

Mental Health and the Military Experience

Welcome to tonight's webinar. It will start at 7:30 pm AEST.

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

Networks are currently located in the following areas:

- Brisbane
- Perth
- Newcastle
- Liverpool (NSW)
- Townsville
- Canberra
- Melbourne
- 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



Mental Health and the Military Experience

> WEBINAR 7

Suicide Prevention and the Veteran Community



Mental Health Professionals' Network



Australian Government
Department of Veterans' Affairs

Mental Health and the Military Experience

Tonight's panel



A/Prof Grant Blashki
General Practitioner



Ms Carmen Betteridge
Psychologist



Dr Richard Magtengaard
Psychiatrist



Prof Mark Creamer
Clinical Psychologist
(Facilitator)



Mental Health Professionals' Network



Australian Government
Department of Veterans' Affairs

This webinar series

This is the seventh of fourteen webinars in the extended 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

Learning Outcomes

At the completion of the webinar, participants will be able to:

- better recognise the risk indicators, warning signs and protective factors for suicide in the veteran community
- describe the supports and resources which are most effective in supporting veterans and their families, partners and children impacted by suicide and/or attempted suicide
- have increased confidence in supporting the families, partners and/or children of veterans who have experienced suicide and/or attempted suicide.

GP Perspective

GPs are highly trusted

- GPs are an excellent low stigma, highly accessible option for people experiencing mental health issues.
- GPs have intimate knowledge about the local culture, local families and availability of local services.
- Most often DVA patients will be seeing a GP with no military background.



A/Prof Grant Blashki

GP Perspective

GPs straddle physical, mental and social realms of clinical presentations

- Mental health problems in General Practice often present as a constellation of mental, physical and social presentations, and the GP is very well placed to tease out and prioritise the various symptoms.
- Some 50 percent of patients who attempt suicide will see a GP in the week before (not necessarily for a mental health issue).



A/Prof Grant Blashki

GP Perspective

Access to Mental Health Specialist Support for GPs and their patients varies widely across Australia

- When a patient presents with significant suicide risk, the GP's stress levels are determined by the level of specialist mental health support.
- Access to specialist mental health providers varies across Australia, and varies in capacity, cost, travel and waiting time.
- Easy access to urgent MH specialist backup when needed gives the GP more confidence to monitor and support patients at suicide risk.



A/Prof Grant Blashki

GP Perspective

GP's role in Recovery

- Schedule regular consultations as a default (i.e. don't have to have a reason to come in).
- Mobilise family and social supports.
- Activity Planning and Daily Routine are most helpful.
- Manage underlying mental illness - anxiety, depression, or other issues.
- Manage any physical conditions, for example chronic pain.
- Tackle any associated substance abuse problems.



A/Prof Grant Blashki

Mental Health and the Military Experience

GP Perspective

The Approach

Short Term

- Patient Safety First

Long term – the team of three

- GP
- Psychologist
- Psychiatrist





A/Prof Grant Blashki

Mental Health and the Military Experience

GP Perspective

Know what supports are out there!

Supporting Australia's new veterans

General F Gill, Rodrick Bain, Isaac Seid

Websites

- DVA entitlement assessment tool, www.dva.gov.au/esa/wizard?execution=e1s1
- Military Rehabilitation and Compensation Act information, www.dva.gov.au/benefits-and-payments/compensation/military-rehabilitation-and-compensation-act-mrca
- Non-liability healthcare
 - Eligibility requirements, <http://factsheets.dva.gov.au/factsheets/documents/HSV109%20Non-Liability%20Health%20Care.pdf>
 - Claim forms, www.dva.gov.au/sites/default/files/dvaforms/D9213.pdf and www.dva.gov.au/sites/default/files/dvaforms/D9215.pdf
- Health assessment of veterans information and forms, <http://at-ease.dva.gov.au/professionals/clinical-resources/general-resources/#sthash.p2C7zgvH.dpuf>
- At Ease resources for veterans, including apps, <http://at-ease.dva.gov.au/professionals/clinical-resources/general-resources/#sthash.p2C7zgvH.dpuf> and <https://at-ease.dva.gov.au/highres/#/home>
- Veterans and Veterans Families Counselling Service, www.vvcs.gov.au/index.htm
- Veterans and Veterans Families Counselling Service (VVCS), Stepping Out program, www.vvcs.gov.au/Services/GroupPrograms/stepping-out.htm
- Veterans' MATES therapeutic brief on veteran mental health, www.veteransmates.net.au/topic-41-therapeutic-brief
- Summary of DVA mental health services for GPs, <http://at-ease.dva.gov.au/professionals/files/2015/12/DVA-Mental-Health-Services-and-Resources-Dec-2015.pdf>
- Phoenix Australia, <http://phoenixaustralia.org/for-practitioners/practitioner-resources>

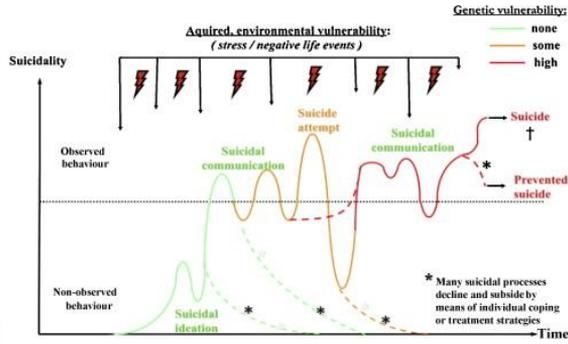




A/Prof Grant Blashki

Psychologist Perspective

Suicidality is not a fixed or permanent state



Wasserman, D., Sokolowski, M., Wasserman, J. & Rujescu, D. (2009). Neurobiology and the genetics of Suicide. In D. Wasserman & C. Wasserman (Eds), Oxford Textbook of Suicidology and Suicide Prevention, Oxford University Press, Oxford

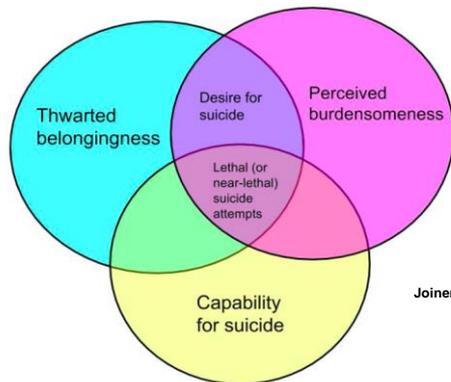


Ms Carmen Betteridge



Psychologist Perspective

Interpersonal Theory of Suicide



Joiner 2005



Ms Carmen Betteridge



Psychologist Perspective

Risk Factors

- Chronic & Acute
- Must be reviewed as unique to the individual



Ms Carmen Betteridge

Psychologist Perspective

Warning signs

While you can't draw assumptions from risk of suicide from the number of risk factors, increasing evidence of warning signs may signify accumulating risk.



Ms Carmen Betteridge

Psychologist Perspective

Intervention planning

- Means restriction
- Safety planning
- Treatment planning – specifically targeting suicidality
- Intervention planning for comorbid/psychosocial difficulties
- Resourcing and supporting network, hope building



Ms Carmen Betteridge

Self Care

Betteridge 2017



Ms Carmen Betteridge

Mental Health and the
Military Experience

Green Zone		Yellow Zone	Red Zone
Thriving	Normal Functioning	Common and reversible distress Changes in behaviour	Significant functional impairment
<ul style="list-style-type: none"> • Feels vital - has energy available. Feels progress and momentum in self-development. • Constantly learning - acquiring and applying knowledge and skills. • Embraces feedback. Can give and receive honest feedback. <p>Can claim:</p> <ul style="list-style-type: none"> • Professional thriving - I'm learning. I have the ability to be creative. I can expand my influence and abilities. • Significance thriving - I'm valued. Feels significant and knows their contribution matters. • Emotional thriving - feels emotionally safe and hopeful. • Relationship thriving - invests in relationships that energise. Has strong connections. • Encourages civility rather than gossip. Calls out uncivil behaviours. 	<ul style="list-style-type: none"> • Healthy mood fluctuation. Calm and takes things in stride. • Taking an interest in and enjoying activities. Normal sense of humour. • Consistent performance. • Healthy sleep patterns. Few sleep difficulties. • Physically and socially active. • Usual self confidence. • No or safe alcohol use. No or limited gambling. 	<ul style="list-style-type: none"> • Regular mood swings, irritable, impatient, nervous, restless, low mood. • Lowered interest in hobbies and work. Overly serious. Procrastination. • Absenteeism, avoiding jobs, poor concentration, inconsistent work quality. Missing deadlines. • Disturbed sleep not due to shift work. Trouble falling asleep. Nightmares. • Not as physically active as normal. Somewhat withdrawn, limited socialising. Muscle tension, headaches. Low energy. • Sarcasm, cynicism, pessimism creeping in. Hesitant to make decisions. Self doubt. • Harmful alcohol use. More than usual gambling. Becoming more difficult to control. 	<ul style="list-style-type: none"> • Angry and emotional outbursts. Intense anxiety, panic attacks, euphoria, persistent depressed mood. Suicidal thoughts. • No interest in or enjoyment of normal activities. Becoming more passive and idle. • Extended absences from work. Insubordination, increased errors, poor judgement, poor concentration. • Insomnia (can't fall asleep), sleeping too much or too little. Recurring nightmares. • Physically unwell, tired, fatigued. No interest in others. Withdrawn from family and friends. • Persistent negative self-talk. Morbid thoughts. Feeling hopeless. • Hazardous alcohol use. Out of control gambling. Hiding addictions.

Mental Health and the
Military Experience

Psychiatrist Perspective

New ideas, new thoughts – the chink in the tunnel

Break the dichotomy, enlarge the view, even by a tiny chink.

Reduce the pain, remove the blinders, lighten the pressure.

Certain questions we might pose to help;

- Where and how are you hurting?
- What are you feeling?
- What would help you right now?
- What is it you feel you must solve or get out of?
- What would it take to keep you alive?
- What is the least worst possibility that you can bear?
- Have you ever been in a situation in any way similar to this, what did you do, what happened to change it?



Dr Richard Magtengaard

Psychiatrist Perspective

Colin Murray-Parks: Our Assumptive World

- “My own naïve and self-aggrandising assumptions were now untenable...”
- “I had believed if I cared enough about my patients they would be safe, if I loved them enough, that everyone can be helped. I just need to be able to say the right things and I will keep my patient safe.”



Dr Richard Magtengaard

Psychiatrist Perspective

RCA - Identified issues to resolve:

- Build the way for best access to care for ADF
- Fast response times in higher risk clinical situations (DAN)
- Better communication between stakeholders (including VVCS, GP, AHP, ESO's – Overwatch, V360 etc)
- Integration across the sites of care (share the risk)
- Robust Discharge Planning & early follow up



Dr Richard Magtengaard

Psychiatrist Perspective

Mental health treatment

- Many suicidal people (although not all) have an underlying mental health condition.
- Effective treatment of these conditions is essential to reduce the chance of relapse and future suicidality.
- Need to assertively engage Craig in evidence based treatment:
 - For depression, PTSD, anxiety disorders, substance abuse, etc. if/as indicated
 - Pharmacological, psychological, social (usually a combination)
 - Group and/or individual
 - Inpatient and/or outpatient.
- Careful follow up and monitoring of outcomes/progress.



Dr Richard Magtengaard

Questions and answers

A/Prof Grant Blashki
General PractitionerMs Carmen Betteridge
PsychologistDr Richard Magtengaard
PsychiatristProf Mark Creamer
Clinical Psychologist
(Facilitator)

Help guide tonight's discussion

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

1. Risk and protective factors
2. Assessment issues
3. Management and treatment modalities
4. Implications, support and services for families
5. Comparisons between veteran and non-veteran experience

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 or email a.zivcic@mhp.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

This was the seventh of fourteen webinars in the extended **Mental Health and the Military Experience** 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.