

# 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



**Australian Government**  
Department of Veterans' Affairs

# Mental Health and the Military Experience

## Comorbid Mental Health Conditions in Veterans: Strategies for assessment, case formulation and treatment



**Australian Government**  
**Department of Veterans' Affairs**

# Tonight's panel



**Dr Cate Howell**  
General Practitioner



**Dr Jon Finch**  
Clinical Psychologist



**Dr Mary Frost**  
Psychiatrist



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

# This webinar series

This is the twelfth 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](http://www.dva.gov.au)

It is also the final 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 two, to be read in tandem with part one), at the completion of the webinar participants will:

- better recognise the risk indicators, warning signs and protective factors for psychiatric comorbidities in veterans
- be able to describe the evidence-based assessment, formulation and treatment approaches which are most effective in supporting veterans with psychiatric comorbidities
- have increased confidence in identifying and supporting veterans with psychiatric comorbidities.

# General Practitioner Perspective

- Tom may respond to Sonia's ultimatum by heading to a GP
- The GP will need to focus on building a relationship – potentially challenging given a male veteran who is dealing with range of issues including shame
- Understanding military/veteran health important, as well as listening and empathy
- Will take time and care
- There has been a lot going on for Tom over a number of years. The GP will need to start to unpack Tom's background and story, the symptoms & key issues ...



Dr Cate Howell

# General Practitioner Perspective

- Assessment includes:
  - Exploring mood, anxiety, trauma, drug and alcohol use, irritability/anger, pain, physical health and functioning
  - Social connections/supports, resources
  - MSE and suicidal/homicidal risk
  - Examination/investigations (with reference to physical illness, impact of alcohol)
- ADF post-discharge assessment/Mental Health Plan
- Provide information – to help make sense of what has been happening i.e. explanation in BPS terms, about specific issues, and about next steps
- Be aware of negative thinking ('of no use/value', 'loser'); foster hope



Dr Cate Howell



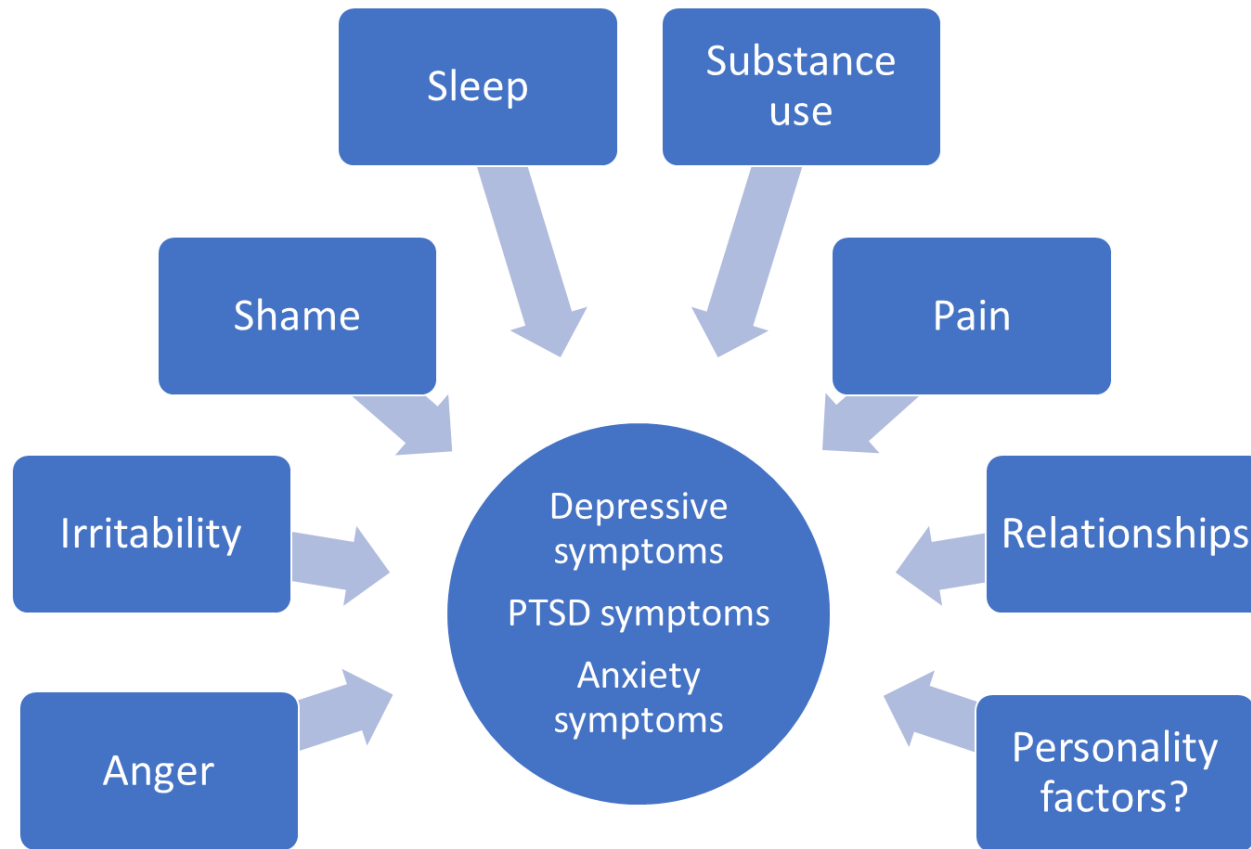
# General Practitioner Perspective

- Over time look at aspects of 'lifestyle' e.g. nutrition, exercise, sleep; encourage small steps with reference to social connection/meaningful activity
- Referral to mental health practitioners/psychiatrist (access)
- Place of medication given mood deteriorating, social withdrawal, nightmares & hyper-vigilance
- Collaboration with mental health practitioners & psychiatrist
- Support, follow-up and careful monitoring (progress, risk, need for inpatient treatment)
- Advocacy
- Resources (e.g. community/online)



Dr Cate Howell

# Clinical Psychologist Perspective



Dr Jon Finch

# Clinical Psychologist Perspective



Why evidence-based assessment?

It informs treatment



Screening measures form part of evidence-based assessment

LEC-5 / PCL-5 / PHQ-9 / GAD-7

Structured measures such as the CAPS 5



It includes life history and in the case of PTSD we always want to know about life history and the number of traumas.



Dr Jon Finch

# Clinical Psychologist Perspective



Evidence-based assessment informs evidence-based treatment.



What is important about evidence-based treatment?



Research means we know a lot about how a therapy or treatment works as well as if it works.



Dr Jon Finch

# Psychiatrist Perspective

## Diagnostic considerations

- Post-Traumatic Stress Disorder
- Major Depressive Disorder
- Alcohol Use Disorder
- Chronic Pain



Dr Mary Frost

# Psychiatrist Perspective

## Setting/systems issues

- Regional town near Townsville
- Scarcity of specialised resources
- Difficulty accessing psychiatric services
- Financial considerations for family with one income and travel



Dr Mary Frost

# Psychiatrist Perspective

## Formulation

- Biological
  - Genetic contribution - Father's alcohol
  - Tom's own alcohol use
  - Pain and physical disability (and possible role of analgesics)
- Psychological
  - Previous Trauma History in setting of family dysfunction?
  - Death of Father aged 15 years - loss of role model
  - Enlistment as a teenager - seeking "father figure", Army as family
  - Bruce as a role model - now failing him
  - From "Hero" to "Loser" - Loss of role/identity and grief
  - Reluctance to seek help or coming at wife's "Ultimatum"



Dr Mary Frost

# Psychiatrist Perspective

## Formulation (cont.)

- Social
  - Isolation from peers
  - Remote town
  - Sonia's mental health-was using her sleeping pills
  - Emotional detachment from family, in-laws



Dr Mary Frost



# Psychiatrist Perspective

## Further assessment

- Safety - self and family
- Alcohol consumption and possibly analgesics
- Physical Co-morbidities-blood screens inc liver function, thyroid etc



Dr Mary Frost

# Psychiatrist Perspective

## Management

- Establishment of therapeutic alliance - slow and cautious, possibly involving Sonia if he agrees
- Symptoms to be targeted
  - Depression
  - Increased arousal - anxiety/vigilance, sleep/nightmares, anger
  - Possibly alcohol
- Medication- Avoid Benzodiazepines, some evidence for SSRI antidepressants, less evidence for other agents but used e.g. Quetiapine, Topiramate, Prazosin, Propranolol, Clonidine
- Need for collaboration with colleagues - GP and Psychologist



Dr Mary Frost

# Questions and answers



**Dr Cate Howell**  
General Practitioner



**Dr Jon Finch**  
Clinical Psychologist



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Psychiatrist



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(Facilitator)

## 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](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 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 final activity in the Working Better Together Conference content stream, Mental Health and the Military Experience.

You are encouraged to continue the discussion about this activity with your peers and share links to relevant resources via the [conference forum](#).