

Mental Health and the
Military Experience

Welcome to tonight's webinar. It will start
at 7:15 pm AEDT.

Join a local Veteran-Focussed Mental Health Professionals' Network:

Networks are currently located in the following areas:

- Brisbane
- Perth
- Newcastle
- Liverpool (NSW)
- Gippsland
- Townsville
- Canberra
- Melbourne
- Adelaide

To join or find out more, click on the **supporting resources tab** (bottom right of your screen) and view the 'Join a network' document.



Mental Health and the Military Experience

> WEBINAR SERIES



Mental Health and the Military Experience

> WEBINAR 10

Military member to civilian: Identity in transition







Mental Health Professionals' Network




Australian Government
Department of Veterans' Affairs


Mental Health and the Military Experience 4

Tonight's panel

			
Prof Gerard Gill General Practitioner	Mr Russell McCashney Social Worker	Ms Nicole Sadler Psychologist	Prof Mark Creamer Clinical Psychologist (Facilitator)



Mental Health Professionals' Network



Australian Government
Department of Veterans' Affairs

This webinar series

This is the tenth of fourteen webinars in the Mental Health and the Military Experience series. It has been made possible through funding provided by the Department of Veterans' Affairs.

Learn more about the Department of Veterans' Affairs by visiting:

www.dva.gov.au

Learning Outcomes

Through a facilitated panel discussion, about Garth, at the completion of the webinar participants will:

- Identify challenges to sense of self and identity that Australian Defence Force (ADF) personnel may face when they are transitioning out of the defence force and adjusting to civilian life.
- Better understand effective evidence-based strategic interventions which minimise the negative impact of transitioning and maximise the veteran's strengths.
- Have increased confidence in supporting and treating transitioning veterans presenting with identity and adjustment issues.

General Practitioner Perspective

ADF culture

- Teamwork
- Sense of belonging
- Sense of achievement
- Recognition
- Skills and experiences foreign to others

- Structured life
- Financial and other benefits
- Stress on families



Prof Gerard Gill

General Practitioner Perspective

Separations from the ADF

- Between 5,500 – 6,000 ADF members leave the military each year (average length of service less than five years).
- Just over one-fifth of the transitioned ADF were medically discharged.
- Common problems
 - Mental Health
 - Chronic Pain
- Garrison Health as part of discharge process should produce a medical summary.
- DVA claims should have commenced but may not have.



Prof Gerard Gill

General Practitioner Perspective

ADF Mental Health Problems

- Similar to the Australian Population
 - Less psychosis
 - Main problems are Anxiety / Depression
 - Post Traumatic Stress Disorder is at equivalent levels and is more commonly due to non combat causes
 - May have been concealed

- Suicide risk while serving is lower but there is an increased rate (above the population risk) on separation.



Prof Gerard Gill

Social Worker Perspective

- After the GP has provided an initial treatment session/s to address urgent medical requirements, Garth would need to be engaged with an intensive case management approach, probably through Open Arms.

- A stepped care approach for Garth is required - i.e. deal with immediate crises initially in a case management framework, stabilise him, engage with other service providers and family (Karen, Chris and children) then look to more specific psychotherapeutic treatment.



Mr Russell McCashney

Social Worker Perspective

In more detail, the initial phase will require:

- Management of initial crises
 - Possible legal issues – were charges laid?
 - Engagement with an ESO Welfare rep / DVA regarding entitlements
 - Risk assessment and plan, as well as safety issues for Garth and third parties (Karen and family)
 - Ongoing medical support to help with moderating/ceasing alcohol and starting on any medication



Mr Russell McCashney

Social Worker Perspective

A case manager or primary therapist will need to:

- Develop a therapeutic alliance.
- Engage with him by being aware of where he is at; using the stages of change cycle (Prochaska and DiClemente) is very useful.
- Use Motivational Interviewing & a psycho-educational approach to engage with him
- Ensure Karen has access to Open Arms & consider age appropriate engagement with children (whole of family?)
- Refer him to a psychologist or Mental Health SW (this may already have happened when he initially presented) to start Garth in treatment for his PTSD type presentation & likely co-morbidities.



Mr Russell McCashney

Social Worker Perspective

- Through this process Garth is likely to start coming to terms with the reality that the army is no longer there as a “safety net”. He will be confronted with a very real sense of not fitting in to the civilian world
- He will experience a loss of identity & sense of self which the army provided – acknowledging this is a long process.
- There comes a point for a veteran in such scenarios where the “penny drops” around the impact of what leaving the army has really meant for him, the legacy he takes from his army service (plusses & minuses), the transition process & how he needs to integrate a new sense of self.
- The DVA claims process is an additional process. Often veterans are “therapeutically on hold” until this is resolved satisfactorily.



Mr Russell McCashney

Psychologist Perspective

Conduct a comprehensive assessment

The key aims would be to determine Garth's:

- Clinical treatment needs and suitable options
- Psychosocial needs and service options
- Risk factors / protective factors / strengths
- Willingness / readiness to engage in care
- To conduct the assessment in a 'military / veteran aware' manner



Ms Nicole Sadler

Psychologist Perspective

Conduct a comprehensive assessment

Clinical assessment considerations

- Assess for a range of mental conditions, including co-morbidity
 - E.g., depression, anxiety, PTSD
- Consider the impact of his sub-syndromal symptoms on functioning
 - E.g., Anger, sleep, alcohol misuse, social isolation

Risk assessment

- Risk to himself and others
- Risk of suicidality and completed suicide do increase following transition



Ms Nicole Sadler

Psychologist Perspective

Conduct a comprehensive assessment

Psychosocial considerations

- Vocational issues
 - Military skill set as a medic / Sergeant may not easily transfer to civilian employment
 - Change in workplace hierarchies and his place in those hierarchies
- Relationships / Conflict resolution skills
 - Ex-partner, children, work colleagues, support networks
- Financial stress
 - Legal costs?
 - Employment instability
 - Risk of homelessness?



Ms Nicole Sadler

Psychologist Perspective

Conduct a comprehensive assessment

Psychosocial considerations (cont.)

- Social engagement
 - Importance of building new social networks, beyond the military
- General physical health
 - Weight gain, lack of exercise



Ms Nicole Sadler

Psychologist Perspective

Conduct a comprehensive assessment

- Individuals transition into & out of being in uniform
- **Service related factors**
 - What was the meaning of his service to him, how is it tied to his self-identify?
 - Joined military in his late teens - important aspects of development occurred within a military culture
 - Trauma exposure
 - Consider exposures not just on deployment, but in training / in his personal life / lifetime trauma
 - What are the skills / strengths he gained from his military service?



Ms Nicole Sadler

Psychologist Perspective

Conduct a comprehensive assessment

- **Transition factors**
 - His expectations and preparation for transition. Why did he transition?
 - Reached his goals, family issues, sub-syndromal issues?
 - There are challenges in all types of transitions out of military service
 - How can he retain positive links with his military service and the meaning of that service, while successfully reintegrating into non-military work and social life



Ms Nicole Sadler

Psychologist Perspective

Treatment / intervention considerations

- There are stigmas & barriers to care for serving/ex-serving military personnel
 - Not unusual they will present for assistance in the context of multiple life stressors
 - Consider his readiness and motivation to engage in care
- Explore the multi-disciplinary services he has/could access
 - E.g. DVA/Open Arms
 - Ex Service Organisations – vocational assistance, adjunct therapies, social engagement
 - Relationship support
- Importance of engaging and retaining him in evidence-based care for mental conditions
 - But also consider benefits of engagement in adjunct therapies and activities e.g. activities run by ESOs to promote social engagement and healthy lifestyles



Ms Nicole Sadler

Questions and answers



Prof Gerard Gill
General Practitioner



Mr Russell McCashney
Social Worker



Ms Nicole Sadler
Psychologist



Prof Mark Creamer
Clinical Psychologist
(Facilitator)

Help guide tonight's discussion

The following themes were identified from the questions you provided on registration:

1. **Contributing factors to transitioning challenges**
2. **Influence of moral injury on transitioning**
3. **Veteran specific services responding to transition issues**
4. **How transitioning issues impact on family**

A pop up will appear on your screen shortly listing the themes. Choose the one you'd most like the panel to discuss.

Local networking

Join a local Veteran-Focussed Mental Health Professionals' Network.

Networks are currently located in the following areas:

- Brisbane
 - Perth
 - Newcastle
 - Liverpool, NSW
 - Gippsland
 - Townsville
 - Canberra
 - Melbourne
 - Adelaide
- For more information see the 'Join a network' document in the supporting resources tab (bottom right of your screen)
 - Interested in leading a face-to-face network of mental health professionals with a shared interest in veterans' mental health in your local area? MHPN can support you to do so. Contact Amanda on 03 8662 6613 or email a.zivcic@mhpn.org.au

Panellist and DVA recommended resources

- For access to resources recommend by the Department of Veterans' Affairs and the panel, view the supporting resources document in the documents tab at the bottom right of the screen.

Thank you for your participation

- Please ensure you complete the feedback survey before you log out.
- Click the Feedback Survey tab at the top of the screen to open the survey.
- Attendance Certificates will be emailed within four weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.

Mental Health and the Military Experience

This was the tenth of fourteen webinars in the **Mental Health and the Military Experience** series, produced by MHPN and commissioned by the Department of Veterans' Affairs (DVA).

The next webinar **Military Experience and Mental Health: Understanding the nexus** will be held on Tuesday 21 May, as part of MHPN's inaugural online conference.

Registrations are open now. Visit www.mhpnconference.org.au to learn more.