

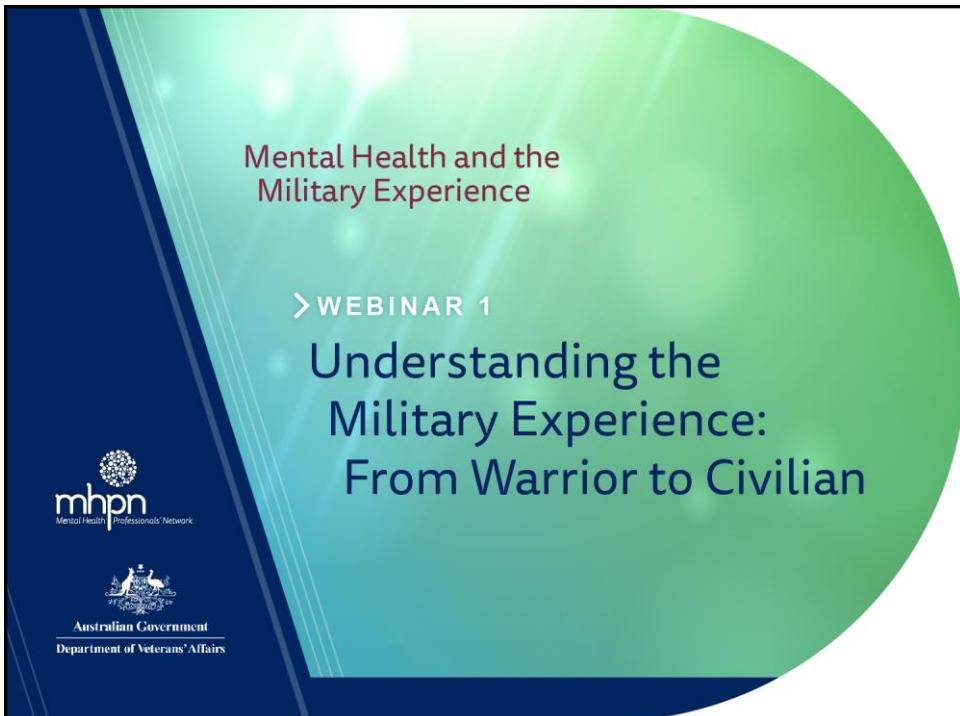


Mental Health  
and the Military  
Experience

> WEBINAR SERIES

  
Mental Health Professionals' Network

  
Australian Government  
Department of Veterans' Affairs



Mental Health and the  
Military Experience

> WEBINAR 1

Understanding the  
Military Experience:  
From Warrior to Civilian

  
Mental Health Professionals' Network

  
Australian Government  
Department of Veterans' Affairs

## Tonight's panel



Dr Duncan Wallace  
Psychiatrist



Dr Stephanie Hodson  
Psychologist



Colonel Isaac Seidl  
General Practitioner



Prof Mark Creamer  
Clinical Psychologist  
(Facilitator)

## This webinar series

This webinar is the first in a series of six and 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](http://www.dva.gov.au)

## Ground rules

To help ensure everyone has the opportunity to gain the most from the webinar, we ask all participants to consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box.
- Be mindful that comments posted in the chat boxes can be seen by **all** participants and panellists. Please keep comments on topic.
- If you find the chat distracting, hide it by clicking the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short feedback survey which will appear as a pop up when the webinar finishes.



## Learning Outcomes

Through a facilitated panel discussion about Tom, participants will:

- better understand the meaning of military culture; in particular mental health at home, on deployment and/or leaving ('transitioning') the Australian Defence Force
- be more confident to respond to veterans' mental health needs
- have increased knowledge about evidence based treatments and practices in treating veterans' mental health conditions.



## Psychiatrist perspective

### Injury sustained on deployment

- Initially seen by a medic for his injury, then a medical officer
- Referrals:
  - for imaging and physio.
  - to an orthopaedic surgeon (possible travel to a major hospital e.g. in Kandahar)
- Downgraded to light office duties if deemed unfit for infantry duties
- Impact of being sent home early from a deployment for a medical condition
  - Not returning with his mates
  - Lose the additional allowances received while away



Dr Duncan Wallace

## Psychiatrist perspective

### Completing an operational deployment

- All ADF members undergo a medical screen with physical examination and a Return to Australia Psychology Screen
  - mental health screening tests
  - one-to-one interview/assessment with a psychologist or psychology examiner
  - possible referral to mental health services on their arrival in Australia
- Routine mental health follow up assessment three to six months post return home (Post-Operational Psychology Screen)



Dr Duncan Wallace

## Psychiatrist perspective

### Barriers to disclosing mental health issues and associated risks

- Barriers to disclosure of mental state
  - keen to spend time with their family
  - concerns about being seen as weak
  - worry about adverse impact on career and promotion prospects
- Risks
  - significant trauma, especially resulting in physical impairment, can be associated with a range of mental disorders e.g. depression, PTSD and anxiety disorders



Dr Duncan Wallace

## Psychiatrist perspective

### Returning home with a physical injury

- Tom's ankle injury would be re-assessed by a medical officer in Australia, and then referred for imaging, physio and specialist care as required
- Assigned a personal rehabilitation consultant (coordinating their care and return to work, including liaising with chain of command)



Dr Duncan Wallace

## Psychiatrist perspective

### Medical Employment Classification

- A serious injury will result in downgrading of his Medical Employment Classification (MEC)
- An administrative process that ensures members have access to care and supervisors know what duties service personnel are fit to perform
- will prevent him from being sent away on deployment or to remote locations so he can access his treating team
- If a member is so unwell they cannot perform any meaningful duties, they will be referred to their local Soldier Recovery Centre. Benefits:

- They remain connected to the Army
- They perform physical training consistent with their injuries
- They have ready access to health care services



Dr Duncan Wallace

## Psychiatrist perspective

### Veteran and Veterans Family Counselling Service

- As a veteran, Tom & his family can access a full range of mental health services from the Veterans and Veterans Family Counselling Service free of charge
- These services can be obtained completely independently of ADF health services



Dr Duncan Wallace

## Psychiatrist perspective

### Identity and Meaning

- His last 12 months in the Army doing an admin job due to injury. This would be a significant challenge to his established identity as an infantry soldier
- He may be concerned that his peers thought he was weak or soft. He would be frustrated at his reduced abilities



Dr Duncan Wallace

## Psychiatrist perspective

### Central MEC Review Board

- If a member has a serious disorder, preventing deployment for 18 months plus, referral to a Central MEC Review Board and their fitness for retention in the ADF will be considered
- If recovery is likely within a reasonable time, they will be retained. If it is unlikely, a timetable for a medical discharge will be determined



Dr Duncan Wallace

## Psychiatrist perspective

### Medical Discharge

- As Tom's medical discharge approaches, he would make claims to DVA to have his injuries accepted as being service related to enable ongoing health care, and if appropriate, to receive disability payments
- He would be encouraged to find a civilian GP and provided with referrals for ongoing care and a copy of his entire medical record



Dr Duncan Wallace

## Psychiatrist perspective

### Tom's clinical issues

- Tom's distress when daughter Stacey cries - an external cue reminding him of traumatic event/s in Afghanistan
- Sonia's report of 'walking on egg shells' & spending time with her parents – explore possible problem with anger
- Tom's insomnia, restlessness & abuse of his wife's sedatives points to significant sleep disturbance - detailed history of his sleep patterns & use of sedatives, other drugs & alcohol
- The *Medicare GP Health Assessment for Former Australian Defence Force (ADF) Personnel* is a great place to start for this patient. It comes with a PDF tool that prompts you to take a good, baseline history for a veteran with specific questions on sleep & screens for distress, PTSD, alcohol abuse & anger. This assessment is available to anyone who has left the ADF, and a Medicare rebate is available (701, 703, 705 and 707)



Dr Duncan Wallace

## Psychologist perspective

### What does effective transition look like?

- Can live a contributing and meaningful life - one potential pathway employment
- Tom and his family has social connections and activities - beyond the military
- Re-established a sense of self beyond the military
- Aware of and connected to support services



Dr Stephanie  
Hodson

## Psychologist perspective

### Awareness of support services

- As Tom medically discharged he is already in touch with DVA
- Tom would have received support through the on base advisory service
- Tom will need to engage with rehabilitation to maintain incapacity payments
- Tom would have shown resilience in his military career allowing him to complete military training and perform on deployment. In programs like the stepping out program he would be reminded to utilise the skills and strategies he has used previously in a non-military environment



Dr Stephanie  
Hodson

## Psychologist perspective

### Access to support services

- Tom can seek information to assist with anger through the At Ease website.
- Tom will have access to treatment for depression, anxiety, PTSD, alcohol and substance use disorder no matter what the cause through non-liability health care. This means Tom gets a white card for the health care treatment of his mental health condition. These arrangements are now available to anyone who has or had permanent ADF service.
- Tom and his family can access free support through the Veteran and Veteran's Families Counselling Service.
- Important that Tom engages with a GP to facilitate care when needed for all his health needs.
- Training exists to assist clinicians under military life and culture and can be found on the At Ease Professional website.



Dr Stephanie  
Hodson

## General Practitioner perspective

### The ex-serving member

- Young or old
- Any gender
- Very healthy or with complex health needs
- Any degree of fitness
- May not identify with the term, 'veteran'
- In sum, they could be like any other patient in the practice...



Col Isaac Seidl

## General Practitioner perspective

### The ex-serving member

- They may have deployed on operational service, or not, and that service could have been:
  - Warlike (eg Afghanistan, East Timor 99-03)
  - Non-warlike (Solomon Is)
  - Humanitarian (Tsunami, Earthquake relief)
  - In Australia (Vic Fires, Cyclones, Events)
  - <http://www.defence.gov.au/Operations/>
- Health literacy
  - Need for informed financial consent, more detailed explanations of 'how things work' – do not judge
- General demeanour – conduct towards the health professional; language



Col Isaac Seidl

## General Practitioner perspective

### The ex-serving member

- Has had comprehensive health care including regular preventive health exams
- Has a NeHTA compliant health record (back to 2014 only), but will likely have a CD-ROM
- Has a documented, comprehensive vaccination history
- Is entitled to a one-off, Medicare funded post-discharge health assessment (items 701, 703, 705, 707)
  - Protocols in Medical Director and Best Practice
  - Ex-serving members are familiar with this kind of assessment (see above)



Col Isaac Seidl

Mental Health and the  
Military Experience

## General Practitioner perspective

**Ask everyone: 'Have you ever served in the military?'**




Col Isaac Seidl

Mental Health and the  
Military Experience

## General Practitioner perspective

**Tom**

- Needs to develop a trust relationship
- May need some direction in relation to his health
- Expects to be told the 'why?' of any intervention
- Is likely to be informed by reliable and sometimes very unreliable sources
- Continues to have access to services and supports that general patients do not, e.g. VVCS, ex-Service organisations, Army Associations
- Needs to be 'called' for bad behaviour if/when it occurs




Col Isaac Seidl

## General Practitioner perspective

### Tom

- Is used to, and continues to require a team based approach
- Consider the competing interest if you are also the family's GP, how will you manage this if issues come to a head?
- Is likely on a reasonably generous 'pension' through his military super, but see comments in the case



Col Isaac Seidl

## Questions and answers



Dr Duncan Wallace  
Psychiatrist



Dr Stephanie Hodson  
Psychologist



Colonel Isaac Seidl  
General Practitioner



Prof Mark Creamer  
Clinical psychologist  
(Facilitator)



## Local networking

- **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.
- Provide your details in the relevant section of the feedback survey. MHPN will follow up with you directly.
- For more information about MHPN networks and online activities, visit [www.mhpn.org.au](http://www.mhpn.org.au)

## Thank you for your participation

- Please complete the feedback survey before you log out (it will appear on your screen after the session closes).
- Attendance Certificates will be emailed within two weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.

### **Next webinar end October: Responding to and Treating Post Traumatic Stress Disorder: what works?**

- Future topics in the series include: insomnia and sleep disorders; addiction and avoidance; anger; families and partners.