

Supporting the Families of Veterans: Understanding the Impact of Veterans' Mental Health on their Families

Joy's story

May 2011: our long awaited reunion with our husband and father was finally here. Despite being a seasoned military man of 25 years, I knew my husband had faced some difficulties whilst in Afghanistan. He had been hospitalised for Rhabdomyolysis and experienced numerous rocket attacks on the compound that resulted in several deaths. Adding to the stress was the effort to try to stay connected with our family whilst away.

The airport was unusually quiet, with only a few military families waiting to welcome their loved ones home. Walking from behind the partition, I immediately noticed his reserved demeanour, lack of enthusiasm and distracted gaze; his mind was elsewhere. We all instantly felt this chasm between us. But it's early days. It will get better.

There was much change for my husband to take in after being away for such a long time. In his absence a lot was different. We had relocated to Brisbane, after eight years in Canberra, arriving in Brisbane the weekend of the 2011 floods. We were now living in an unfamiliar house and our children had all grown and matured.

Having my husband home, in my eyes, meant an opportunity for us all to regroup and catch our breath. He would be physically available to help and impart some much needed support. In the previous three years, we had spent a total of eleven months together as a family, as pre-deployment training, deployments and post-deployments took a large amount of time away from us all.

Instantly, it was noticeable that he was not engaging with any of the family. He held back in conversation, would gaze

off into the distance and often removed himself from the dinner table quickly.

Before long, he was going away for training again. The familiar 'home for one week, gone for two' became our reality. Relationships began to become strained in our family, not only between my husband and me, but also between our children. During the floods, our teenage sons had stepped up in their father's absence to become the young men of the household. When their father left, they were young teenage boys, but now they were young men who really blossomed during the times of hardship. At this point, we sought counselling via Veterans and Veterans' Families Counselling Service (VVCS) and also saw the local Defence Community Organisation (DCO) counsellor.

One day whilst out shopping, I bumped into an old friend from a previous posting. Our husbands had worked together and it was great to see a familiar face. Our families got together for dinner, which highlighted even more concerns. My husband, usually a friendly outgoing man, was withdrawn, very clingy towards me, uninterested in conversation and wanted to get home quickly. This became a common occurrence if we ever did venture out or try to socialise. He began to wear his uniform at home, as he felt more comfortable in it. This behaviour became the norm.

Two short years in Brisbane before another posting. This time to Sydney. We had tried to remain in Queensland, asking for a compassionate posting, however, those requests were denied, and we moved to Penrith at the end of 2012.

My husband moved into a job where he did not have the prior three years training in the USA to prepare him for this position; he was thrown into the deep end.

Our second son had just finished year twelve and, as he and his father were not getting along, he decided to take a job on a station in far west Queensland. Our family was beginning to become fragmented.

Moving the rest of the family to Penrith meant our third son would be changing schools in his final year. To keep some continuity, I organised for distance education for him and also for my daughter who was to complete year ten. This would also give us an opportunity to catch our breath and process all that had occurred in the prior two years. It would be an opportunity for everyone to de-stress and reconnect.

My husband's new work environment was stressful as personalities became a dominant part of his day-to-day workload. The stress of work became increasingly noticeable, affecting his personality.

In April 2013, on our son's eighteenth birthday, my husband had his first breakdown. Seeing a GP at hospital, he was immediately placed on antidepressants and referred to a military GP and psychologist for treatment. We also learned that depression was an illness experienced by many of his relatives.

Their father's breakdown triggered a range of emotions in our children, with anger being at the forefront. The already strained relationships continued to become more disjointed.

For the duration of our time in Penrith, my husband saw his doctors regularly, made good progress and was taken off all medication by the end of 2014.

December 2015 saw another posting to Canberra, despite being promised a posting to Williamtown (NSW). At this point in our lives it was decided that I would move with the children to Tamworth to establish them in our home and to have a stable location, where we would commute to and from Canberra.

In January 2016, my husband relocated to Canberra. He began working in a high intensity position with a shortage of employees, resulting in an increased work load equivalent to that of three personnel. The long work hours, a boss with high expectations and living away from family began to take its toll. When he came home for weekends, he would sleep the entire time before returning to Canberra. He was withdrawing and withholding the struggles he faced, living unaccompanied in Canberra. He was not functioning at full capacity and was unable to take care of simple tasks at home, let alone take care of himself.

In October 2016, he admitted himself to hospital due to experiencing uncontrollable tremors and was unable to use his arms or hands whilst at work. This resulted in him taking immediate stress leave and, after lengthy investigation he has been diagnosed with PTSD, depression and anxiety. The team of professionals we have taking care of his needs works closely together to determine positive outcomes for my husband's future and, hopefully, a successful return to work.

It has been a process to discover the correct medication, find the right professionals who understand the complexity of his case and understanding what the future holds. It has been a steep learning curve for us as a family, as we try to understand mental health in the midst of processing our own unique and individual emotional rollercoaster.

There are a lot of unknowns and what the future holds is unclear. It is a day-by-day process, pondering what has happened, where we are, and the direction we are going.



Supporting the Families of Veterans: Understanding the Impact of Veterans' Mental Health on their Families, Partners and Children

This document answers the most common questions that remained outstanding at the webinar's conclusion.

Frequently Asked Questions

1. What are some self-care tips, services and resources which help those supporting family members/ veterans struggling with mental health issues?

Supporting a person with a mental health condition can be stressful and challenging. In order to continue to provide the best care possible to a loved one, it is important for carers to ensure their own good health – both physical and psychological – to maintain their own wellbeing. The Veterans and Veterans Families Counselling Service (VVCS) recognises the importance of engaging family members who are carers, to address the potential impacts of a partner's military service on their own mental wellbeing. VVCS counsellors can assist clients to enhance their family relationships, and the support capacity available in the family unit.

To complement counselling services, VVCS also offers a range of group programs, open to family members. These groups (see link, below, for available group programs) provide a safe and supportive environment in which to learn about issues impacting on mental health and wellbeing and to learn self-care strategies and techniques for better supporting themselves and their families.

Link: <http://www.vvcs.gov.au/Services/GroupPrograms/group-calendar.htm>

High Res (High Resilience) is designed to give serving and ex-serving ADF personnel CBT tools to manage stress in real time and build their psychological resilience over time. High Res can also be used in conjunction with treatment. Clinicians can prescribe the use of particular CBT tools and schedule their use to progress a treatment plan.

Link: <https://at-ease.dva.gov.au/highres/>

2. How may families support their own family member/veteran who is serving or who has served to seek mental health treatment or support?

Families often are the first to notice when their loved ones may need additional support or mental health treatment, and helping their veteran or serving member to access support can sometimes be challenging.

A good first step is for families to contact VVCS on 1800 011 046 to discuss their particular circumstances and explore option for seeking support. If the veteran or serving member is open to participating in the call, this can help them to make a direct link to VVCS and to initiate treatment-seeking themselves.

If the veteran or serving member is reluctant to seek help, it is still important for family members to access support for themselves, so calling VVCS is still a good option to seek assistance.

3. How may practitioners/service providers better involve families in the mental health treatment of their family member/veteran?

VVCS recognises the importance of engaging family members to address the potential impacts of mental health concerns, and military service, on VVCS clients and their families. VVCS can support veterans and partners together, or partners individually. VVCS is also here to support War Widow[er]s as they work through grief and other emotional impacts associated with death of a partner. VVCS can also work with partners and children as a family unit and directly support older children with the consent of their parents. To complement counselling services, VVCS also offers a range of group programs, open to family members, and provide a safe and supportive environment in which to learn about issues impacting on mental health and wellbeing.

VVCS encourages all practitioners and service providers working with veterans or military families to also recognise the broader impacts of service on families, and to consider families throughout the delivery of services.

Link: <http://www.vvcs.gov.au/Services/counselling-families.htm>

At ease professionals mental health advice book explains what questions to ask your patient to begin the process of involving family members.

Link: <http://at-ease.dva.gov.au/professionals/mental-health-advice-book/part-1-understanding-veterans-and-their-families/2-impact-of-veterans-experiences-on-their-families/>

4. What are the confidentiality arrangement between VVCS and ADF?

VVCS is committed to preserving and upholding rights to privacy and confidentiality. VVCS records are stored securely and every effort is made to ensure that your counselling sessions and contact with VVCS are confidential. VVCS keeps confidential notes and reports on counselling and group program attendance so we can provide appropriate professional help and for planning and evaluation purposes.

Clinical information will not be released to the Department of Defence, Department of Veterans' Affairs, other government agencies or external parties without your consent, unless there are exceptional circumstances where information may have to be released in accordance with the law. This would only occur where the safety of a client or others is at serious risk, in serious criminal matters, or in response to a court direction.

For Australian Defence Force (ADF) members who have been referred through the ADF Agreement for Services, VVCS is required to provide periodic reports regarding treatment to the ADF Referring Authority – however clients must provide consent prior to this occurring. For current serving ADF members who approach VVCS for services independently, this does not occur.

VVCS is bound by the *Privacy Act 1988* and the Australian Privacy Principles (APPs). For more information on how VVCS manages personal information, please download a copy of the VVCS Privacy Policy.

Link: <http://www.vvcs.gov.au/AboutVVCS/confidentiality-and-privacy.htm>.

5. What ADF support is available when a family is posted to a new location?

The Defence Community Organisation (DCO) provides a variety of support programs to assist families when a member is posted to a new location. This includes assistance with partner employment, help with access to childcare, support to children's education and practical assistance for dependants with special needs. In addition, DCO is about to provide information on Defence and community run groups which may assist families in connecting with their new community. SMART programs are also offered which provide children and partners with techniques to assist in coping with the stressors and challenges of the military lifestyle. A 'Posting and Relocation' factsheet on support available can be downloaded from the DCO website.

Link: http://www.defence.gov.au/dco/_master/documents/handouts/support-for-relocating-defence-families.pdf

6. How may children be impacted by a parent's mental health? What may help?

A parent's mental health condition can impact the whole family. A child of a veteran may experience the loss of the parent they 'knew' replaced by a veteran parent who is preoccupied and distant from them, or who can be unpredictable and volatile. These factors may contribute to psychological and behavioral challenges for some children of military families.

This is why, as a family inclusive organisation, VVCS can work with parents and children as a family unit and can also provide direct support to older children of veterans with parental consent. VVCS Centres work to assist clients to enhance their family relationships.

To complement counselling services, VVCS also offers a range of group programs, open to family members, and provide a safe and supportive environment in which to learn about issues impacting on mental health and wellbeing.

Link: <http://www.vvcs.gov.au/Services/GroupPrograms/group-calendar.htm>

DCO would draw on relevant resource materials (including story books, COPMI resources, Kookaburra Kids) and make appropriate referrals for children. In addition, DCO staff would provide support and assistance to parents so as to assist them in providing support to children in the family.

The Australian Kookaburra Kids Foundation supports kids living in families affected by mental illness. The program provides recreational, educational camps and other activities, giving kids a break, in a fun, positive and safe environment. The Government announced funding of \$2.1 million in March for the foundation to run a two-year pilot program to help children of current and former Australian Defence Force members. You can refer a child to through the website and information supplied on the form is kept strictly confidential.

Link: <https://kookaburrakids.org.au/how-you-can-help/refer-a-child/>

High Res (High Resilience) is designed to give serving and ex-serving ADF personnel CBT tools to manage stress in real time and build their psychological resilience over time. High Res can also be used in conjunction with treatment. Clinicians can prescribe the use of particular CBT tools and schedule their use to progress a treatment plan. Features include; interactive, easy-to-use tools that can be access on the go such as controlled breathing, progressive muscle relaxation and thought stopping.

Link: <http://at-ease.dva.gov.au/veterans/resources/mobile-apps/high-res-app/>

7. How may practitioners/service providers support a veteran who is transitioning out of the ADF?

Practitioners can recommend the Stepping Out Transition Program run by VVCS (see link below). The program is for members transitioning from the ADF back to civilian life, and their partners for up to

12 months post separation. The Stepping Out group program is a 2-day program developed specifically for this cohort. In the program, the group works together to examine the transition process and what it means in real terms to go from military life to civilian life as an individual and as a family – in both practical and emotional terms. This free program is considered as ‘on duty at another location’ for current ADF members attending the program.

Link: <http://www.vvcs.gov.au/Services/GroupPrograms/stepping-out.htm>

The GP Health Assessment is a comprehensive physical and mental health assessment that is funded under health assessment items 701, 703, 705 and 707 on the Medicare Benefits Schedule. The Health Assessment will assist to identify and diagnose the early onset of physical and mental health conditions among former defence service personnel. There is a screening tool which includes specific assessments for alcohol use, substance use, post-traumatic stress disorder, and psychological distress, as well as information on how to access other DVA services for which your patient may be eligible such as PTSD Coach, Operation Life, High Res and On Track with the Right Mix. This health assessment has been incorporated into the Best Practice and Medical Director software packages. Health providers who would like more information or to download the assessment tools can visit the at ease professional website.

Link: <http://at-ease.dva.gov.au/professionals/assess-and-treat/adf-post-discharge-gp-health-assessment/>

DVA offers a range of free online training programs for health practitioners to build their understanding of the unique experiences and health needs of veterans. The eLearning courses include the following:

Program: Understanding the military experience

Military service has unique risk factors, and understanding the context of a patient’s service can improve the therapeutic relationship. This is a two-hour program that will help health providers to better understand the impact of military experience on the mental health of veterans and ex-service personnel.

Program: eLearning for General Practitioners (GPs)

The 1 hour course, Working with Veterans with Mental Health Problems, assists GPs to better understand how military service can affect the mental health of current and former Defence personnel and the referral pathways for DVA clients. It is hosted on the RACGP’s gplearning system, and is free to members. You will accrue Continuing Professional Development (CPD) points upon completion.

Program: Case Formulation and Treatment Planning Training

Veterans commonly present with comorbid disorders and complex needs that require careful treatment planning. Case formulation can assist providers to focus on the presenting problems that are likely to have the most impact on recovery and help set priorities for treatment. It takes about three hours to complete. On completion, providers can print a certificate to claim CPD points.

Course: vetAWARE—assist wisely and refer effectively

vetAWARE is an engaging, interactive and user-friendly mental health course, designed for community nurses. It allows nurses to better understand the common mental health challenges faced by veterans and war widows, identify symptoms and refer appropriately. Endorsed by the Royal College of Nursing Australia, it offers 10 Continuing Nursing Education points and CPD points.

Program: PTSD—Psychological Interventions

This program helps mental health clinicians better understand the preferred treatments for Post-Traumatic Stress Disorder (PTSD). The full program takes about 4 to 6 hours to complete, but users have the ability to tailor their experience, focusing on aspects that they are most interested in. Upon successful completion, users will be able to print a certificate that can be used to claim CPD points.

Link: <http://at-ease.dva.gov.au/professionals/professional-development/>

8. What role does the ADF have when a serving member returns from deployment struggling with a mental health condition?

Despite many ADF members being exposed to potentially traumatic events during their service, most members do not go on to develop mental health disorders.

Mental health screening is conducted for all members who have deployed on operations, prior to their return to Australia and 3-6 months post return. These are opportunities for early identification for members to seek assistance for mental health problems.

The ADF provides treatment for mental health conditions including PTSD through a range of mental health professionals, specialist external providers and accredited hospital based treatment programs. Defence members are assessed individually for their treatment needs. In those circumstances where it is clinically appropriate for them to receive treatment through civilian specialist treatment facilities, hospital-based trauma recovery programs, referral is made to enhance their treatment outcomes.

9. How may families help a serving member when they have returned from deployment?

It is important to recognise that this will be a period of adjustment for all family members and can be positive and joyful but also stressful at times. It's also important to note that most families make this transition without long-term negative consequences but that it takes time. Open communication and patience are key as the returning member and partner explore how each of them are coping, how well each are connecting intimately, whether it feels like they still want and need each other and how well they are sharing responsibilities and tasks of marriage and family. Roles will have changed and will need to be redefined. Most important 'tips' are talk, listen, respect and be patient with each other.

DCO provides a FAMILYSMART program to assist partners in preparing for a member's return from deployment. Reintegration seminars are also offered for members and families which provide an opportunity for discussion about strategies that can assist, what's 'normal', other supports that are available.

Link: <http://www.defence.gov.au/DCO/Family/SMART.asp>

Additional Resources

The *High Res* [website](#) and [mobile app](#) can help serving and ex-serving military personnel and their families manage stress and build resilience.

The *Operation Life* [website](#) and [mobile app](#) can help those at risk with suicidal thoughts and is recommended to be used with the support of a clinician. The app provides on-the-go access to relevant emergency and professional support and self-help tools for users to regain control, keep calm and take action to stay safe.

The *PTSD Coach Australia* [mobile app](#) can be used in combination with evidence-based therapies for PTSD to tailor self-management and recovery options, including scheduling the use of particular CBT tools, activities and clinical appointments.

The *ON TRACK with The Right Mix* [website](#) and [mobile app](#) records alcohol consumption and summarises the impact on wellbeing, fitness and budget – key motivators for young serving and ex-serving ADF personnel. Clinicians can use *On Track* as a ‘real-time’ drinks diary, with data emailed to monitor compliance and track progress over time.

The [At Ease website](#) can help veterans, current serving military personnel and family members identify other symptoms of poor mental health, find self-help tools and advice, access professional support and learn about mental health treatment options.

Clinicians can refer their veteran clients to the Veterans and Veterans Families Counselling Service (VVCS). VVCS provides free and confidential, nation-wide counselling and support for war and service-related mental health conditions, such as PTSD, anxiety, depression, sleep disturbance and anger. Support is also available for relationship and family matters that can arise due to the unique nature of the military lifestyle. The [VVCS group programs calendar](#) provides program dates in locations across Australia. If you have a client you consider may benefit from VVCS support, please call 1800 011 046 to discuss (www.vvcs.gov.au).

Health professionals have a key role delivering care to the veteran community. DVA is committed to providing you with the support you need to treat our clients with best practice, evidenced-based care, and to ensure that doing business with us is as easy as possible. Subscribe to **DVA Provider News** to receive the latest DVA information and updates, delivered to your inbox. See <https://www.dva.gov.au/providers/dva-provider-news> for more information.

This document has been developed to assist health professionals, including medical practitioners, nurses, psychologists, social workers, counsellors and rehabilitation service providers, who care for veterans. The assessment and treatment of mental health problems requires the consideration of an individual's particular circumstances by a qualified health professional, practising within the limits of their competence and accepted standards at the time for their profession.

This document is not a substitute for such professional competence and expert opinion, and should not be used to diagnose or prescribe treatment for any mental health problem. The Australian Government does not accept liability for any injury, illness, damage or loss incurred by any person arising from the use of, or reliance on, the information and advice that is provided in this document.

Impact of Veterans' Mental Health on their Families

7.15 pm – 8.30 pm AEDT, Thursday 5 October 2017

Webinar panellists

Mrs Joy Jenkins

*Lived experience
panellist*

Joy has lifelong experience with the Department of Defence, as both the daughter of a Vietnam veteran and wife to a serving Defence member, who is a veteran of both the Iraq and Afghanistan conflicts. This experience gives Joy insight into the unique aspects of service life for partners and their families. She has personal experience in supporting veterans with PTSD, Parkinson's disease, depression and anxiety, as well as the range of issues that arise when supporting four children through the turbulence of nine relocations overseas and throughout Australia.

Joy has qualifications in Business Management and Life Coaching. She is passionate about issues related to PTSD-afflicted serving and separated service members and a strong advocate of the value of local small-group associations to support their families.



Dr Cate Howell OAM, CSM

*General Practitioner
and therapist*

Dr Cate Howell is a general practitioner, therapist, educator and author, who directs a multidisciplinary private practice focusing on mental health, therapy and coaching.

Cate had a year 2000 Churchill Fellowship and completed a PhD on depression. She is a visiting Lecturer at the University of Adelaide, represents the Royal Australian College of General Practice on a number of committees, and is a consultant to various GP training organisations.

Cate has been involved in research and teaching for many years, and with a passion for writing, has authored five books (on depression, anxiety, counselling, intuition and emotional eating).



Ms Glenys Smith

Social worker

Glenys Smith has been the Social Work Adviser to the Department of Veterans' Affairs since 1995. In this role, she



provides advice to the Department and its officers; its social work providers, and members of the veteran community. She has also worked as a counsellor and group program facilitator for Veterans and Veterans' Families Counselling Service (VVCS).

Her professional work for the Department is underscored by a personal interest in serving those, who have served Australia. A personal interest founded on a history of service by members of her immediate family spanning the Western Front in WW1, World War 2, and Vietnam.

Since graduation as a social worker in 1979, Glenys has had the opportunity and privilege to practice in several areas, including child and family welfare, social security, community mental health, vocational and rehabilitation services; and the tertiary education sector.

At the core of her practice as a social worker, Glenys understands that human behavior is complex and multifaceted and that while each encounter is unique, individual outcomes (and intervention approaches) are enhanced when there is active consideration of the individual's

internal and external worlds (psychosocial); their families, their friends and their relationships.

Glenys has authored course programs and presented lectures for some ten years at the University of Queensland and Griffith University. She has an ongoing association with the Queensland University of Technology (QUT), as an external social work placement supervisor.

Dr John Cooper

Psychiatrist

Dr Cooper is a psychiatrist with an interest in PTSD and other posttraumatic mental health conditions.



He has worked in various settings over the past 24 years, including in private practice, as well as at Phoenix Australia - Centre for Posttraumatic Mental Health (within the Department of Psychiatry at the University of Melbourne), the Veterans and Veterans' Families Counselling Service (VVCS) and the Psychological Trauma Recovery Service at Austin Health.

Over the past three years, he has moved most of his clinical work to regional Victoria working with a Youth Mental Health Team.

Facilitator:

Professor Mark Creamer

MA (Clin), PhD, FAPS,

Psychologist



Professor Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of posttraumatic

mental health. He is internationally recognized for his work in the field.

He 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, University of Melbourne, and has an impressive research record with over 180 publications. Mark is an accomplished speaker and has given numerous invited addresses at national and international conferences.