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

Tom's story – Background (part one)

Please read on for part two, which will be the focus of this webinar.

Tom (38 years old) has been married to Sonia for 13 years and they have been in a relationship since secondary school. They live in a small regional town close to Townsville, Queensland, with their two young children, Jack, six years, and Stacey, 18 months.

Tom's father drank heavily and died of liver failure when Tom was 15 years old. His mother died of breast cancer three years later. Tom always felt that Sonia's family was 'his family'; he'd always had way more respect for Sonia's father, Bruce, than he ever had for his own father. Bruce spent his career in the Army and Tom wanted to follow in his footsteps. So, upon completing Year 12 in 1995, Tom joined the Army as an infantry soldier and deployed to East Timor. He enjoyed this initial deployment and felt vindicated that he'd made the right career choice: "*I really felt part of a team, on a mission for the country. I felt proud, real proud. A purpose is good, and we sure had one*". Tom forged some strong friendships during this deployment. He found mates who made him feel good and inspired him to be a better man. They were "*mates for life*".

Tom's next two deployments were to the Middle East with the last one being in late 2014. Tom missed Sonia and the kids when he was deployed. Coming home was always "*just brilliant at first. It'd be real intense with Sonia for the first week or so, in a good way. She'd never ask what I had been through. Or seen. And I sure didn't want to talk about any of it. It must have been the same for her with her Dad so I figured she understood. But after I'd been home a couple of days things would always go downhill . . . I dunno, I just couldn't seem to find a place in my family anymore".*

Tom sustained a severe ligamentous ankle injury during his last deployment for which he was medically downgraded. He spent the last year doing administrative work on the base but finds this work frustrating and surprisingly exhausting. Since the medical downgrade, Tom has been maintaining his fitness by going regularly to the local gym. The gym gives him respite from the kids: *"I love them, I really do, but sometimes they just drive me crazy. When Stacey cries, it takes me back to Afghanistan. I can't tell Sonia 'cos she'd get so upset, but I've heard that crying before and it wasn't good".*

Tom's Australian Defence Force doctor says he is unlikely to get any more functional improvement from rehabilitation as the ankle injury has led to secondary impacts to his knee and back and that it may be time to think about a medical discharge. Tom felt shattered by this. He couldn't fathom a life outside of the military. He couldn't talk to his mates about it because they were being regularly deployed. Tom had never felt as alone and useless as he did now. If he kept busy during the day, he could hold the irritability and nervousness at bay, but at night he couldn't shake it. Occasionally, he'd take one of Sonia's sleeping pills. On other nights he'd have just one too many drinks to help calm him. Nothing to worry about he'd tell himself: "*I'm not going to end up like my old man".*

Tom and Sonia have been spending less and less time together: "*All Sonia wants to do is talk about things. She calls it negotiation; I call it a waste of time".* Sonia has been spending more time with her family in the house she grew up in. Tom avoids going with her because he feels ashamed of himself and can't make eye contact with Bruce. Despite Bruce not saying anything, Tom is convinced that he has disappointed him.

As the weeks progressed, Tom had a strong sense that he was in a bubble and that bubble was going to burst. He didn't know how or why or when, but he felt ready to explode. And one day Sonia suggested: "*If you won't speak to me, why don't you make an appointment with an Open Arms counsellor who specialises in military personnel?",* and Tom thought, "*What have I got to lose*?"

Please read on for part two …

Tom's story – Part two

This is the vignette on which the webinar **Comorbid Mental Health Conditions in Veterans: Strategies for assessment, case formulation and treatment will be based** will be based.

Two years on and the ADF has given Tom a medical discharge due to the impact of his ankle injury on his functioning. The Army offered to help Tom with retraining but he didn't take up the offer "*If they don't want me anymore, I'm not going to have a bar of them*". Tom is so consumed with a sense of shame and betrayal that he hasn't followed through on Sonia's advice to seek counselling at Open Arms. "*I just need to get on with things*", he'd tell Sonia, "*I don't need help*".

Tom didn't enjoy his last years in the Army following the medical downgrade. Upon discharge, Tom initially convinced himself that, given his experiences on deployment, finding work in the "*outside world''* would be easy and give him a new lease on life. But as the months passed, Tom found that 20 years' Army experience growing organisational skills, decisiveness, strength, team skills and courage "*seem to be of no use, of no value*". Over the months, he secured casual jobs as a courier, stacking shelves in the local supermarket, and storeman and packer. They were all terminated due to some flare up between him and other staff or management.

Tom receives invalidity payments from the Department of Veterans' Affairs to compensate for his "*bung ankle*" but it's not enough income to support the family. He feels conflicted and aggrieved that Sonia may have to work to support the family. Tom reckons somebody owes him for his 20 years of service: "*the ADF, DVA, the government*?" He doesn't want to ask for handouts but he also doesn't want his wife to support him.

Tom and Sonia have been sleeping in separate rooms since Sonia started complaining about his restlessness at night. "*It's bad enough that I'm walking on egg shells all day with your endless complaining about the kids' mess. But not getting a good night's sleep just isn't on*". Tom doesn't tell Sonia that he is avoiding sleep because he is having occasional nightmares. Nor does he tell her that he is drinking more to try and help him sleep.

Tom's time spent at the gym is bittersweet respite – because it is time away from the demands of home life but he's constantly being reminded that his body isn't as strong and responsive as it once was. It's a 24 hour gym and Tom attends late at night or early in the morning.

Tom prefers it when no-one is there. He was becoming increasingly annoyed by the other members because of the way they looked at him. He didn't like the noisy radio in the background and became alarmed by the sound of weights as they hit the floor. In fact, people and crowds in general bothered him. He no longer went shopping with Sonia because he found the supermarkets too crowded and chaotic. She'd complain "*What's the use of you going to the gym all the time if you're not even going to help me carry the family's weekly supplies?"*

Tom doesn't accompany Sonia and the kids when they spend time at her parents' place. In fact, he looks forward to them going because it means he'll have the house to himself and finally get some peace and quiet. Of late there have been instances where he's found himself alone at home crying: "*What's happening to me? Crying? A softie? I'm not even happy when I get what I want".* Tom no longer has contact with his mates in the Army because he doesn't want to hear their stories of being "*heroes*" and he doesn't want to share his story of being a "*loser*".

And then one day it all came to a head. It was late afternoon. Sonia and the kids came home from her parents and Tom was in bed. She'd asked him to prepare the family's dinner which he hadn't done, instead claiming he'd been too busy. "*Busy? Busy doing what? You don't do anything anymore. Except sulk and get angry. Me and the kids deserve more. You need help Tom, and if you don't go and find it, we're out of here. I can't do this anymore. I've already got two kids, I don't need three. I mean it Tom, Dad said we could move back home. And we will if you don't get some help".*

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

Dr Mary Frost
Psychiatrist, NT

Dr Frost specialises in adult psychiatry. She initially worked as a general practitioner (GP) before gaining her FRANZCP (Fellow of the Royal Australian and New Zealand College of Psychiatrists) in 1994.

As a member of The Royal Australian and New Zealand College of Psychiatrists forensic section, Dr Frost conducts independent medical examinations for insurers, employers, the Department of Veterans' Affairs, legal firms and the courts. As a clinical senior lecturer in psychiatry, Dr Frost teaches medical students from Flinders University.

For the past 20 years, Dr Frost has focussed her private psychiatric practice in Darwin on the assessment and management of military members and veterans, with an awareness of their physical and psychiatric co-morbidities.

She liaises extensively with GPs, psychologists and rehabilitation providers, as it is a team approach, which she believes is the key to obtaining the best outcomes in complex presentations.

Dr Jon Finch
Clinical Psychologist, Vic

D Finch is a clinical psychologist who specialises in the treatment of post-traumatic stress disorder (PTSD).

Jon began his career working with soldiers, war veterans/peacekeepers at the Veteran and Veterans' Families Counselling Service, in the role of counsellor and Deputy Director. He then worked for Davidson Trahaire Corpsych as the Victorian trauma services manager.

He moved on to work with police members at Victoria Police as the senior psychologist. Jon has also worked as a senior psychologist with Melbourne University Counselling Service, treating young people and staff at the university. He has worked in private practice since 2009 with a focus on treating people with complex trauma histories.

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Dr Cate Howell
GP, SA

OAM CSM CF
BMBS, BAppSc (OT), FRACGP, FACPsychMed, Dip Clinical Hypnosis, MHlthServMgmt, PhD (Medicine)

Dr Cate Howell is a GP, therapist, educator and author. She is a Churchill Fellowship recipient (2000) and has completed a PhD on depression.

In 2012 Cate was awarded the Order of Australia Medal for services in mental health.

At the start of her medical career, she served in the RAAF, and currently works as a GP at Puckapunyal Army Base three days a week.

The remainder of her week involves directing a small private practice focusing on mental health and teaching activities.

Cate has a passion for writing and has authored five books on mental health and counselling. She loves spending time with her family, walking her dog; Milly, reading and swimming.

Facilitator:

Professor Mark Creamer
Clinical Psychologist, Vic

Professor Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of post-traumatic mental health.

Mark is internationally recognised for his work in the field and provides policy advice, training and research consultancy to government and non-government organisations, with the aim of improving the recognition, prevention and treatment of psychological problems following stressful life events.

Mark is a Professorial Fellow in the Department of Psychiatry at the University of Melbourne, and has an impressive research record with over 180 publications.

Mark is an accomplished speaker and has given numerous presentations (by invitation) at national and international conferences.