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

Join a local Veteran-focused 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

mhpn
Mental Health Professionals' Network

Australian Government
Department of Veterans' Affairs

Mental Health and the Military Experience

Treating PTSD in Veterans: When and why things go wrong and what we can do about it

mhpn
Mental Health Professionals' Network

Australian Government
Department of Veterans' Affairs

Tonight's panel

Ms Lauren Eastaughffe
Peer Worker

Dr Phil Parker
General Practitioner

Prof Richard Bryant
Psychologist

Dr Andrew Khoo
Psychiatrist

Prof Mark Creamer
Clinical Psychologist
(Facilitator)

This webinar series

This is the thirteenth of fifteen 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

You may have noticed the webinar room looks a little different: we've had an upgrade.

To access all your usual interactivity and resources, hover over the colourful icons to the top right of your screen:

 open the chat box

 ask the panel a question

 access resources including the case study, panel biographies and supporting resources

 open the feedback survey

Learning Outcomes

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

- better recognise the clinical comorbidities and systemic issues (therapist, client, modality, service, compensation, psychosocial) that can complicate successful treatment for veterans with PTSD
- be better equipped to know what to do when evidence-based PTSD treatments do not ameliorate mental health symptoms in veterans
- have increased confidence in identifying and supporting veterans who do not respond to evidence-based PTSD treatments.

Peer advisor perspective

How can Peer Support help veterans?

- **Engage** – promote a soft and relatable introduction and entry point to mental health services
- **Connect** – build trust and relationships to break down barriers to help seeking
- **Listen** – provide lived experience understanding and empathy without judgement.
- **Relate** – develop affinity and mutual exchange based on sharing lived experience of ADF service and mental illness and recovery
- **De-stigmatise** – reduce shame
- **Normalise** – deconstruct the stereotypes of mental illness and demonstrate that it is normal to have mental health struggles

Lauren Eastaughffe

Peer advisor perspective

How can Peer Support help veterans? (cont.)

- **Model** – discuss and role model recovery mindset, practices and outcomes; including holistic health and wellness activities (exercise, healthy eating, good sleep hygiene, positive relationships)
- **Equip** – share tools for managing recovery and dealing with the non-linear nature of recovery
- **Discover** – identify personal strengths and develop a new sense of purpose
- **Empower** – inspire self advocacy and self directed change and recovery
- **Link** – facilitate referral to internal and external clinical, social and wellbeing services
- **Support** – provide an ongoing safe space and connection as required

Lauren Eastaughffe

Peer advisor perspective

How can Peer Support help Brad specifically?

1. Build trust. Utilise common lived experience as a starting point to establish rapport.

Areas in which commonality might be applicable – medical discharge, injury and chronic pain, medication use, PTSD/Depression/panic attacks/hypervigilance, sleep disturbance, loss of identity and "inner peace", changed relationship dynamics and stress, employment turbulence, parenting challenges, anger management, financial stress, childhood issues, strained family relationships, AOD use, stigma and shame.

2. Provide a safe space for Brad to talk openly and honestly with someone who "gets it". Allow him to express anger safely and download about his stressors and circumstances without fear of judgment or shame. Person focused approach, rather than problem focused.

Lauren Eastaughffe

Peer advisor perspective

How can Peer Support help Brad specifically? (cont.)

3. Share relevant aspects of lived experience in an empathetic manner, and with a focus on **de-stigmatisation, normalisation and self compassion.** Allow Brad to determine which areas he feels most comfortable talking about.

4. Discuss the **practicalities of living with mental illness and achieving meaningful recovery;** with a focus on **role modelling and finding hope, peace, purpose and pride** in a new and different life.

5. Assist Brad to **identify his strengths and find new ways to capture the "inner peace"** he says he felt whilst serving. Focus on the areas he has identified – adrenalin rush, team spirit, sense of purpose, containment. Discuss alternative ways to achieve these things as a civilian and within current limitations. **Recommend resources and services** and provide ongoing connection and support as required.

Lauren Eastaughffe

General Practitioner perspective

Initial responsibilities of the GP

- Develop and build a strong supportive clinical relationship with Brad built on trust and clear expectations
- Assess all conditions
  - Physical
  - Mental
  - Substance misuse
- Assess functioning
  - Social
  - Family relationships
  - Vocational
- Assess past/current treatments
- Review current treatment team arrangements
- Determine Brad's own motivations

Phil Parker

General Practitioner perspective

Ongoing GP Management

- Regular reviews with adequate time to discuss management issues
- Ensure that Brad's DVA entitlements are maximised
- Encourage regular communication between all members of the treatment team
  - Consider case conferences to enable a collegial approach to treatment
- Brad needs to be central in the management decision-making
- Encourage social engagement

Phil Parker

General Practitioner perspective

Other considerations – spouses and carers

- Involve Donna in Brad's care
- Ensure that Donna has her own health concerns addressed
- Reassure Brad and Donna that progress will often take some time
  - patience, positivity, persistence

Phil Parker

Psychologist perspective

Keys points from clinical presentation

- Chronicity seems to be the key to Brad's presentation
- Common for depression/helplessness to become dominant
- Reflected in complaining he could not 'strike a blow'
- He may have poor optimism for ever getting better
- Characterised by lack of positive affect and positive events which can reinforce his sense of helplessness

Richard Bryant

Psychologist perspective

Treatment issues

- Important to maintain expectancy of recovery (avoid ‘sick role’)
- Address anhedonia and lack of positive experiences in his life
- Recent treatment innovations promote positive affect training
- Focus treatment on improving what Brad can do (family, friends, hobbies) rather than simply reducing symptoms
- Addressing identity is central to this

Richard Bryant

Psychologist perspective

Primary presenting problem

- Is PTSD or depression the primary presenting problem?
- Often other issues need to be addressed before trauma-focused therapy indicated
- Brad's depression and/or anger may impede success of TF-CBT
- Automatically providing PTSD treatment when it may not be the right treatment can leave veteran feeling like failure

Richard Bryant

Psychologist perspective

Treatment Options

- Needs treatment with clear & short-term goals
- Needs to discourage sick role
- Prioritize outpatient stay (unless urgent risk)
- Important to ensure evidence-based strategies but focused on presenting problems rather than simple diagnosis

Richard Bryant

Psychiatrist Perspective

Typically chronic and complex presentation

Brad's problem List

- PTSD
- Comorbid psychopathology – MDD, Alcohol & Iatrogenic Use Disorder
- Comorbid Physical problems – chronic pain/disability, visual, +/- OSA
- Childhood abuse/neglect
- Loss of role/purpose/meaning
- Financial difficulties
- Relationship strain
- Social Isolation
- Parenting problems

Andrew Khoo

Psychiatrist Perspective

Treatment considerations

Consider Inpatient management for Brad

- Close monitoring, rationalisation of medication
- Multidisciplinary input
- Detoxification
- Mitigation of risks to self and possibly to children
- Outpatient
- Second opinion
- Open Arms, ESO's, Exercise, nutrition, socialisation, voc rehab

Andrew Khoo

Psychiatrist Perspective

Medication issues

Review Brad's current and previous psychotropic use

- Agents
- Dosing, duration and adherence
- Measure against Evidence Base
- Develop next steps focusing on symptom sets (i.e. mood, sleep, etc.) and tailoring to his individual hierarchy of needs

Andrew Khoo

Psychiatrist Perspective

Trauma recovery programs

- Accessible around the country and covered by DVA
- Running for up to 25 years, validated and annually accredited against developed standards
- Closed groups with inbuilt individual sessions
- Multidisciplinary input by staff trained in specific evidence based therapies
- Comprehensive involving regular exercise, meditation/yoga/relaxation
- Well developed assessment and discharge processes

Andrew Khoo

Questions and answers

Ms Lauren Eastaughffe
Peer Worker

Dr Phil Parker
General Practitioner

Prof Richard Bryant
Psychologist

Dr Andrew Khoo
Psychiatrist

Prof Mark Creamer
Clinical Psychologist
(Facilitator)

Help guide tonight's discussion

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

1) Option one

2) Option two

3) Option three

4) Option four

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

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

Next webinar:

Suicide Prevention and Safety Planning for the Veteran Community

Thursday, 14th November 2019 at 7.15pm (AEDT)

A live studio-based interactive conversation featuring Dr Glenn Melvin, visiting American researcher Dr Barbara Stanley and a health and mental health expert from the Department of Veterans' Affairs.

Hear the panel of experts discuss and compare current American and Australian research and perspectives on suicide prevention and safety planning.