Host: Welcome to Open Conversations, an audio series where veterans and family members of the Australian Defense Force share their stories about accessing mental health support. The following audio piece contains discussions of PTSD and suicide ideation and may distress listeners. For resources or support, head to openarms.gov.au or call on 1-800-011-046.

Nathan: My PTS doesn't define me. It's just something that happened to me. It was just my turn. That's all.

My name's Nathan. I'm a community peer advisor with Open Arms. I spent 20 years on a Combat Arms Corps in the Army, which was the Infantry Corps. And in 2016 I was medically discharged with PTSD.

My transition out of Defense was pretty poor, but it was the standard at the time. I initially had symptoms of PTSD for about 2001, 2-ish, and I carried that around for the duration of my military career. Not a lot of that time carrying it around was a positive experience for me. If I had seeked help earlier, I think the results would've been a lot different. If I had self-referred to Open Arms, say 2010 or '11, things would've been a lot different. However, I didn't do that and it wasn't until 2013 when I was referred by Defense to an Open Arms clinician, and that was after seeing a psychiatrist and being in a psych ward and that was my first official formal contact with Open Arms.

I was discharged September 16th, 2016. If I didn't seek support, I wouldn't be here today. That's it. I necessarily didn't want to die, but I wanted that part of me to die, because it was causing all my problems. PTSD was causing my alcohol use, it was causing recklessness, it was causing the mood swings. It was affecting my sleep. It was giving me high anxiety. Yeah, I necessarily didn't want to die, but I wanted the PTSD part of me to die.

I was using alcohol to manage anxiety, to take the edge off me and to slow me down, and I've learned that over the years I've used alcohol in that method to manage my PTS throughout my career.

I don't know what really drew me to the army. It's just one of those things. I think you just know that I sort of fit in. I think I was home, for me. Yeah. I don't know what really drew me there. I knew I didn't want a normal job. I knew I didn't want to be working as a lollipop. The stop-go man at [inaudible 00:03:16] council, and I knew I didn't want to go to university, so I knew I didn't want to be work in the mines or get a trade, so running around the bush with a pack on and blowing things up sounded like great fun.

My identity was linked to the Army. Then as I transitioned out, it was, "I'm Nathan, the wounded veteran," and then I was the medically discharged veteran, and it was very much a victim mentality, but once I'd done a bit of work with another course and some other things around the trades, I'd changed that mindset from that victim mindset to, "Well, this is just something that's happened to me. It is recoverable." It's the same as a football player blowing out his knee. That's just an injury that's happened to him. You just have to do the rehab and the recovery. And PTS is the same. You just have to do the rehab and the recovery, and the work is not easy, but you need to do the work if you want to recover.

I didn't access any groups, but there's one group I would've accessed, it would be Stepping Out, because it's about what's going to happen to you when you get out of the army or out of defense. And take your partner along because it's not just you getting out, it's them as well. I think in the end, me accessing support save my life without a doubt. Accessing support, I was very resistant at the start. I was not willing to enter a mental health facility, but without accessing that support and having that occur, it'd be an interesting conversation to see where it would've ended up.

When I left the army, I thought I would never put on a pack again, but yet here I am biking, which is different from army biking. You own stacks and chairs, fires at night, radios at night, turn my phone off, so there's no, it's just no phone. It gets very grounding to me. I find it very therapeutic to go for a walk around with a pack on. I'm not completely sober. I still have the odd beer here and there. It's not to manage PTSD. I'm not drinking for effect anymore.

The CBT that I have, to adjust in my mindset to live in the world without the army, without me being in the army, which I found very difficult to do, because I loved it. We all love it, although we say we don't, but yeah, we loved it. I loved it. It was the best job I've ever done.

I still see a clinician now, and it's once every three, six months, and it's just a topper. Hey, it's like a car. You're not going to drive a car until the oil light comes on. You want to get in there and get it serviced before that oil light comes on, and now that's what my clinical practice is, is just getting in and having a quick service and that's it.

When I was sick, it was weekly sessions plus homework, and that involved journaling, meditation, yoga. I tried everything. I had a lady who once said, "Get some lavender sage, and rosemary, wrap it in a al foil, put some holes in it, put it in a fire, and then when the smoke comes up, write PTSD on this paper, burn it and you'll wake up and your PTSD will be cured." The PTSD wasn't cured, but the sage is great for mosquitoes, so I can recommend that for the mosquitoes, but not so much that method, but I was open to everything.

And I think if you're going into that therapeutic space, be open to everything. Don't say no to something because you think it's a bit weird. Thought that initially about yoga, that was a bit weird and it was for active moms in active wear, but after about six weeks, the penny really started to drop for me and I'd get thoughts and then they'd come in. Then I'd let them go, but I would've ruminate over them and after a while I take that practice from yoga and then bring it into my real life, because after all, if it's not going to worry you in five years, why worry about it for five minutes now? Yeah, yoga's been good for me and it's been good for me joints and me hips and everything like that as well.

There may be a bit of shame in reaching out for support, and I had it explained to me by another guy in the infantry. "You're not admitting to fate, mate. You're just calling for eye support, but that's essentially what you're doing." You just saying, "Hey, I just need a bit of support through this period," and that's what Open Arms can provide, that support. With Open Arms, this job is very much like Defense. It's a job of service, so this position or this role, you're still in a role of service as I was when I was in Defense. It's very rewarding to me to see soldiers that have come into my life through work, help them put their lives back together and then see them go on to thrive. I've seen guys come out of Defense. Now they're gone into university, they're studied EPs. They've gone and studied law. Now they're practicing law. They've gone on and really thrived with their life. I think that's the key. That's the best reward you can have in this role is seeing people you work with go on with their life and absolutely thrive at life.

When you leave Defense, it's not the end of the road. It's just a turn in the road. That's all it is. It's just a turn in the road. For me, my 20 years was a great time. I loved it. Yeah, probably 10% of it sucked, but I would still do it again. To see blokes put their lives back together post-Defense after major mental health challenges and then go on and thrive in their life is highly rewarding.

Host: Thanks to Nathan for sharing his story for us. If this episode raises questions for you or if you would like to speak to someone about how it impacts you, you can contact Open Arms in Australia on 1-800-011-046. Details about Open Arms and support services are available on the website.