATIONS

Prepared 19 October 2026

Purpose

To identify transferable support practices from adjacent high-pressure industries and outline how Phoenix Bunker could strengthen mental health and alcohol and other drug (AOD) support for Australian security workers.

Scope note: This is a practical desk review, not a systematic review or a claim that every employer has the same arrangements. Examples are drawn from public information, especially NSW sources. Potential gaps are questions to validate with workers and employers—not proven universal absences.

Executive summary

Publicly described support models in police, fire and rescue, ambulance and construction share a useful foundation: professional help, trusted peer contact, critical-incident response, education and referral pathways. MATES in Construction is especially relevant because it combines awareness, trained Connectors, case management and a 24/7 helpline within an industry-specific framework.

Phoenix Bunker should not replace clinical services, employer duties or existing EAPs. It could create a trusted, security-specific front door where workers can be heard, find suitable help and feed de-identified learning into prevention.

Recommended direction

- **Build trust:** co-design with guards, control-room staff, mobile patrol, crowd controllers, supervisors, contractors and former workers.
- **Clear pathway:** peer connection plus warm referral to qualified mental health and AOD services.
- **Post-incident care:** practical check-ins that do not force disclosure.
- **Supervisor capability:** supportive conversations, referral and safe escalation—not diagnosis.
- **Measure outcomes:** trust, access, follow-up and safety using privacy-protective data.

A 12-month pilot is recommended before broad roll-out. Judge success by trust, access, referral quality and prevention learning—not simply attendance or disclosures.

1. What other industries do

Sector	Publicly described elements	Transferable lesson
Police NSW Police Force	Internal wellbeing support routes and professional support pathways. Broader police models may include peers, chaplaincy, rehabilitation and return-to-work support; arrangements vary.	A workforce-specific route reduces the burden of repeatedly explaining job context.
Fire and rescue Fire and Rescue NSW	Employee support information describes EAP, critical-incident support accessed through a peer model, wellbeing coordination and chaplaincy-related support.	Peer contact can improve access after difficult events while professionals provide care beyond peer scope.
Ambulance NSW Ambulance	Staff support programs describe dedicated staff psychology and support pathways, including after distressing events.	Normalised structured support is preferable to relying only on self-navigation when problems become severe.
Construction MATES in Construction	Awareness, trained Connectors, suicide-intervention training, case management, 24/7 helpline and site engagement/accreditation.	Trained peers plus clear helpline and case-management routes can reach workers across employers and sites.

These sectors differ in regulation, employment structure, operational risk and resourcing. The goal is to adapt useful components, not copy a model wholesale.

2. What the security industry should examine

Security work can involve threats or violence, repeated exposure to distress, long or irregular shifts, isolation, low control over site conditions, client pressure and difficult public interactions. Impact varies by role and employer. Potential gaps should be tested through confidential consultation and employer mapping.

Fragmented access

Workers may navigate different EAPs, employer contacts, contractors and public services. Casual, subcontracted or mobile workers may face extra friction.

Trust and independence

Workers may be unsure what is confidential, what is reported to management, or whether help-seeking could affect shifts or employability.

Post-incident follow-up

There may be no consistent check-in after assault, threat, traumatic event or cumulative exposure, especially when workers change sites or employers.

Supervisor confidence

Supervisors may respond to distress or AOD concerns without enough training, boundaries or referral options.

Joined-up trauma and AOD care

Mental health and substance use can overlap. Pathways should be non-stigmatising, clinically appropriate and clear about privacy and safety.

Evidence and accountability

The sector needs stronger evidence about access, unmet need, barriers, follow-up and what works for different roles.

Important distinction

These are hypotheses, not findings that every security employer lacks support. Many employers provide EAPs or other services. Phoenix Bunker should map what exists, who can access it and which gaps workers actually experience.

3. Phoenix Bunker’s potential contribution

1. Peer connection

A voluntary, trained and supervised peer network for listening, practical support and connection to services. Peers should not diagnose, provide therapy, promise absolute secrecy or manage high-risk situations alone.

2. Education and prevention

Role-specific learning on trauma, stress, sleep, depression, anxiety, AOD, help-seeking, post-incident care and supportive conversations, including extra training for supervisors.

3. Referral navigation

A verified directory and warm-referral process for GPs, psychologists, trauma-informed clinicians, AOD treatment, crisis support, EAPs and relevant workplace pathways.

4. Industry advocacy

Collect de-identified themes and raise prevention issues such as staffing, fatigue, lone work, escalation support, client conduct and incident follow-up.

5. Research and evaluation

Establish a baseline, track reach and access barriers, commission independent evaluation and publish aggregated findings with privacy protections.

4. A practical service pathway

The service should be easy to enter, clear about boundaries and able to connect workers to qualified care. It should not become a parallel clinical or crisis service without appropriate governance and staffing.

STEP	WHAT HAPPENS	SAFEGUARD
1. Contact	Worker contacts Phoenix Bunker or a trained peer through a clear channel.	Explain confidentiality, limits, records and escalation rules before sensitive detail is collected.
2. Listen	Offer respectful listening and ask what support is wanted now.	No diagnosis, coercion or pressure to disclose.
3. Connect	Offer peer follow-up, a warm referral or practical support.	Use verified services; obtain consent before sharing personal information.
4. Escalate	For immediate danger or acute risk, follow written protocols and connect to appropriate emergency or clinical services.	Peers do not carry risk alone; protocols require clinical review.
5. Follow up	Check whether referral was accessible and whether more navigation is wanted.	Record only what is necessary; separate identifiable records from aggregate reporting.

AOD-specific design principles

- Use respectful, non-stigmatising language; do not assume substance use explains every performance or wellbeing issue.
- Make clinical assessment and treatment options visible and accessible.
- Distinguish support from employer fitness-for-duty decisions while being transparent about safety and legal obligations.
- Address work contributors such as fatigue, traumatic exposure, isolation, bullying and poor recovery time.

5. Governance and safety requirements

- Clinical governance adviser and written referral/escalation protocols.
- Privacy, consent, retention and access policies reviewed for Australian law and relevant jurisdictions.
- Peer selection, training, supervision, debriefing and workload limits.
- Conflict-of-interest policy protecting independence from employer and client pressure.
- Clear scope: peer support and navigation are not therapy, diagnosis, emergency response or legal advice.
- Accessibility across states, languages, disability, shift patterns, regional areas and employment types.

For immediate danger or an emergency in Australia, call 000. A peer-support program must have a clinically reviewed urgent-risk protocol and must not imply it is an emergency service.

6. A 12-month implementation plan

PERIOD	PRIORITIES	DELIVERABLES
Months 1–2 Listen and map	Consult workers across roles, states, employer sizes and employment types. Map EAPs, public services and peer supports; identify barriers.	Consultation summary; service map; priority groups; baseline questions.
Months 3–4 Design	Co-design pathway, privacy model, peer role, training, referral criteria, escalation and data policy. Secure clinical and community partners.	Operating model; safeguarding framework; referral directory; training and evaluation plan.
Months 5–8 Pilot	Pilot in a small number of willing organisations or locations. Provide education, peer contact, warm referrals and post-incident check-ins.	Pilot delivery; de-identified data; participant feedback; issue log.
Months 9–12 Evaluate	Review uptake, trust, referral access, safety, unintended harms, cost and partner feedback.	Independent evaluation; public summary; scale/revise/stop decision.

7. Measuring whether it works

Use meaningful, proportionate and safe measures. Increased help-seeking or reporting may indicate growing trust, not failure.

Reach and awareness

Knowledge of where to go; coverage across roles, regions and employment types; education participation.

Trust and safety

Confidence in privacy and independence; confidentiality complaints or near misses; peer supervision quality.

Access

Time to first contact; successful warm referrals; barriers; after-hours accessibility.

Post-incident care

Whether follow-up was offered after selected incidents and whether it felt useful and voluntary.

System learning

De-identified trends raised; prevention actions accepted and completed.

Equity and sustainability

Reach among casual/contract workers and regional sites; cost per supported contact; peer wellbeing.

8. Partnership opportunities

Potential partners include ASIAL, willing security employers and clients, worker representatives, mental health and AOD providers, universities or independent evaluators, and organisations with relevant peer-support experience such as MATES in Construction. These are proposed conversations, not confirmed partnerships.

Position Phoenix Bunker as a connector and sector advocate: complement existing EAPs and clinical services, avoid duplication, and make it easier for workers to find and trust the support already available.

9. Conclusions and recommendations

The strongest transferable lesson is that support is more than a phone number. Effective systems combine trusted access, trained peers, professional services, clear post-incident processes, prevention and organisational learning.

Recommended decisions

- Approve a 12-month discovery and pilot phase rather than immediately launching a large service.
- Start with worker-led needs assessment and a map of existing support across Australian jurisdictions.
- Build around peer connection, education, referral navigation, advocacy and evaluation.
- Commission clinical, privacy and legal review before delivering peer support or collecting sensitive data.
- Pilot in a limited number of willing organisations and publish a transparent, de-identified evaluation.
- Build an explicit AOD pathway that is compassionate, clinically informed and clear about safety and fitness-for-duty boundaries.

Overall proposition

Phoenix Bunker could help move the Australian security industry from fragmented, employer-by-employer support towards a visible, trusted and security-specific support ecosystem—without replacing employers' responsibilities or qualified care.

10. Sources and further reading

NSW Police Force — Internal support and wellbeing services
https://www.police.nsw.gov.au/about_us/wellbeing_support_services/nswpf_employees_internal_support

Fire and Rescue NSW — Employee support
https://www.fire.nsw.gov.au/contact/employee-support

NSW Ambulance — Staff support programs
https://www.ambulance.nsw.gov.au/careers/paramedic/staff-support-programs

MATES in Construction — Support services
https://construction.mates.org.au/mates-support-services

MATES in Construction — How MATES works
https://construction.mates.org.au/how-mates-works

MATES in Construction — Helpline
https://construction.mates.org.au/mates-helpline

Australian National Audit Office — Managing Mental Health in the Australian Federal Police
https://www.anao.gov.au/work/performance-audit/managing-mental-health-the-australian-federal-police

ASIAL — Mental health as a mission-critical risk for the security industry
https://www.asial.com.au/Web/News/Articles/Thought-Leadership/Mental_Health_Is_Now_a_Mission_Critical_Risk_for_the_Security_Industry.aspx

SafeWork NSW — Mental health in construction: findings report (2022)
https://www.safework.nsw.gov.au/about-us/evaluation/findings-report-mental-health-in-construction-2022

Method and limitations

This review synthesises selected public-facing service descriptions and sector materials. It does not establish comparative effectiveness, prevalence or the complete state of provision across every Australian jurisdiction. Verify current eligibility, hours, referral requirements and governance obligations directly with providers before implementation. Recommendations are strategic options for consultation and pilot testing, not clinical or legal advice.