

Department of Veterans' Affairs

Mental Health and the Military Experience

> VIGNETTE



## The Military Experience and Mental Health: Understanding the nexus

### Tom's story – Part one

Tom (38 years old) has been married to Sonia for 13 years and they have been in a relationship since secondary school. They live in a small regional town close to Townsville, Queensland, with their two young children, Jack, six years, and Stacey, 18 months.

Tom's father drank heavily and died of liver failure when Tom was 15 years old. His mother died of breast cancer three years later. Tom always felt that Sonia's family was 'his family'; he'd always had way more respect for Sonia's father, Bruce, than he ever had for his own father. Bruce spent his career in the Army and Tom wanted to follow in his footsteps. So, upon completing Year 12 in 1995, Tom joined the Army as an infantry soldier and deployed to East Timor. He enjoyed this initial deployment and felt vindicated that he'd made the right career choice: "I really felt part of a team, on a mission for the country. I felt proud, real proud. A purpose is good, and we sure had one". Tom forged some strong friendships during this deployment. He found mates who made him feel good and inspired him to be a better man. They were "mates for life".

Tom's next two deployments were to the Middle East with the last one being in late 2014. Tom missed Sonia and the kids when he was deployed. Coming home was always "just brilliant at first. It'd be real intense with Sonia for the first week or so, in a good way. She'd never ask what I had been through. Or seen. And I sure didn't want to talk about any of it. It must have been the same for her with her Dad so I figured she understood. But after I'd been home a couple of days things would always go downhill . . . I dunno, I just couldn't seem to find a place in my family anymore".

Tom sustained a severe ligamentous ankle injury during his last deployment for which he was medically downgraded. He has spent the last year doing administrative work on the base but finds this work frustrating and surprisingly exhausting. Since the medical downgrade, Tom has been maintaining his fitness by going regularly to the local gym. The gym gives him respite from the kids: *"I love them, I really do, but sometimes they just drive me crazy. When Stacey cries, it takes me back to Afghanistan. I can't tell Sonia 'cos she'd get so upset, but I've heard that crying before and it wasn't good".* 

Tom's Australian Defence Force doctor says he is unlikely to get any more functional improvement from rehabilitation as the ankle injury has led to secondary impacts to his knee and back and that it may be time to think about a medical discharge. Tom felt shattered by this. He couldn't fathom a life outside of the military. He couldn't talk to his mates about it because they were being regularly deployed. Tom had never felt as alone and useless as he did now. If he kept busy during the day, he could hold the irritability and nervousness at bay, but at night he couldn't shake it. Occasionally, he'd take one of Sonia's sleeping pills. On other nights he'd have just one too many drinks to help calm him. Nothing to worry about he'd tell himself: "*I'm not going to end up like my old man*".

Tom and Sonia have been spending less and less time together: "All Sonia wants to do is talk about things. She calls it negotiation; I call it a waste of time". Sonia has been spending more time with her family in the house she grew up in. Tom avoids going with her because he feels ashamed of himself and can't make eye contact with Bruce. Despite Bruce not saying anything, Tom is convinced that he has disappointed him.

As the weeks progressed, Tom had a strong sense that he was in a bubble and that bubble was going to burst. He didn't know how or why or when, but he felt ready to explode. And one day Sonia suggested: "*If you won't speak to me, why don't you make an appointment with an Open Arms counsellor who specialises in military personnel?*", and Tom thought, "*What have I got to lose*?"



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#### Mental Health and the Military Experience

# >WEBINAR PANEL



## The Military Experience and Mental Health: Understanding the nexus



**Dr Duncan Wallace** *Psychiatrist, NSW* 

Dr Duncan Wallace has been a consultant psychiatrist since 1990, practising mainly in public hospitals with special interests in emergency departments, rural psychiatry, telepsychiatry and military psychiatry.

As a medical officer in the Navy Reserves, Dr Wallace deployed on active service to East Timor, Iraq, Afghanistan and the Persian Gulf. He has also deployed on border protection duties to Christmas Island and Ashmore Reef, as well as humanitarian assistance operations in Banda Aceh and Nias. He is a Commodore in the Royal Australian Naval Reserve and was Director-General Naval Health Reserves from 2012 to 2015.

Dr Wallace was appointed to his current position as psychiatrist to the Australian Defence Force Centre for Mental Health, at HMAS Penguin, Sydney, in 2010. He has been a Visiting Medical Officer at St John of God Hospital, North Richmond since 2015. He is a Conjoint Senior Lecturer in Psychiatry at the University of NSW and was appointed as the inaugural chairman of the RANZCP Military and Veterans' Mental Health Network in March 2018.



#### Dr Loretta Poerio Clinical Psychologist, ACT

Dr Poerio is the DVA Mental Health Adviser. She has practised psychology in both clinical and management/ advisory roles for over 25 years. She completed her Clinical Masters at the

University of Adelaide and her PhD at Griffith University.

Dr Poerio has worked in professional positions at the executive level across a range of organisations including the University of Sydney, Department of Defence, Centrelink, and the Commonwealth Department of Human Services.

Dr Poerio was the Assistant National Manager of the Veterans and Veterans Families Counselling Service. In addition, she is the partner of a veteran who served in the Army for 27 years. Her youngest daughter is currently undertaking a Defence Gap Year with the Airforce. She has a part-time private clinical practice, with her areas of interest involving trauma, bereavement, organisational change, resilience, workplace health, depression and anxiety.

As Mental Health Adviser, she provides clinical advice to support policy, program development and research in relation to mental health, and contributes to the broader focus on mental health in DVA.



Associate Professor Brad Murphy GP. Qld

Brad is an Aboriginal man of the Kamilaroi people of North West NSW and currently owns a private general practice on the outskirts of Bundaberg, Queensland with

a focus on Veteran and Indigenous Health as well as mainstream general practice.

Brad joined the Royal Australian Navy as a Junior Recruit at the age of 15 and served for six years reaching the rank of Leading Seaman Medical before advancing his career as an Intensive Care Paramedic and ultimately pursuing a career in medicine at the age of 35.

He has been involved in many activities within his career to advance aspects of healthcare for the rural/remote, indigenous and veteran and family communities. He has been actively involved in the Coordinated Veterans' Care (CVC) Mental Health Pilot of DVA and has a passion for the general and mental health and wellbeing of veterans and those who support them.

He holds various posts in leadership roles within the medical community including Chair of the Wide Bay Clinical Council, Honorary Adjunct Associate Professor in Aboriginal and Torres Strait Islander Health at Bond University and Founding Chair and current Provost of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health. He is the proud recipient of the 2016 Indigenous Doctor of the Year and in 2003 as a medical student was awarded the AMA Best Individual Contribution to Healthcare in Australia.



#### Facilitator:

Professor Mark Creamer Clinical Psychologist, Vic

Professor Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of post-traumatic mental health.

Mark is internationally recognised for his work in the field; providing policy advice, training and research consultancy to government and nongovernment organisations, with the aim of improving the recognition, prevention and treatment of psychological problems following stressful life events.

Mark is a Professorial Fellow in the Department of Psychiatry at the University of Melbourne, and has an impressive research record with over 180 publications.

Mark is an accomplished speaker and has given numerous presentations (by invitation) at national and international conferences.