



From primary care to open arms: How GPs can support the mental health of veterans and their families

This webinar will start shortly.



From primary care to open arms: How GPs can support the mental health of veterans and their families

Zoom webinar – Tuesday 13 August - 6:30pm to 8:00pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Learning outcomes

After this session, I will be able to:

- Identify the unique experiences and mental health needs of veterans and their families, including the impact of military culture and service.
- Recognise and assess mental health presentations and co-morbidities commonly experienced by veterans.
- Recognise the role GPs play in streamlining and enhancing access to health services for veterans and their families.
- Understand how to access pathways between primary care and Open Arms.
- Use a trauma-informed approach in the management of conditions related to military service.

Some housekeeping


- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme

- Please don't forget to register for your next webinar at:



<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

Presenter(s)

- **Dr Jonathon Lane** - Chief Psychiatrist - Department of Veterans Affairs
 - **Dr Dan Corkery** - Senior Medical Officer, Department of Veterans Affairs and a GP in regional NSW
 - **Elaine Devlin** – Director, Clinical Operations – Tasmania, Open Arms - Veterans & Families Counselling
 - **Dr Anna Seth** - GP Clinical Editor – Primary Health Tasmania
- 



Military & Veteran Culture for Clinicians

**Dr Jonathan (Jon) Lane, FRANZCP, PhD.
A/g Chief Psychiatrist, DVA**

The Structure of the ADF

There are 3 Services: Navy (RAN), Army, Air Force (RAAF)

These include Permanent Forces and Reserve Forces

Permanent (Full-time) members usually sign on for a minimum of 4 years

Reserve members commit to roughly 1 evening a week, 1 month a year, plus a 2-week exercise or training course commitment

Rank structures – what they mean

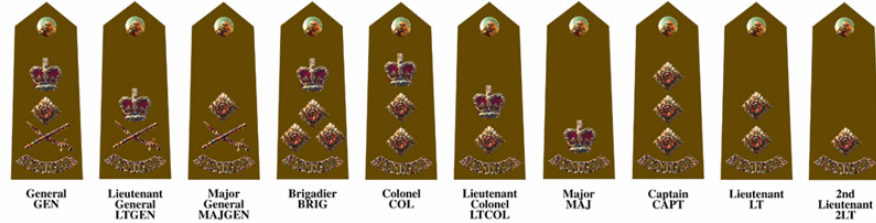
- Ranks can be divided into Officers & Enlisted
- Initial entry into either is based on education, due to scope of responsibility
- However, there is potential to transfer from Enlisted to Officer ranks
- The names and position of the ranks differ between Enlisted and Officer ranks by Service
- Rank provides an easily identifiable position within the overall structure

AUSTRALIAN DEFENCE FORCE BADGES OF RANK AND SPECIAL INSIGNIA

NAVY



ARMY



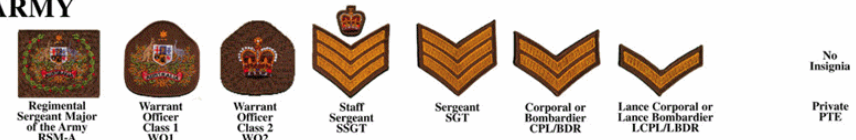
AIR FORCE



NAVY



ARMY



AIR FORCE



The Services & their differences

- All Services have Combat and Support divisions
- Navy (Senior Service): exists to fight a ship in either a Fleet or Task Group role
- Army: exists to fight and win the Land battle as small units to large Battle Groups
- Air Force: exists to operate strike and strategic support aircraft

Training

- All Services have similar training continuums of general (basic) training, followed by trade or role specific requirements
- Training initially emphasizes basic military skills, and inculcates both Service and Individual values
- Heavy investment in time and effort made in these areas, hence it is important
- Training reinforces *group* and *individual* identity

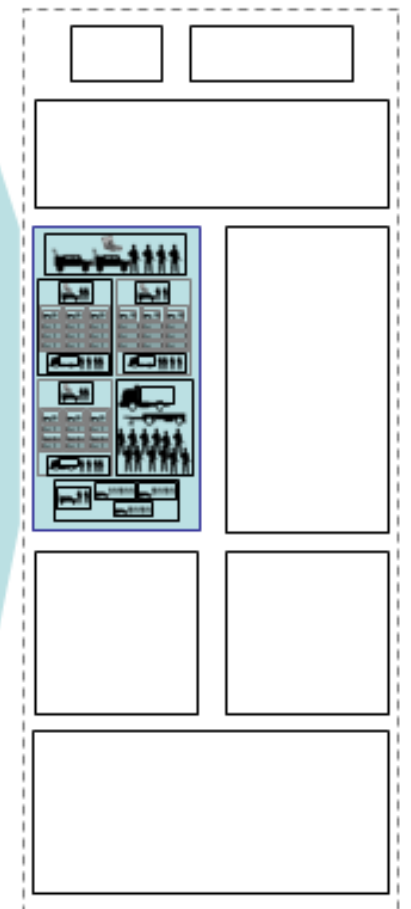
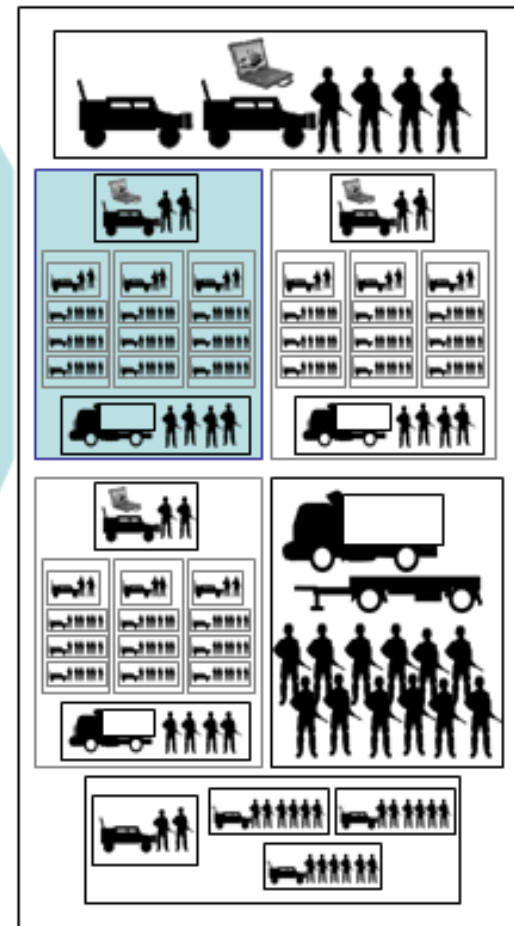
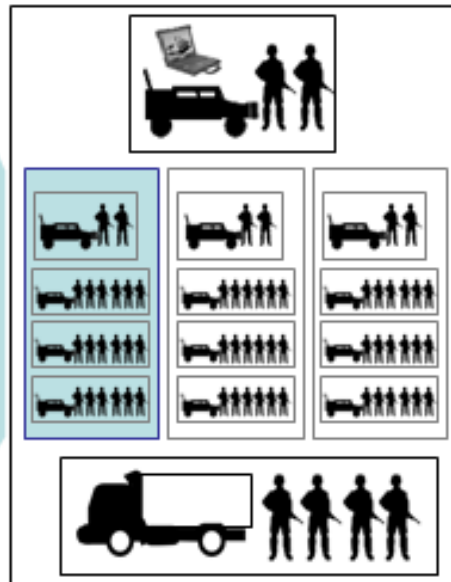
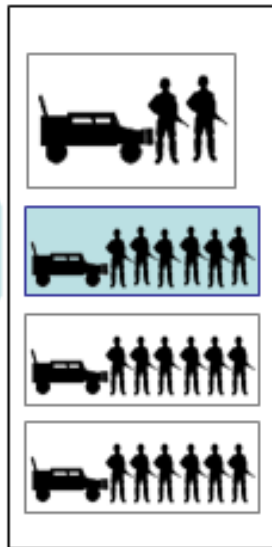
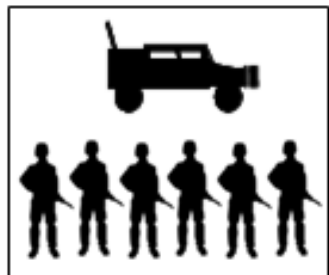
Section

Platoon

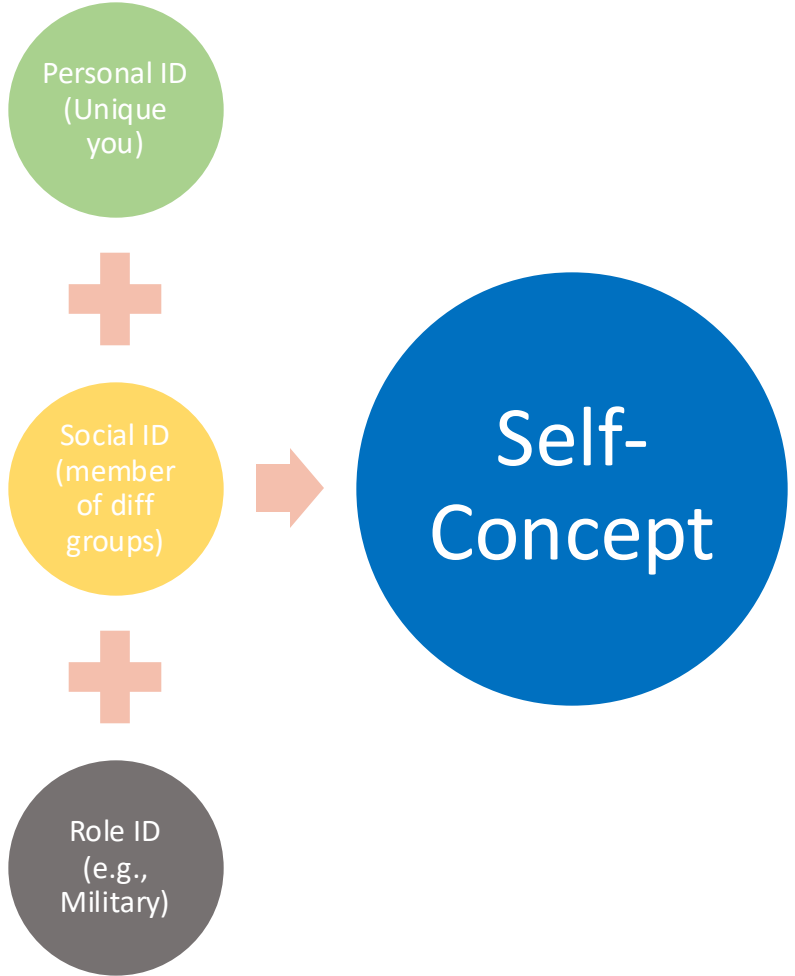
Company

Battalion

Brigade



Self-Concept (global) and Identity (specific)



Individual Roles & why they are important

- *A role serves as a marker of function*
- Roles require significant levels of individual training and expertise that often doesn't always equate to a civilian trade
- Roles serve to demarcate *identity* within a larger group
- For example: driver Vs mortarman Vs medic Vs scout in an Infantry Platoon
- Rank further differentiates roles, e.g Platoon Sergeant (PLSGT) Vs Company Sergeant Major (CSM) within that same Infantry Platoon
- For these reasons the social, occupational and individual identity can become combined in an unhealthy or maladaptive way

Routine and structure

- Routine is an essential background factor
- The concept of structure is essential – accommodation, food, occupational status, social position
- Regular postings, deployments, and other job-influenced disruptions to an individual reinforce the need for structure
- Routine and structure are wrapped around a *purpose* – a role, a function, a mission,
- All of these factors can contribute to institutionalization, external locus of control, and effectively a form of learned helplessness / dependent / avoidant traits, which gets magnified by losses of routine and structure

Task / mission / purpose = identity

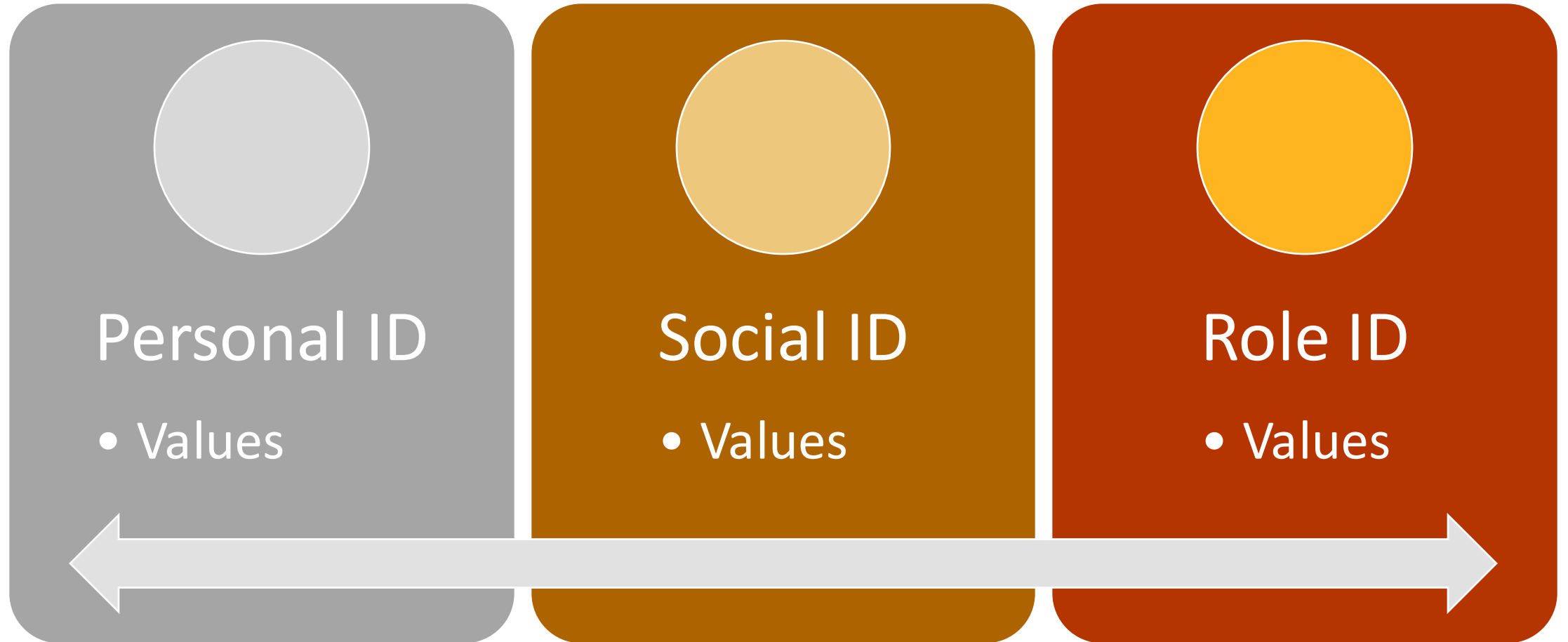
- Roles define function, therefore provide purpose
- Task-oriented mentality
- Individual is secondary to the task
- Emotions, physical injury, other issues come second as well
- Individuality is within bounds of role/function, task, and wider hierarchy
- Unfortunately, sacrifice (of personal life, relationships, external goals, etc) can be a feature of Service which undermines identity because who then 'pays' for these 'sacrifices'?
- How does / can moral injury undermine identity?

Values



- **Army's cultural and ethical foundation is its values and the bonds of trust and respect between each and every person who joins in service to our nation.**
- **These core values (in terms of attitudes, beliefs, behaviours) form the bedrock of everything we do:**
- **Courage** – I am resilient and always act with integrity, moral and physical courage and encourage others to do the same. I am courageous on the battlefield, in the barracks and in public.
- **Initiative** – I take action to continuously improve myself, my team and Army, not only on the battlefield but in all areas, all the time.
- **Respect** – I value differences. I always respect others through my actions and my words.
- **Teamwork** – We work together to achieve our tasks, objectives and mission.

Global Self-Concept



Cultural values quirks

- Time and timings: is being 5 mins early still being on time?
- Stoicism: minimising stress and distress – ‘push through it’
- Emotions and other things get in the way of the job – ‘HTFU’
- Make things work – first and foremost
- The individual isn’t as important as the task
- You cannot let the team down...
- External locus of control & entitlement
- What and who am I if I’m not in uniform anymore??
- How do these behavioural traits work out of a Service environment?
- What about potential moral injury components, and challenges to values from these experiences?

Emotion regulation Deficits

- Military Service entails a range of factors that cause emotional stress and distress – operations, training tempo, administrative issues, etc
- Training, employment and culture reinforce emotional suppression, avoidance or sublimation
- Culture requires internalisation of individual or personal distress or else it's seen as a personal failure
- But this results in a double bind of actually having experiences that cause distress, yet not being able to verbalise or normalise effective management of them
- Coping strategies (ETOH, avoidance, substance use, etc) may be culturally appropriate but reinforce problems and are maladaptive outside service, leading to separation, isolation, loss of personal / social / economic supports and therefore decline & suicide
- Distress needs a context for understanding, hence when and how are knowledge of, and effective strategies for ER normalised, let alone disseminated and promulgated after Disch?

Transition / discharge

- This is often a very difficult period – we spend years inculcating culture, values and identity through selection, training, employment, etc but how long on transition?
- See the Mental Health Prevalence and Pathways to Care Summary Report, *Mental Health and Wellbeing Transition Study* (2018) for specifics
- Generally worse outcomes for medical discharge, or unprepared discharge
- Significant burden of illnesses within the population which get aggravated by situational and functional deficits
- Transition involves a transition of ***Identity***, as well as role, hence global self-concept also has to change, but this is often a slow and disorganized process

Clinical pearls: clash of values and loss of identity

- Social withdrawal and isolation can come from clash of values and value systems, complicated by potentially confusing or complex bureaucratic structures and processes
- Loss of identity from loss of function
- Loss of effective roles and loss of purpose, therefore meaning in / of life for the individual
- Poor functional capacity from individual ER and MH problems compounds these transition and resettlement problems
- How can we leverage the individual's values, and their strengths, rather than focus on the losses?
- This is effectively a separation & individuation problem.

Clinical pearls: need some knowledge of...

- Service, and what were the dates of Service?
- What roles, units served with, and what they actually did (as in different roles within those units)?
- Deployments and other training experiences – operational and non-operational
- What were some of the more memorable events, and why?
- What were the chronic stressors Vs traumas?
- This is effectively another Developmental Hx in order to understand the person, not just an agenda (from both sides of the equation)

Clinical pearls: Trauma vs Losses

- Trauma is generally not recognised as trauma
- Undifferentiated Sx are very common – physical symptoms are common and socially acceptable, but emotional / MH things are NOT
- Training and culture normalise the abnormal very quickly
- Identify the losses – what cannot be done now?
- Identify routine, structure, social supports - and therefore the deficits in functional capacity
- What are their coping mechanisms, and avoidance strategies?
- Probe, don't just settle for "it's ok"

Management:

- Get to know the person to engender rapport, and a relationship that involves trust
- They know you generally won't know what they've experienced, but they want to know you care about it
- Identify specific agreed areas (functional outcomes) to focus on rather than individual symptoms or a diagnosis
- Discuss effects Vs side-effects vs individual functioning with medications openly as many suspicious / hesitant about Rx
- Reinforce self-efficacy and psychological tools for challenging self / situations as tasks to be mastered, not things to avoid
- Reinforce need for socialisation, and individual integration within their family / community
- Identify what gives them purpose, therefore meaning to their lives for effective 'living'

Summary & questions

- Culturally unique segment of the population
- Different language, experiences, value systems
- Reliance on routine & structure
- Discharge involves many losses
- Not all 'trauma' is trauma, but what are /were the chronic stressors?
- How can you help with the separation and individuation aspects?

Department of Veterans' Affairs (DVA)

Presenters:

- Dr Jon Lane- **CHIEF PSYCHIATRIST DVA**
- Dr Dan Corkery, BIT MBBS FRACGP – **SENIOR MEDICAL OFFICER - Health**

Who we are



The Department of Veterans' Affairs (DVA) provides support, funding and services for:

- Veterans including:
 - Serving and former serving Australian Defence Force (ADF) members
 - Commonwealth and Allied former serving Defence members
- Veterans' eligible dependents
- War widow/ers
- Australian British Nuclear Tests Participants

Who's a veteran?



Any person who has served more than one day or is serving in the defence forces.

The 2021 Census tells us – there are **twice** as many serving and former serving **ADF members** (581,000), than those who are **receiving DVA funded treatment** (269,376 in December 2021).

Some serving or former serving ADF members may not identify with the term 'veteran'.

So it's important to ask **your patient**....

Have you ever served in the defence forces?

If 'yes' ask...

Do you have a Veteran Card?

If your patient has served but doesn't have a card *ask them to...*

Log in to myGov and then MyService

Or Contact DVA on 1800VETERAN

to apply for a Veteran Card

Our purpose



Health care, wellbeing and rehabilitation **\$4.3 BILLION**



Compensation and income support **\$7.2 BILLION**



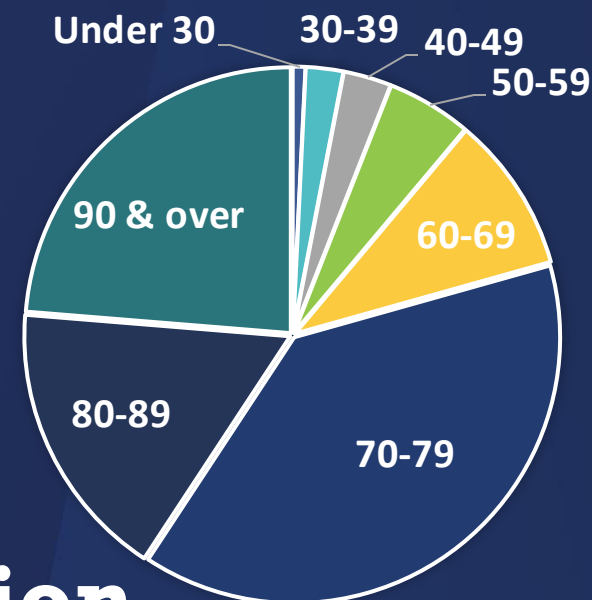
Commemorations **\$58.5 MILLION**



Enabling Services **\$429 MILLION**

Our Clients

Treatment population by age group as of October 2021



over
2million

Australians have served in our
Defence Force since Federation

337,476

total DVA clients

Treatment population:

240,231

veterans

97,245

dependents

What we do



DVA provides veterans and their families:

- Financial support & compensation for injury
- Health care funding
- Rehabilitation
- Mental health care funding
- Counselling
- Help transitioning to civilian life
- Commemoration and recognition
- Home care assistance
- Help with housing

DVA health cards

DVA has 3 types of cards that entitle the holder to different care services:

- Veteran Gold Card
- Veteran White Card
- Veteran Orange Card

The **White Card** is the most common **Veteran Card**. Your patient may hold this card if they:

- have served at least one day with the ADF, or
- are a reservist or a Commonwealth or allied veteran and meet DVA's specific criteria.



Veteran Gold Card

The Gold Card generally covers:

- All clinically necessary health care services listed on the Medicare Benefits Scheme (MBS) for ALL conditions ‘accepted’ or not;
- Items on the Pharmaceutical Benefits Schedule (PBS) or Repatriation PBS (RPBS);
- Some items that aren't on the MBS with **prior approval** from DVA (call 1800 550 457); and
- Some items that aren't on the PBS or RPBS with **prior approval** from DVA (call 1800 552 580).

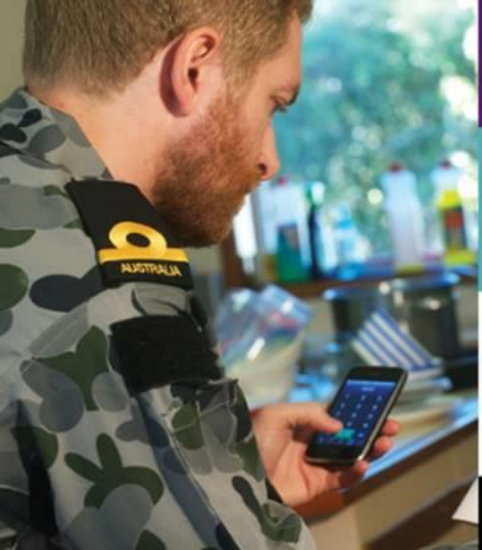


Veteran White Card

The White card covers:

- support and services for health conditions related to their service (known as ‘accepted conditions’)
 - Clinically necessary treatment
 - Pharmaceuticals
 - Cancer (malignant neoplasm) and pulmonary tuberculosis under NLHC – if they meet our specific eligibility criteria.
-
- **Mental health treatment under Non-Liability Health Care (NLHC)**





Served one day in the full-time ADF?

For FREE MENTAL HEALTH TREATMENT contact DVA.

For immediate help, call 1800 011 046 (24/7)

An Australian Government Initiative

Non-liability health care (NLHC)




<https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc>

DVA will pay for a veteran's treatment for some conditions without accepting these conditions are service-related. This is referred to as NLHC. DVA may cover:

- A clients treatment costs by a mental health provider for any mental health condition, such as PTSD – this is NLHC – MH and can be accessed after one day full time service.
- A clients treatment costs when diagnosed with cancer (malignant neoplasm) or pulmonary tuberculosis – there are service related eligibility criteria

DVA Transition Programs and Support



Case management support Entry through Triage & Connect	The Prime Minister's Veterans' Employment Program
Veteran Support Officers	Veteran Wellbeing Centres
Veteran White Card on Transition	Defence Priority Claims
Rehabilitation <ul style="list-style-type: none"> • <i>Warm handover to DVA for medically transitioning veterans</i> • <i>Non-liability access via a two-year pilot</i> 	Open Arms – Veterans and Families Counselling Service <ul style="list-style-type: none"> • <i>including the Stepping Out program</i> 
Veteran Payment	Non liability mental health care
Veterans' Annual Health Check	PAMT

What we cover under Non-Liability Health Care (NLHC) – Mental Health

Mental health treatment for a diagnosed mental health condition by a mental health practitioner

Conditions we cover:

- Posttraumatic stress disorder (PTSD)
- Depressive disorder
- Anxiety disorder
- Alcohol use disorder
- Substance use disorder
- Phobias
- Adjustment disorders
- Bipolar disorder.

May be provided by a:

- GP
- Psychologist
- Psychiatrist
- Occupational therapist (mental health)
- Social worker (mental health)
- Hospital inpatient
- Trauma recovery-post-traumatic stress disorder (PTSD) program
- DVA-approved alcohol or other drug community-based program.
- *Where services are beneficial as an **adjunct to MH treatment**:* non-MH providers such as exercise physiologists, physiotherapist or nutritionists.



<https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc/cover-mental>

Veteran **Health Check**

A comprehensive physical and mental health
assessment with a General Practitioner

For early identification of health conditions,
to ensure early intervention if needed.

One-off Veteran Health Check

- For **all former ADF members**. Eligibility is universal, and does not depend on the date the veteran left the ADF
- One-time only
- Fully-funded by DVA – claimed using a DVA Veteran Card – no gap allowed
- Medicare rebate available for non-DVA clients, using a Medicare Card*

* Note: DVA encourages providers to bulk bill these consultations where possible, however a **gap payment may be charged if Medicare is billed.**

Annual Veteran Health Check

- For former ADF members **who transition from 1 July 2019**
- Every year for the **first five years** after leaving the ADF
- Fully-funded by DVA for clients – claimed using a DVA Veteran Card – NO gap fee allowed.

One-off Veteran Health Check

Use the following MBS Item numbers:

- **701** brief health assessment lasting no more than 30 minutes
- **703** standard health assessment, lasting no more than 45 minutes
- **705** long health assessment , lasting no more than 60 minutes
- **707** prolonged health assessment, lasting more than 60 minutes

Annual Veteran Health Check

Use the following DVA item numbers:

- **MT701** brief health assessment, lasting no more than 30 minutes
- **MT703** standard health assessment, lasting no more than 45 minutes
- **MT705** long health assessment, lasting no more than 60 minutes
- **MT707** prolonged health assessment, lasting more than 60 minutes



Coordinated Veterans' Care (CVC) Program expanded for mental health

- ✓ Program expanded in July 2021 to include White Card holders who have an accepted mental health condition (this does not include NLHC for mental health)
- ✓ The program is a proactive coordinated care program for veterans with one or more chronic conditions and complex care needs.
- ✓ Enables GPs and practice nurses to better coordinate care for veterans with a mental health condition as well as improve participants' health literacy and self-management of their condition/s.
- ✓ Over 10,000 White Card holders who may be eligible to participate and benefit from the CVC program.



<https://www.dva.gov.au/providers/health-programs-and-services-our-clients/coordinated-veterans-care/coordinated-veterans-1>

Open Arms – veterans & Families Counselling (Open Arms)



National mental health service: Free services for current and ex-serving ADF personnel and their families:

- ✓ confidential counselling;
- ✓ group treatment programs and workshops;
- ✓ lived experience community and peer support program;
- ✓ crisis accommodation;
- ✓ suicide prevention training; and
- ✓ family counselling

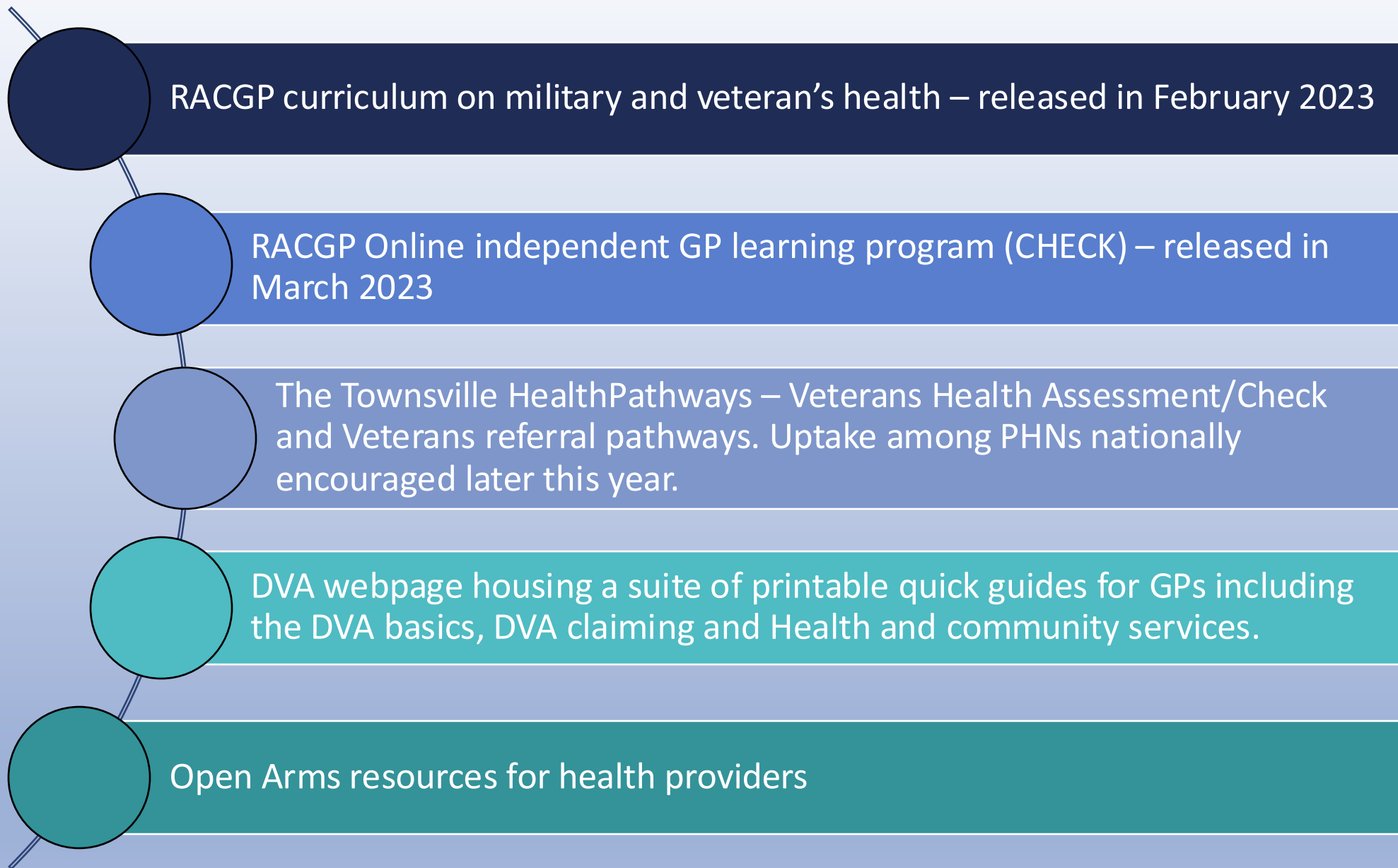
Self-help tools: Mobile apps, case studies, other resources.

Stepping out: Two day program around transition.

Christmas/New Year: Best contact for a crisis during the holiday period.



Resources & Education



Questions?



Australia's leading provider of mental health and wellbeing support for Australian veterans and their families.

Elaine Devlin
Director, Open Arms Tasmania



WHO WE HELP

- *Anyone who has served at least one day of continuous fulltime service in the Australian Defence Force, and their immediate families*
- *Reservists who have rendered border protection or disaster relief service, or been involved in or witnessed a serious training accident, and their immediate families.*



New Program Offering - Stress Resilience and Functioning (SRF) Program

About the program

Open Arms is pleased to offer veterans a new, evidence based program aimed at improving stress management, mood regulation, interpersonal communication and relationship skills. Designed for current and former serving ADF personnel experiencing chronic stress, distress, trauma and mental health challenges.

Delivered by lived experience and clinical facilitators. Available in Hobart, Launceston, and Burnie. Further locations to be considered.

8 week in person program- weekly sessions. Participants are required to attend all 8 sessions.

Eligibility - current and former serving ADF personnel. Places are limited. **GP referrals welcomed.**

Expressions of interest / Referrals

To express interest or to make a referral to the SRF Program please email OPENARMS.TASMANIA@dva.gov.au.

If you have any queries please contact Open Arms Tasmania on 03 6221 6777.



New Program Offering - Building Strong Partnerships for Families

About the program

Open Arms is pleased to offer a program designed specifically for the partners of current and former serving ADF personnel. The 8-week, evidence based program aims at improving stress management, mood regulation, as well as interpersonal communication and relationship skills.

The program is designed to run in parallel to Open Arms' new Stress Resilience and Functioning (SRF) Program. It will provide participants with full access to Open Arms unique suite of support programs and services, as well as its strong local support network.

Delivered by lived experienced and clinical facilitators, it will help families overcome challenges and build stronger relationships.

Available in Hobart with further locations to be considered in the future.
Eligibility - the partners of current and former serving ADF personnel.

Expressions of interest / Referrals

To express interest or to make a referral to the SRF Families Program please email OPENARMS.TASMANIA@dva.gov.au.

If you have any queries please contact Open Arms Tasmania on 03 6221 6777.





1800 011 046

OpenArms.gov.au



Refer to Open Arms

OPENARMS.GPLIAISON@dva.gov.au

Fax 07 3550 9998

Refer to Tasmanian Group Programs

OPENARMS.TASMANIA@dva.gov.au





Tasmanian HealthPathways is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.



For access to the Tasmanian HealthPathways, please email:

healthpathways@primaryhealthtas.com.au




**For access to the Tasmanian HealthPathways,
please email:**

healthpathways@primaryhealthtas.com.au

Some final words

- After this webinar end, your browser will open a link to an evaluation survey.
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

Thank you



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