

Mental Health and the
Military Experience

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

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

The Military Experience and Mental Health – Understanding the nexus




Mental Health Professionals' Network




Australian Government
Department of Veterans' Affairs

Mental Health and the Military Experience 4


Tonight's panel




A/Prof Brad Murphy
General Practitioner




Dr Loretta Poerio
Clinical Psychologist




Dr Duncan Wallace
Psychiatrist



Prof Mark Creamer
Clinical Psychologist
(Facilitator)



Mental Health Professionals' Network



Australian Government
Department of Veterans' Affairs

This webinar series

This is the eleventh 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

It is also the first activity in MHPN's **Working Better Together** conference content stream Mental Health and the Military Experience.

Learning Outcomes

Through a facilitated panel discussion about Tom (part one), at the completion of the webinar participants will:

- better understand the experience and meaning of military culture for veterans; in particular how it might impact on their mental health when they are at home, on deployment, and/or transitioning out of the Australian Defence Force
- have increased awareness of the mental health risk indicators and/or red flags in veterans' presentations
- have increased confidence in responding to veterans' mental health needs.

General Practitioner Perspective

If you've been to one country town....

- Active service vs “Period of Great Peace”
- Heightened readiness – where now?
- Why are you doing Veterans' Health? They are a “Dying Breed”
- **Behind every great man is a great woman**
(saying originated in the early 1900's)



A/Prof Brad Murphy

General Practitioner Perspective

- **Family** – support / protection / not understanding
- Open Arms
- Overwatch
- Veterans Promise
- Facebook groups
- CVC Mental Health Pilot
- DVA resources on website www.dva.gov.au



A/Prof Brad Murphy

General Practitioner Perspective

- Advocates and Delegates – understanding who's who in the Zoo...
- How important are referrals to appropriate veteran-friendly resources?
- Treatment vs Assessment – is this the same path?
- Understanding resources available and how to access – where do you find??
- Understanding of the importance of DVA documentation and completion
 - Emotional investment vs administration
 - Preparation for the journey



A/Prof Brad Murphy

Clinical Psychologist Perspective

Engaging with a veteran – what do you need to know that might help you connect with Tom?

- Arden (2015) - brains are programed to be social. Being part of a social group confers survival benefits. Rejection meant, quite literally, death. Results of being outside the group - isolation and withdrawal.
- For many, the bond shared within the military transcends all others, even those shared with civilian families and friends.
- The Transition Taskforce (a joint Defence and DVA initiative) found that many of the 600 transitioned ADF members they engaged were unprepared for, and unsure of how to respond to, the significant loss of military identity. Transition had significantly impacted their personal identity, sense of community and feelings of belonging.
- Range of potential losses - identity, fitness to serve and deploy, mateship of the military, respect of father-in-law.



Dr Loretta Poerio

Clinical Psychologist Perspective

Assess motivation and provide education

- Motivation to engage in therapy/change, what is happening (Prochaska and Diclemente 1982). Pros and cons of current situation. Where does he see himself in 12 months? What does he need to do to get there?
- Education:
 - Transition and Wellbeing Research Programme indicates that sub-syndromal mental health symptoms can, and do, progress if not dealt with, or dealt with via unhelpful problem-solving strategies, such as drinking. Perhaps start with a discussion on sleep as a relatively neutral area to build trust.
 - Online tools and assistance: At Ease, Head to health (has veteran portal)



Dr Loretta Poerio

Clinical Psychologist Perspective

Assess motivation and provide education (cont.)

- Recognise and acknowledge service. Normalise what is happening. Provide hope.
- Involve family members where possible and provide education. The Transition and Wellbeing Research Programme indicates that spouses/partners, in particular, are key in facilitating engagement with treatment.



Dr Loretta Poerio

Clinical Psychologist Perspective

Know the research

- Transition and Wellbeing Research Programme - examines the impact of military service on the mental, physical and social health of:
 - serving and ex-serving Australian Defence Force (ADF) members including those who have been deployed in contemporary conflicts, and
 - their families
- Defence LASER resilience program - Longitudinal ADF study evaluating resilience.
- Dr Paula Dabovich's research looked at transition and the key issues of identity and values.
- *Dr Madeline Romaniuk's research into cultural reintegration of military personnel into the civilian world.*



Dr Loretta Poerio

Clinical Psychologist Perspective

What support is available?

- On Base Advisory Service provides a DVA presence on more than 40 ADF bases nationally and offers members information and advice about the support and entitlements that they might be able to receive through DVA.
- The ADF Transition Centre provides advice and assistance to all members and their family transitioning from Defence, including a career coach.
- Connection to ESOs and other community organisations.



Dr Loretta Poerio

Clinical Psychologist Perspective

Access to treatment

- Non-liability Health Care will provide Tom with access to treatment for all mental health conditions.
 - Non-Liability Health Care (NLHC) allows current and former Australian Defence Force (ADF) personnel, depending on their eligibility, to receive treatment for all of the following conditions:
 - any mental health condition
 - Cancer (Malignant Neoplasm)
 - Pulmonary Tuberculosis
 - There is no need for the condition to be accepted as service related.
- PTSD contracted programs



Dr Loretta Poerio

Clinical Psychologist Perspective

Access to treatment (cont.)

- Drug and Alcohol panel of providers
- Prior Financial Approval Process
- Open Arms – individual and group counselling for veterans and their family, as well as case management services
- GP Health Assessment – being broadened to five appointments over five years



Dr Loretta Poerio

Psychiatrist Perspective

These factors are all concerning and should alert the clinician to the likely presence of a mental disorder

- Withdrawal from family
- Repeated disturbing memories of a stressful past experience in Afghanistan
- Feeling ashamed, nervous and irritable
- Insomnia managed with alcohol
- Disabling musculo-skeletal injury



Dr Duncan Wallace

Psychiatrist Perspective

Differential diagnosis

- Chronic PTSD
- Major Depressive Disorder
- Alcohol Use Disorder
- Adjustment Disorder secondary to chronic musculo-skeletal injury
- GAD/Panic disorder



Dr Duncan Wallace

Psychiatrist Perspective

Tom's story

- Strong sense of identity in Army – especially drawn from his father-in-law, a father figure for him in view of early loss of father with severe alcohol problem
- Particular concern re feelings of shame at potential loss of military identity
- Don't underestimate the strength and meaning of the military culture imbued in members of all branches of the ADF



Dr Duncan Wallace

Psychiatrist Perspective

Australian Army's Contract with Australia

I'm an Australian soldier who is an expert in close combat

I am physically and mentally tough, compassionate and courageous

I lead by example, I strive to take the initiative

I am committed to learning and working for the team

I believe in trust, loyalty and respect for my Country, my mates and the Army

The Rising Sun is my badge of honour

I am an Australian Soldier – always



Dr Duncan Wallace

Psychiatrist Perspective

Military culture competence

- 'The military is a culture, and, like other cultures, this culture can influence service members' perception of illness and treatment.' (Meyer & Wynn 2018)
- Military cultural competence among practitioners matters because it may have some bearing on whether care is perceived by service users as being competent and effective. (Forbes et al., 2018)
- Reger et al. (2008) regard military cultural awareness as "essential" for effective psychological services.



Dr Duncan Wallace

Questions and answers

A/Prof Brad Murphy
General PractitionerDr Loretta Poerio
Clinical PsychologistDr Duncan Wallace
PsychiatristProf Mark Creamer
Clinical Psychologist
(Facilitator)

Help guide tonight's discussion

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

- 1) What can the general community do to better support serving ADF members & veterans?**
- 2) What types of counselling models do veterans favour?**
- 3) How can we better advocate for and support veterans who do not fit the traditional 'hero' story?**
- 4) What are the differences in the impact of combat experiences versus humanitarian experiences?**

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

Panel reflections



A/Prof Brad Murphy
General Practitioner



Dr Loretta Poerio
Clinical Psychologist



Dr Duncan Wallace
Psychiatrist



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Local networking

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- 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 eleventh of fourteen webinars in the **Mental Health and the Military Experience** series, produced by MHPN and commissioned by the Department of Veterans' Affairs (DVA), and the first in the Working Better Together Conference content stream Mental Health and the Military Experience.

Further conference activities

- You are encouraged to continue the discussion with your peers and share links to relevant resources via the [conference forum](#).
- View the other activities in the Mental Health and the Military Experience stream on the [conference website](#):
<https://www.mhpnconference.org.au/conference-program>
- Don't miss **Comorbid Mental Health Conditions in Veterans: Strategies for assessment, case formulation and treatment on Tues 4 June at 7.15 pm** where we pick up Tom's story two years later.

