

Mental Health and the  
Military Experience

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

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

Networks are currently located in the following areas:

- Brisbane
- Perth
- Newcastle, Sydney
- Darwin
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- Tasmania

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



Australian Government  
Department of Veterans' Affairs

# Mental Health and the Military Experience

> WEBINAR 6

## Impact of Veterans' Mental Health on their Families




Mental Health Professionals' Network




Australian Government  
Department of Veterans' Affairs

### Mental Health and the Military Experience


## Tonight's panel




**Dr Cate Howell OAM, CSM**  
General Practitioner  
and therapist




**Ms Glenys Smith**  
Social worker




**Dr Johnathon Cooper**  
Psychiatrist




**Mrs Joy Jenkins**  
Lived experience  
panellist



**Prof Mark Creamer**  
Clinical Psychologist  
(Facilitator)



Mental Health Professionals' Network



Australian Government  
Department of Veterans' Affairs

## This webinar series

This webinar is the final 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)

## Learning Outcomes

Through a facilitated panel discussion about Joy's story, at the completion of the webinar participants will be able to:

- better recognise how families, partners and children of veterans struggling with mental health issues may be impacted and the associated risks
- describe the supports and resources which are most effective in supporting families, partners and children impacted by veterans' mental health
- have increased confidence in supporting the families, partners and/or children of veterans challenged by mental health issues.

## GP Perspective

### It is important to be aware that ...

- Serving military personnel are cared for within the military health system (which is separate to Medicare).
- Families are covered by Medicare (& potentially private health), & eligible for certain support services e.g. VVCS.



Dr Cate Howell

## GP Perspective

### GP role with families

- As a GP, I may see Joy & possibly her children from time to time, or they may seek out help for specific issues.
- Teenagers may not go to the GP that often, military families move around regularly potentially disrupting relationships with health professionals.
- Military life involves challenges for families e.g. postings, partner's being away regularly on exercises or training, multiple deployments (it is probable that Joy's husband had a number of deployments prior to Afghanistan).



Dr Cate Howell

## GP Perspective

### Military life

- When a member is away, the partner holds the fort at home and gets used to doing what needs to be done, to being 'both parents' for the time, and having to deal with whatever presents itself.
- When a member comes home, all members of the family have significant readjustments to make.



Dr Cate Howell

## GP Perspective

### Mental health and military culture

- Members may work very hard at keeping symptoms to themselves for e.g. staying away from medical help (stoicism, gender or military identity related, fear of being medically downgraded ...), so when they present they may have become very unwell.
- Partners and families may experience extreme challenge and distress in the interim (feeling the member is disengaged, not available, depressed, withdrawn, irritable, angry etc.)
- Military members / families share a strong bond, and often support each other.



Dr Cate Howell

## GP Perspective

### Role of GP

GPs may be the first point of contact for Joy & the children if they are experiencing distress. GP roles may include:

- Support, listening and empathy.
- Assessing the family members with respect to their physical and mental wellbeing.
- Having a high index of suspicion of potential mental health issues in members if family members are reporting distress.
- In turn being mindful of potential mental health issues in family members, or potential domestic violence.



Dr Cate Howell

## GP Perspective

### Role of GP continued ...

- Providing information and resources.
- Providing appropriate treatment if indicated.
- Advocating as needed.
- Providing referrals as appropriate.
- Maintaining contact/follow-up.

In summary, sensitivity and knowledge are vital.

Take time, ask plenty of questions, stay in touch, and be supportive.



Dr Cate Howell

## Social Worker Perspective

### Social workers have a dual focus of:

1. Responding to the expressed needs of their client - whether this be individual (couple or family); and secondly
2. Seeing these needs in the context of the individual's (couple or family's) external social or structural system/s.  
<https://www.aasw.asn.au/information-for-the-community/what-is-social-work>



Ms Glenys Smith

## Social Worker Perspective

### ARMY as 'family'

#### The macro system includes factors such as:

- Unique military culture, language, conformity to strict behaviour code
- Privileges 'strength, competence; ability to adapt and overcome difficulties.'
- Authoritarian chain of command; training that promotes aggression to perceived threat
- 'Work' that is associated with regular separation - via relocation and deployment
- The Mission is sometimes valued above other considerations (including self and family).



Ms Glenys Smith

## Social Worker Perspective

### ARMY as 'family'

#### The micro system includes:

- Inconsistent affiliation with non-military; friends, school, other support networks
- Geographical separation from primary and extended family
- Periods of active deployment, reunion and reintegration
- Parental, caregiver responsibilities, strain/distress and impacts on children
- Prolonged or frequent exposure to harm, war stressors and death
- PTSD, anger (with potential for violence); substance use
- Disruption to children's education; reduced ability for spouse to maintain external employment or pursue personal career ambitions.



Ms Glenys Smith

## Social Worker Perspective

#### Four ways in which a family system can be traumatised:

1. **Simultaneous effect** – all members directly affected by the traumatic event
2. **Vicarious effect** – Other family members are traumatised vicariously when they learn that another member has experienced a traumatic event
3. **Secondary traumatic stress** – Other family members are traumatised by being exposed to the experience of the traumatised member
4. **Intrafamily Trauma** – Family members are traumatised by other family members – eg., abuse.  
(Figley 1989)

#### But, there is hope:

In the civilian context the statistics based on prevalence factors suggest that 88-91% of women and 94% of men who have experienced trauma, will recover..... (Harms.2015:8)

Prevalence of PTSD figures (US military) is higher than the civilian population at 10-25% v's 3 -12%.



Ms Glenys Smith



## Social Worker Perspective

### Recovery has been variously defined as:

- The absence of PTSD and related symptoms i.e. no psychopathology
- Ability to resume 'normal functioning' being able to engage in activities of everyday living
- Staged recovery Hermann (1992: 212) i.e.
  - Stage 1: Establishment of safety
  - Stage 2: Remembrance and mourning
  - Stage 3: Relational, social and cultural reconnection with 'ordinary' life
- Resilience or ability to make positive adaptations to adversity [Boannon and Mancini 2012:77]



Ms Glenys Smith

## Social Worker Perspective

### So what helps?

- Early intervention, diagnosis and required clinical support, post deployment for the veteran.
- Engagement of the veteran in an evidence-based intervention for the treatment of PTSD.
- Reliable information for the veteran, the veteran's spouse and family (psycho-education) e.g.
  - What is happening!
  - Discussion of options and supported referral
  - Intervention for the veteran (partner and family)
- Assessment of risk factors and planning for 'safe haven' – veteran, partner and family.



Ms Glenys Smith

## Social Worker Perspective

### So what helps? Continued ...

- Establishing family sensitive supports for partner and children.
- Ready access to veteran specific, individual, couple and family based services. Via e.g.
  - Veteran mentoring,
  - Referral to relevant ESO services and/or
  - Veteran specific services, agencies such as Padres, DCO or VVCS.
- Considered inclusion of the spouse/carer in discussion of the veteran's recovery.
- Relationship and/or family counselling as an adjunct to individual intervention
- Opportunities for positive social support connections e.g. Veteran mentoring, PVA. Legacy



Ms Glensy Smith

## Psychiatrist Perspective

Joy was aware of problems well before her husband is aware or has accessed help – this is common.

Multiple sources of stress adversely impacted this family - not just her husband's mental health issues

- Separations/deployments
- Re-entry adjustments
- Relocations
- Disrupted education
- Etc.



Dr John Cooper

## Psychiatrist Perspective

Partners/family involvement can lead to earlier presentation, assessment, diagnosis and treatment

- Earlier awareness of problems
- Can cut through:
  - the stoic
  - symptom minimiser or denier
  - avoidance
  - emotionally inarticulate males
- Additional reasons to seek help



Dr John Cooper

## Psychiatrist Perspective

Treatment is more likely to be effective with the support, agreement and understanding of family

- Support therapies with homework
- Monitor signs of improvement
- Awareness of side-effects



Dr John Cooper

## Psychiatrist Perspective

Help for family members with their health, social and mental health problems also helps the veteran in their recovery

- DVA accredited Trauma Recovery Programs have always mandated that part of the program cater for partners and families
- VVCS is the obvious provider for psycho-social assistance for veterans' families



Dr John Cooper

## Joy's Perspective

### **What's happening now: one day at a time**

- Sick leave
- Medical discharge?
- Medication review



Mrs Joy Jenkins

## Joy's Perspective

### Looking back with hindsight

- Warning signs / early intervention
- Hospitalisation versus home care
- Correct medication



Mrs Joy Jenkins

## Questions and answers



## Help guide tonight's discussion

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

1. Self care & management strategies for partners & families to cope with a family member's (veteran) mental health issues
2. Tools, resources & services available to partners & families of veterans with mental health issues
3. Supporting families, partner &/or veterans deal with transition issues
4. Risks for families where a family member (veteran) is experiencing mental health issues
5. Veteran specific mental health tools & resources

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

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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 [a.zivcic@mhpn.org.au](mailto: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 bottom 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

## Mental Health and the Military Experience

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

MHPN would like to thank the DVA for the opportunity to raise awareness of veterans' mental health issues.

