# Men’s Health Peer Education Magazine Vol. 14 No. 2 Winter 2015 – Mental Wellness: Veterans’ Health Week issue.

## Front cover lead article and Inside this issue

### Veterans Health Week 10-18 October 2015

Veterans’ Health Week (VHW) is an opportunity to get together with friends; meet new people; have some fun; learn about health and wellbeing options and resources that are available. Get inspired and take part in activities; gain the information you need to think about things related to your health and lifestyle; and keep the momentum going while you’re on the journey. This year’s VHW edition of the MHPE Magazine focuses on mental health wellness

### Talking about mental fitness. It’s OK.

We hear a lot about physical fitness and its importance for good health. Mental fitness is just as important, in fact physical and mental wellbeing are closely related. Mental fitness and emotional wellbeing allow us to recognise our strengths and abilities, to cope with the stresses of life, to build strong relationships and to contribute to our family and community. Mostly, it means we can enjoy life.

### Mental Health is a family affair

It is very hard to disagree with the statement that mental health is a family affair, but in our daily lives, do we always take this into account? It is also difficult to disagree with the expression that ‘no man is an island’. In other words, whatever we think, say, or do, impacts on all around us: on our family, our friends and our work environment.

### Helping your mate

Starting a conversation with someone you suspect is having thoughts of suicide is one of the hardest, yet most important things you may ever do. Your willingness to talk about this emotional issue with a friend, family member, or co-worker could be the first step towards their getting help and preventing a death by suicide.

### Wanted MHPE Volunteers!

Turn to page 32 for information on the MHPE programme.

## Editorial

### Welcome to the Veterans’ Health Week Mental Wellness issue

Mental health is now openly and widely discussed in most areas of our life. As a result of this social acceptance, we now have an increased understanding of the different types of mental health conditions, available treatment options and how to support someone with a mental illness. Many factors have contributed to this change, such as research, accessible mental health information and peak support organisations.

Anyone who has experienced a mental health condition knows that it can be a very difficult and personal journey. For some, it is a lifelong condition requiring ongoing treatment and management, for others it may be episodic or a one-off experience. We do know that poor mental health affects more than just the individual with the condition; it can be an issue for families, friends, the workplace and the communities we live in.

We know that being physically fit can assist in the prevention and management of certain chronic health conditions. Likewise, being mentally fit and building our psychological resilience can produce a similar outcome for mental health. In this edition our focus has been to cover the following issues:

Improving mental fitness by building resilience

What to do if you’re worried about a mate

Easier access to mental health care for our serving and ex-service personnel

Recognising when you may need support

Looking after carers.

Many peak organisations, including DVA and the Veterans and Veterans Families Counselling Service, can provide you with information on mental health conditions. Increasing your knowledge, whether for yourself, someone close to you, or someone you care for, is a crucial step towards mental wellness.

This year, as we celebrate Veterans’ Health Week and the theme of mental wellness, remember that the best thing you can do for your mental health is to stay mentally fit. If you have a mental health condition, don’t delay seeking treatment. If you’re worried about a friend, work colleague or family member, let them know you’re concerned and ask if they’re OK. If you’re caring for someone with a mental health condition, please remember to look after yourself as well.

### Congratulations to our MHPE volunteers

Each year, we recognise MHPE volunteers by awarding certificates of recognition and badges for five and ten years of service. These awards are made during National Volunteer Week in order to acknowledge the value of volunteering within the broader Australian community. I would like to congratulate those volunteers who will achieve five and ten years of service and thank them for all their hard work, enthusiasm and ongoing support of the program.

Naomi Mulcahy, DVA MHPE Magazine Editor

### Magazine issues

You’ll notice on the front cover of the magazine that this issue is Winter 2015. We felt a seasonal title sounded better and have renamed each issue as Autumn (March/April), Winter (July/August) and Spring/Summer (Nov/Dec). This aligns with *Vetaffairs* and we’ve found that many of our readers already refer to the magazine this way.

## MHPE Magazine Editorial Committee Membership

Naomi Mulcahy DVA (Editor)

Dr Warren Harrex, DVA Senior Medical Adviser

Mariusz Kalinowski DVA (outgoing member)

Michael Correll VVCS (outgoing member)

Chris Jones DVA

Dr Justin Harding DVA

Dr Stephanie Hodson, CSC, DVA Mental Health Adviser (incoming member)

The Committee would like to thank Mariusz and Michaelfor their support of the MHPE Magazine, and welcome Dr Hodson who has joined the Committee as a permanent member.

## MHPE Magazine and reproduction on content

Just a reminder to our readers, if you would like to include an article that’s appeared in an edition of the magazine in your own publication, please contact the editor to confirm if there are any restrictions on the re-publication of the material.

## The Plastic Brain and New Tricks

We know about plastics – some have called this the Plastic Age. From the plastic bag to plastic surgery, and in between the components of computers, cars, kitchens, kindergartens....and fish bait. But, a plastic brain? The word means “able to be moulded”, and our childhood experience with modelling clay gives us some idea – things that can change shape and take on new meanings or uses – plasticity.

Long, long ago in medical school I was taught that we were born with a fixed dose of brain cells. These grew to their full capacity during adolescence, and after that we lost them at a steadily increasing rate – a bit depressing really. Much less long ago my doctor daughter was taught much the same thing. We were also taught that cells in different areas of the brain had specific functions – and if that area was damaged then that function was compromised or lost for ever. And it is still essentially true that a brain cell lost is lost for ever. But wait, we now know more.

Brain cells have both a central “body”, the axon, and a number of wavy branches or arms called dendrites, rather like an octopus. The arms tangle with those of other nerve cells to allow the flow of current which makes us function. If we lose brain cells – from injury, disease of ageing – nearby cells can sometimes reach out across the 'gap' and re-establish connections. Even better, our nerve cells are smarter, more flexible (plastic!) than we were originally taught. They can sometimes take over the lost functions of nearby, damaged cells or grow new tentacles to re-establish lost connections, or make new ones. One half of the brain can even learn to do some work which was thought to be the exclusive job of the other half.

Great news. We don't automatically get dumber as we get older. But, as you have guessed, this means that we have to do some work. Neuroplasticity – the capacity of brains to adjust, repair or learn new skills- is more likely to help us if we help our brains. This is my brainy daughter's list of what helps our brains to get smarter. (And if you have met some of these before, well, Medicine is really boring).

The right amount of sleep – average more than six and less than ten hours.

Enough exercise – at least 3 x 30 minutes huff and puff each week.

Not too much booze – more days with two or fewer drinks and some dry days.

More fresh, colourful food. The Mediterranean diet is the ideal.

The rest of the list is the “brain specials”:

Keep up social contacts and try to make new ones: this is really important.

Exercise – Yes, that again! Think about the brain signals involved in just walking – motion, breathing, balancing, the weather, where we are and who with…and all without “thinking”.

Look after your general health: especially if diabetes or blood pressure or mental stresses are already present.

And by no means least: get into “brain training”. Look up “Neuroplasticity” on the web to find fun games intended to stretch and grow your mental muscles. Or take up new activities which challenge your thinking and concentration (enough, but not too much) to grow a better connected brain.

You will not become Einstein overnight but you are likely to have a more interesting and enjoyable time. Give your plastic brain a chance to show what it can really do. Go on, you old dog.

Dr Tony Ireland FRACP, DVA Medical Adviser, with Dr Catriona Ireland FRACP.

## Working to improve your health

It is the usual routine in medical practice to sort out the current problem with a patient, then to write any required scripts. It is at this time patients often ask for a certificate for work. Doctors are usually obliging unless there is a clear contraindication to doing so.

One of the ironies in developed countries is that those with the highest standards of health care and longest lifespans also have the highest rates of those certified as being unfit for work. This has become an issue for insurers and workers compensation organisations because of the associated costs. Doctors have not really seen this as a real issue because they have thought that being off work may provide better opportunity for recovery or optimising health.

However, evidence emerging over the past few years challenges this belief. The evidence is now very strong that being out of work or on long term workers compensation leads to poorer health. Not working for long periods of time leads to higher rates of depression and suicide. Physical health is also poorer and may be a reflection of increased smoking, use of drugs and alcohol and poorer diets. The evidence also shows that getting back to work greatly improves mental health.

The Royal Australasian College of Physicians have embarked on a major program to inform and educate employers, insurers, workers compensation organisations, unions and health professionals of the ‘Health Benefits of Good Work’. The College aims to change behaviour when issuing medical certificates, advising that being unfit for any work should be limited to short term periods following surgery or acute illnesses, unless people have major disabilities or illnesses . Doctors are being encouraged to write certificates of capacity instead of certificates of incapacity. Employers are being encouraged to increase opportunities for those workers who have limitations in what they can do.

But why does working improve our health? It seems it gives us a purpose in life, a sense of self worth, provides social interaction with others as well as increasing our incomes. The higher incomes improve our diet, lifestyle choices, access to health services, as well as increasing education and training opportunities.

But is all work beneficial? The evidence suggests it needs to be good work. People feel better if they have some control over their workloads, how they complete their tasks and if they have job security. They will usually stay with an employer if they have good working relationships with others, feel supported and if their efforts are valued and acknowledged. If those factors are absent, then their health will worsen to being similar as being unemployed. So this is why the Royal Australasian College of Physicians is advocating employers to improve working conditions and their management of workers. If workers are more appreciated, there will be fewer ‘sickies’ and less turnover of staff. The health of workers will improve and the costs to business will reduce significantly.

So the message is, if you are of working age and retain any capacity to work, then find some work you are able to do with employers who publicly embraces the ‘Health Benefits of Good Work’. Your health will benefit as well as your income.

Dr Warren Harrex, DVA Senior Medical Advisor

## Being lonely makes men sick

Loneliness kills! When nearly 150 well-conducted research studies looking at over 300,000 people were reviewed, considering risk factors for death and the impact of social relationships, the results were compelling. The mortality risk of those with weaker social relationships was twice as great as obesity and comparable to smoking 15 cigarettes daily. This finding was consistent regardless of age, gender or initial health status (Holt-Lunstad et al, 2010).

Residing with others is not, however, the simple means for living longer. In the large study above, the best indicator of risk was how well the person felt ‘integrated’ with those around them. Other studies have used a more familiar term: loneliness. Loneliness increases death rates, risk of depression and high blood pressure. We are not sure why loneliness is so damaging. It has been proposed that it makes a person feel chronically threatened, in turn gradually damaging the immune system. Perhaps “we need the tribe to survive”?

*beyondblue* have found that feelings of isolation tend to emerge in men in their 30s, and remain a problem into old age. Of Australian men aged 30 to 65, just four in 10 are satisfied with how much they feel like a member of the community, and less than two-thirds are satisfied with the quality of their relationships. *One in four, or 1.1 million Australian men aged 30 to 65, have few or no social connections*. Women at the same age seem to be able to maintain or make new friends as their circumstances change: men don’t. Retirement for some men increases their problems with disconnection from workmates, while for others a variety of social connections are renewed or developed.

What can help men to reduce loneliness? For many it is in their hands; staying in touch with mates, joining local interest groups, or engaging in work-related social activities. Of course cost, disability and transport limitations can be impediments to change, or even causes in themselves. The challenge is to find new connections as the old ones, such as sporting groups or jobs, fall away. Encourage a mate to consider physical activities involving others; joining alumni groups (football clubs, military or workplaces), volunteering, or learning a new skill at a Men’s Shed.

Men’s Health Peer Education is well ahead of the *beyondblue* report: it already has Social Participation as a core topic. Volunteers can use their knowledge and connections to make a difference and events such as Veterans’ Health Week provide opportunities to gently encourage isolated men to reconnect.

How can we do better for generations to come? *beyondblue* found that “men who had experienced low levels of emotional openness or engagement with their fathers growing up are more likely to experience poor social support, and good communication between father and son may be a protective factor from social disconnectedness in later life.” The take home message: talk with your boys, openly and often.

Anthony Hoare, DVA National Health Adviser

### Article text box

Research with veterans has consistently shown the importance that social isolation and resulting feelings of loneliness can have on mental health outcomes. A six year longitudinal study of personnel that served in Rwanda showed that one of the key predictors of negative mental health outcomes was loneliness. Similarly, recent United States and Canadian research with contemporary veterans suggest a substantial association between social support and mental health outcomes.

Check out the annual Military and Veteran Mental Health Annual Literature Scans on At Ease <http://www.at-ease.dva.gov.au>

## Should I access support?

With so much medical information on the Internet nowadays, it is easy to find medical advice for most conditions with the click of a button. The catch, however, is knowing what to search for in the first place. Doctors are able to consolidate signs, symptoms and investigation results into an accurate diagnosis. However, doctors still require patients to come forward seeking medical advice. How then, do you tell if you need help for your mental wellbeing? This article will discuss some common signs and symptoms experienced by patients with conditions affecting their mental health. It is hoped this will encourage them to seek an early assessment.

Military service is a high risk occupation due to the potential for exposure to potentially traumatic events both on deployment but also in Australia, for example disaster relief, training accidents and border protection. Impairment of mental wellbeing following these activities can present in numerous ways. People with certain depressive disorders can have a depressed or irritable mood. Others may experience a loss of interest or pleasure in things or activities that used to give them much pleasure and satisfaction. These can include hobbies, food and work. They commonly feel fatigued and experience changes in their sleeping patterns as well. Depression can also affect concentration levels or result in a significant increase or decrease in appetite.

Such exposures can also increase the risk of anxiety disorders and posttraumatic stress disorder. These conditions can manifest as intrusive memories or nightmares about the trauma. Affected individuals may also experience feelings of guilt and anger, depending on the nature of the traumatic incident. Anxious individuals may also feel restless and their muscles tense-up easily. Others may feel hyper-vigilant or startle easily. Relationship problems with family and peers caused by feeling detached from them can occur after exposure to traumatic experiences. On the more serious side of the spectrum, recklessness and self-destructive and anti-social behaviour can manifest in actions such as drink driving and speeding.

Some symptoms are more concerning than others. Suicidal and homicidal thoughts are strong warning signs that urgent medical and psychiatric interventions are required. It is even more concerning if plans have been made to enact the suicidal or homicidal intentions. In such situations, it is imperative to seek urgent psychiatric review or present to the nearest Emergency Department. Other warning signs include abuse of alcohol or illicit drugs.

If you have any of these signs or symptoms, it is a good idea to talk about it with your GP or mental health professional. The At Ease portal [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au/) also can help identify when you need to reach out, seek treatment or identify effective ways to move forward. Discussing sooner rather than later is important as there are effective treatments. Also, if left alone, mental health issues can grow rapidly in severity and complexity, making treatment difficult and resulting in complications. Lastly, please note that this article should not be used for psychiatric self-diagnosis which should be left to a mental health professional.

Dr Dwayne Chang, DVA Medical Adviser

## BUILDING MENTAL FITNESS

We can all work towards greater mental fitness through building our resilience. We all face stressful, anxiety provoking and potentially traumatic situations in life. Our ability to cope with or bounce back from these events can be enhanced by having the broadest range of coping strategies or ‘toolbox’ available.

Due to the risks of military service, this is particularly true of individuals in the Australian Defence Force (ADF), who may face considerable hardship, stress or danger. This can include challenges in training environments, on deployment, providing disaster and humanitarian support or during boarder protection tasks. SMART (Self Management and Resilience Training) is a tri-service approach developed in Defence to provide ADF personnel with the knowledge and skills to maintain peak performance in all these environments.

SMART is a practical approach to resilience that supports ADF personnel to develop an effective toolbox of coping strategies. It has an active “help yourself, help your mates” method to managing reactions to stressful situations that work at the individual and team level.

The resilience training includes teaching strategies that allow personnel to manage thoughts, behaviours, emotional and physical reactions. Importantly, it also teaches people when to apply the tools, through teaching the importance of testing your perceptions, identifying what is controllable, and if necessary, adjusting your initial reactions.

ADF personnel now learn about SMART throughout their careers – from recruit training to pre-deployment BattleSMART, and as part of the transition process LifeSMART. People leaving full time service can continue to use the approach to assist them to transition to civilian life and/or reserve service. As finding new employment, settling into a new home, and building new supports and social networks, can be challenging.

The Defence Community Organisation also provides FamilySMART, a series of group programs designed to help the partners of ADF members identify and build on their strengths, learn techniques to cope with the stressors and challenges of the military lifestyle, and become more resilient, self-reliant and proactive. The programs target challenging aspects of Defence life such as deployment, relocations, partner absence from home, or reuniting with a partner who is returning after a long time away.

The High Resilience (High Res) website and accompanying app recently developed by the Department of Veterans’ Affairs jointly with Defence, Phoenix Australia and the Young and Well Cooperative Research Centre, are based on SMART. These resources have been developed to assist serving and ex-serving personnel as well as their families. We all face challenges in life and these tools can be used by anyone in the veteran or general community.

A key focus of both the High Res website and app is to provide resources to learn more about resilience and set goals to practice tools. Maintaining resilience is no different than maintaining physical fitness: it takes regular training. The skills that help us perform under pressure are the same ones that help to achieve important goals in life. A key component of the website is a “Plan for Improving My Resilience” section. Through this section you can sharpen your skills, set goals and track your progress.

No matter what our challenges might be, these resilience skills are key resources we can all draw on. Having the broadest possible toolbox helps us to be resilient, overcome challenges and assist us to get the most out of life.

Learn more visit:

High Res App [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)

FamilySMART [www.defence.gov.au/dco/partners.htm](http://www.defence.gov.au/dco/partners.htm)

Dr Stephanie Hodson, DVA Mental Health Adviser

## Looking after the carer

It's important for people who are supporting or caring for someone with depression or anxiety to look after themselves, both physically and emotionally.

They need to stay strong and reliable, not only for the person they're looking after, but also for themselves. However the constant, sometimes overwhelming pressures of being a carer can put that person at greater risk of developing depression themselves.

The *beyondblue Guide for Carers – Caring for others, caring for yourself*is a booklet developed by carers, for carers. Based on personal stories and experiences, the guide offers helpful advice and tips about caring for others, and caring for yourself too. It also looks at understanding your feelings and the impact a mental health condition can have on you, your family and friends.

The guide covers:

how to get through the tough times

what worked (and what didn't)

how to overcome a range of difficulties

how to support the person with the illness

how to access support for carers.

In addition, the *beyondblue* DVD *Carers' Stories of Hope and Recovery* features interviews with people who care for, or support, a friend or relative with depression, anxiety or a related condition. You can watch the interviews online at [www.youtube.com/user/beyondblueofficial](https://www.youtube.com/user/beyondblueofficial).

### Helpful tips

Learn about depression and anxiety. This may help you to understand why a person with the condition behaves in a certain way. It may also help you to separate the condition from the person and to realise that the person's mood or behaviour is not necessarily directed at you. Further information is available from *beyondblue.*

### Take time out

As a family member or friend of a person who is experiencing depression and/or anxiety, it's important to look after yourself too. Make sure you spend time to unwind and do things you enjoy.

### Talk to someone

It may be helpful to talk to your friends or family members about how you're feeling in your role as a carer. If you're having trouble coping and don't feel comfortable talking with the people you know, talk to a counsellor.

### Support for carers

If you're living with, or caring for, someone who is experiencing depression or anxiety, you may feel isolated sometimes, with friends or other family members not necessarily understanding the position you're in. Try talking to people who are in a similar situation, or seek out services that provide education and support for carers of people with mental health conditions.

### Useful organisations for carers

Carers Australia is a not-for-profit organisation dedicated to improving the lives of carers through important services like carer counselling, advice, advocacy, education and training. Ph: 1800 242 636. [www.carersaustralia.com.au/](http://www.carersaustralia.com.au/)

Mental Health Carers Arafmi Australia (MHCAA) provide specialist mental health support to families, carers and their friends. Support includes: linking people to other carers who can offer face-to-face peer support, education services with other carers, and advocacy services which help carers to identify and find solutions to their challenges. [www.arafmiaustralia.asn.au/](http://www.arafmiaustralia.asn.au/)

Carer Advisory and Counselling Service provide family carer support and counselling. Contact your state or territory branch of Carers Association on 1800 242 636 (free call from landlines).

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### Article Text box:

To obtain a copy of the *beyondblue* *Guide for carers*, Ph: 1300 22 4636 or visit[www.beyondblue.org.au/resources](http://www.beyondblue.org.au/) *beyondblue* is funded by the Commonwealth and State governments, and has an extensive range of information and resources, and supports many practical initiatives around depression, anxiety and suicide prevention.

## Talking about mental fitness: it’s OK

We hear a lot about physical fitness and its importance for good health. Mental fitness is just as important, in fact physical and mental wellbeing are closely related. Mental fitness and emotional wellbeing allow us to recognise our strengths and abilities, to cope with the stresses of life, to build strong relationships and to contribute to our family and community. It means we can enjoy life

Mental fitness is more than the absence of mental health conditions. It affects every aspect of our lives, how we feel about ourselves, how we feel about others and how we meet the demands of everyday life. You can take steps to improve your mental and physical wellbeing.

Both our physical and emotional wellbeing can vary from day to day. We all experience life’s challenges and stresses, but being mentally fit gives us the resilience to bounce back when times are tough. Building strong relationships, enjoying a healthy lifestyle and developing coping strategies can promote mental fitness, both now and in the future.

Mental health problems are common in the Australian community; about one in two Australian adults experience a mental health problem such as anxiety, depression or post-traumatic stress disorder (PTSD) at least once in their life

Many veterans adjust successfully to civilian life, but for some the experience of transitioning from full time service can be stressful and challenging. It’s OK to question your own mental health, to recognise when you have a problem, and to know where to go to seek help.

Returning to civilian life is a major change in lifestyle for both you and your family. It can affect the mental health and wellbeing of the whole family as stresses and challenges arise. It can be a struggle to understand your feelings. Talk to a friend or loved one, someone you trust who is a good listener, or attend a support group for friends and family. Sometimes professional help is required to help you get back on track. Take action.

Staying physically and mentally fit is a goal for all of us. The following simple strategies can set up good habits to help build confidence and resilience and get more out of life.

Set goals and enlist a peer or family member to help monitor your progress

Aim to be active every day

Enjoy a balanced diet and limit alcohol intake to low risk drinking

For your general health, don’t smoke

Develop good sleep habits [www.veteransmates.net.au/VB\_insomnia](http://www.veteransmates.net.au/VB_insomnia)

Learn a new skill, interest or hobby

Connect with others; join in community activities such as volunteering

Set time to do things you enjoy such as going to the beach or having a coffee with friends

Mindfulness, an awareness technique, can help with negative thoughts and emotions

Consider strategies to relax and unwind, such as yoga or meditation

### Recognising when help is needed – it’s OK

Seeking help early is important. It’s a way of empowering yourself, not a sign of weakness. Talk to your GP to determine what support you need. He/she may recommend psychological support or counselling, or in some cases, medicines. If you are a former serving member, you can also access a health assessment from your GP. A Medicare rebate is available for this assessment.

Answering the following questions may help you decide when to seek help:

Have you felt sad or depressed most of the time lately?

Have you been feeling anxious or had distressing thoughts most of the time lately?

Have you had trouble working or meeting your daily responsibilities?

Have you had problems in your relationships, or trouble taking care of the family?

Have you increased your use of alcohol, illicit drugs or prescription medications?

Are you having trouble sleeping?

Are you having trouble eating, or have you gained a lot of weight?

Are others concerned about you?

If you answered ‘yes’ to any of these questions, consider talking to a health professional.

See your GP or call the Veterans and Veterans Families Counselling Service (VVCS [www.vvcs.gov.au/](http://www.vvcs.gov.au/)), available 24 hours a day on 1800 011 046. VVCS provides specialised, free and confidential counselling to Australian veterans, peacekeepers and their families.

If you are having thoughts of hurting yourself or someone else talk to your GP or contact VVCS, [www.vvcs.gov.au](http://www.vvcs.gov.au/) Phone 1800 011 046**.**

If you are severely distressed or thinking of acting on your thoughts of self harm or harm to others,

call 000 or Lifeline (13 11 14), or go immediately to the nearest hospital emergency department.

NOTE: DVA can pay for treatment for diagnosed PTSD, anxiety, depression, alcohol use disorder or substance use disorder, whatever the cause. The condition does not have to be related to service. This is available to anyone who has deployed on operations overseas, and many who have served for more than three years at home.

These arrangements, known as non-liability health care (NLHC), can help with early intervention through treatment to lessen the impact of a mental health condition.

More information about these arrangements is available from [www.dva.gov.au](http://www.dva.gov.au/)

Keeping an eye out for your own mental health as well as that of your family and mates.

### Seeking help – it’s OK

Working with your GP to develop a treatment plan specifically for you might include referral to a mental health care professional such as a psychiatrist, psychologist, or social worker. Often more than one person will be involved in your care. Your health care team can help you to:

develop a step-by-step approach to problem solving

help manage day to day challenges

challenge negative thinking, promote a positive and realistic view of yourself and your situation

build strategies to establish a routine.

Sometimes medicines may be needed long term; sometimes medicines are needed short term. Be guided by your GP and be aware of the things you need to know to make an informed medical decision. If your treatment plan includes a medicine, ask:

What is the name of the medicine and why has it been prescribed?

When should I start the medicine?

How often and how much do I take?

When might I start to feel better?

What are the possible side effects and what should I do if I experience any?

When should the treatment be reviewed?

How long will I have to take the medicine?

If taking a medicine, be sure to take it as prescribed, and for the time agreed as outlined in your treatment plan, even if you are feeling better. Not taking your medicine(s) may cause a relapse.

If you need help, it is important to reach out to others. Help is out there. Help can make a difference.

### Useful resources about mental fitness

The DVA At Ease portal is for serving and ex‑serving members, veterans and families – a portal that helps to recognise the symptoms of poor mental health, find self‑help tools and advice, and learn about treatment options, [www.at‑ease.dva.gov.au](http://www.at-ease.dva.gov.au/veterans)

### DVA mobile apps:

PTSD Coach Australia app can help you learn about and manage symptoms that commonly occur after trauma\*

HIGH RES is a self-help resilience app that provides tools to help serving and ex-serving ADF personnel manage stress ‘on the go’ and build resilience over time. This will help users to better respond to future challenges at work and in life\*

**ON TRACK with The Right Mix app** lets you track your drinking and spending and the impact it's having on your wellbeing and fitness levels.\*

\*Mobile apps available free for Android and Apple devices.

### Other DVA Resources

Veterans and Veterans Families Counselling Service (VVCS),[www.vvcs.gov.au](http://www.vvcs.gov.au): 24 hour confidential support. Phone 1800 011 046

Operation Life Online – a website to raise awareness about, and help prevent, suicide in the veteran community, [www.at-ease.dva.gov.au/suicideprevention](http://www.at-ease.dva.gov.au/suicideprevention)

YouTube videos - ‘Don’t Suffer in Silence’ is the key message in a series of online videos about the impact

of mental ill health on current and former serving personnel and their families, [www.youtube.com/DVAAUS](http://www.youtube.com/DVAAUS) or via the DVA Facebook page, [www.facebook.com/DVAAUS](http://www.facebook.com/DVAAUS)

### Other help is available from:

beyondblue: [www.beyondblue.org.au](http://www.beyondblue.org.au)

Lifeline: phone 13 11 14

National domestic violence hotline: a 24 hour confidential hotline. Phone 1800 200 526

NPS MedicineWise provides options for using a medicines list to help keep track of your medicines. [www.nps.org.au/about-medicines-list](http://www.nps.org.au/about-medicines-list)

Provided by: University of South Australia Quality Use of Medicines and Pharmacy Research Centre. In association with: Discipline of General Practice, The University of Adelaide Discipline of Public Health, The University of Adelaide. Repatriation General Hospital, Daw Park NPS MedicineWise Australian Medicines Handbook Drug and Therapeutics Information Service

Get the best from your medicines VeteransMATES [www.veteransmates.net.au](http://www.veteransmates.net.au/)

## Helping your mate

Starting a conversation with someone you suspect is having thoughts of suicide is one of the hardest, yet most important things you may ever do. Your willingness to talk about this emotional issue with a friend, family member, or co-worker could be the first step towards their getting help and preventing a death by suicide.

Unfortunately not all people with suicidal feelings give signs of their intent. However, many people contemplating suicide do signal their pain in some way and they offer us opportunities to respond. This is a prevention opportunity.

People thinking about suicide can feel worthless, hopeless and helpless. They may be angry or depressed and can feel sad, alone and lonely. Negative thoughts, such as ‘I’m useless’, ‘you’d be better off if I was dead’, ‘what’s the point’, ‘no one can help me’ and ‘nothing will ever change’ can overwhelm rational thinking processes and hinder their ability to take a step back and review their situation.

The impact of these thoughts and feelings may be reflected in behaviours, such as staying away from family and friends, unexpectedly giving away major or valued possessions, a severe lack of motivation, or conversely, impulsive and reckless actions. This list is not comprehensive; to learn more about the impact of suicidal thoughts please visit the *Operation Life* website at: [www.at-ease.dva.gov.au/suicideprevention/](http://at-ease.dva.gov.au/suicideprevention/)

If you suspect someone’s behaviour or comments could indicate that they are not traveling well, your willingness to have a conversation with them about your concerns could be a catalyst to them starting the journey back to good mental health.

If you are not comfortable, or feel underprepared to have this conversation, that’s OK. You can still take action that will make a difference in their life by expressing your concern and asking if you can support them to, chose and book in to see an appropriate health professional, for example a GP or a counsellor.

Your willingness to support them may be what they need to call Veterans Line (1800 011 046), Lifeline (13 14 11) or the Suicide Call Back Service (1300 659 467) and start the conversation back to good mental health.

If you feel you are able to have a conversation about your concerns, plan a time to talk without interruptions. Let them know you are worried about them and ask what is going on for them, how are their relationships with family and friends going?

Listen without judgement and reassure them that you care. Suicidal thoughts may occur with some mental illnesses and your willingness to talk about these feelings in a non-judgmental, non-confrontational way can be the support a person needs to seek help.

Check-in on what professional support they are getting. Have they spoken with their GP recently? Are they in counselling? Consider making an agreement about how they will stay safe until they are able to see an appropriate health professional. Check that they have a crisis line number to call: this is especially important as there may be times when they feel low and are not able to access support from family or friends.

If there are immediate and/or life threatening concerns, call 000 as urgent action may be required.

Through asking such questions, you may discover that your mate is suffering depression or is feeling low, but is not suicidal. In which case, there are still ways in which you can support and encourage their path back to good mental health. For example, being regularly involved with friends, family or community groups can provide much needed support. Having someone to share their concerns, talk with and feel cared for, all contribute to increased wellbeing.

Try to inspire them to be active: maybe invite your mate for a session at the gym or go for a walk or run. Being physically healthy is important to maintaining good mental health and regular exercise can be a good way to manage depression. It’s also a good way to look after yourself!

Most importantly, know that you do not have to be the sole person responsible for another. Encourage your mate to seek professional help and counselling. The Veterans and Veterans Families Counselling Service (VVCS) provides free and confidential, nation-wide counselling and support for war and service-related mental health conditions, such as posttraumatic stress disorder, anxiety, depression, sleep disturbance and anger. Support is also available for relationship and family matters that can arise due to the unique nature of military service.

VVCS also offers specific programs around suicide prevention; *Operation Life* helps members of the veteran and ex-service community to identify when someone might be having thoughts of suicide, and *Operation Life ASIST* teaches applied suicide intervention skills training. VVCS counsellors have an understanding of military culture and can work with clients to find effective solutions for improved mental health and wellbeing.

Eligible members of the ADF, veteran and ex-service community and their family members who may be dealing with mental health conditions are encouraged to contact VVCS to discuss support and counselling options. VVCS counsellors are available 24 hours a day, 365 days a year by calling 1800 011 046.

For help or to check eligibility for VVCS services, call 1800 011 046 or visit <http://www.vvcs.gov.au/>

Article text box: Follow Veterans and Veterans Families Counselling Service on Facebook to keep up to date with scheduling of group programs, such as Operation Life workshops and VVCS activities planned for Veterans’ Health Week, commencing 12 October 2015.

## Mental health is a family affair

It is very hard to disagree with the statement that mental health is a family affair, but in our daily lives, do we always take this into account? It is also difficult to disagree with the expression that ‘no man is an island’. In other words, whatever we think, say, or do, impacts on all around us: on our family, our friends and our work environment. John Donne, the sixteenth century poet, first raised the concept of connectedness in all aspects of our daily lives, and particularly in relation to family dynamics and health. If you watched the recent SBS television programme “Struggle Street”, the connectedness and inter-generational outcomes in social and health terms and behaviours were, some would say rather unfortunately, so clearly demonstrated.

Of course some might also say what does this mean for mental health? Well for starters, it should inform our thinking in a great deal of what we do. All mental health programmes should be inclusive of the whole family, particularly regarding treatment. This was so clearly pointed out in the inter-generational outcomes of the *Vietnam Veterans’ Family Study*. They found that the children of a veteran with post-traumatic stress disorder had a greater risk of developing a mental health condition themselves. Of course family involvement is not just about treatment. Just as importantly, it is about support. The words: “Can I help you?” may make all the difference, from whatever quarter it comes: family, friends or work colleagues. Think about the practical support you could offer, such as around the home, cooking a meal, maybe taking the kids on an outing or in so many cases just be a good listener. To listen is to share a burden, and by helping others we often better understand ourselves. Sometimes it is hard to seek or accept help, because we see seeking help as weakness, and we think we are letting ourselves and everyone else down. If anything, exactly the opposite is true.

Whatever we do in terms of life-style choices, it is most important that we always consider if we’re looking after our health. If we do develop a mental health condition, we need to seek help and support. We should remember that often the most valuable help is at home, or nearest home, and mental health is certainly a family affair.

Dr Graeme Killer AO, DVA Medical Adviser

## Easier access to mental health care

Access to mental health support has been made easier following greater understanding that the risks of service are not just deployment-related. Eligible veterans, and current and former members of the Australian Defence Force (ADF), are able to access treatment at DVA expense, for posttraumatic stress disorder (PTSD), anxiety, depression, and alcohol and substance abuse whatever the cause. There does not have to be any link between the mental health condition and military service for the individual to access treatment. This arrangement is known as Non‑Liability Health Care (NLHC).

Eligible veterans, and current and former ADF members, now access NLHC (including pharmaceuticals) from GPs, psychologists, psychiatrists, inpatient and outpatient hospital services, and specialist PTSD programmes. In addition, a diagnosis for any non-liability condition can now be obtained from a vocationally registered GP, clinical psychologist, or a psychiatrist. Previously, only psychiatrists could do so.

This access is available to anyone who has deployed on operations overseas, or who has three or more years’ peacetime service. Effective from 2 January 2015, this builds on other changes made in 2014 to expand NLHC services to include treatment for alcohol and substance abuse, and to provide eligibility for a greater number of ex-service personnel with peacetime service.

A psychiatrist’s diagnosis is still required for compensation claims related to mental health conditions. For those claiming compensation, DVA also provides case coordination to support our most vulnerable clients, including those with complex mental health needs.

For further information on mental health support for veterans and their families, contact DVA or visit the *At Ease* website at [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)

## Transition and Wellbeing Research Programme

Australia’s largest and most comprehensive research programme into contemporary military service has started, with around 50,000 serving and former ADF personnel invited to participate.

Service in the ADF brings with it significant benefits, but also unique health risks. For Defence and DVA to deliver programmes that make a difference, the agencies need to better understand the health and wellbeing of serving and former personnel and their families.

DVA and Defence have partnered to jointly fund the Transition and Wellbeing Research Programme to examine the impact of military service on serving and former personnel, and their families, particularly the transition from full time service to civilian life, the impact of high risk military roles, and pathways to health care. The Research Programme will focus on currently serving personnel and those who left the ADF between 2010 and 2014, as well as their families.

The University of Adelaide will lead the research on personnel, while the Australian Institute of Family Studies will lead the family research.

The University of Adelaide will write to around 50,000 serving and former personnel inviting them to complete an online survey, and nominate family members – parents, partners or children aged 18+ years – to participate in the family research. Importantly, a targeted group of individuals with exposure to combat environments will complete physical and cognitive tests.

Like being a MHPE volunteer, participating in the Transition and Wellbeing Research Programme is a simple way to continue to support and help mates after leaving the ADF. Getting as much information on the experiences of as many people as possible will deliver better support to serving and former personnel and their families. It will also allow improved targeting of health awareness campaigns in the future.

As an example of research leading to better services, Defence’s 2010 Mental Health and Wellbeing Prevalence Study found occupational risk was not only a factor of ADF deployment but of domestic activities like border protection, disaster relief and training accidents. Consequently, ex-serving personnel with peacetime service only, now have access to DVA arrangements for treatment for certain mental health conditions.

If you left the ADF between 2010 and 2014, or have friends who have, and you haven’t received a letter or email from the University of Adelaide, please go to [www.transitionwellbeing.adelaide.edu.au](http://www.transitionwellbeing.adelaide.edu.au) to register. You will need your date of birth and your PMKeys identification number.

For support:

Veterans and Veterans Families Counselling Service (VVCS): 1800 011 046

ADF All Hours Support Line: 1800 628 036

## Walking Backwards for Christmas

“I’m walking backwards for Christmas, Across the Irish Sea” (by Spike Milligan, sung by me at six.)

Looking back through my life on mental health reminded me of this song – I was born on Christmas Day, and Spike knew all about mental health.

Living forwards is like walking backwards towards Christmas – we can’t see where we are going, but we retain a hope that it is towards something nice.

I doubt that we make progress through life in anything except experience. To me, even children are fully developed people, and within their circumstances display intelligence, wisdom, and courage. Bright and well-meaning adults were once equally bright and well-meaning children.

Babies would be the busiest and bravest of us all, learning non-stop, and more often in pain and discomfort. There is much we would not want to remember from before we were two.

So I don’t ponder what I might have done if I was wiser. An elderly teacher at school who had driven the first tank stopped a lesson to say that he was still the same person that he had been as a boy, that growing up is not turning into somebody else, or somebody better.

Now 65, in this most recent decade I stopped worrying how old I was. I sailed past the age when most contemporaries retired, not myself feeling that inclination. I feel useful, preferring to remain engaged even in the nonsense and frustration that accompanies work, as other life activities. My GP agrees, also working on into older years.

I am slower in some respects, less quick to switch between topics. But I look into things more deeply, and for the longer term benefit. I want what I do to matter and last.

I am in good mental health. We don’t generally do mental health check ups. I did however develop a self-help website for DVA –– and my own self-assessment test came out OK for indicators of anxiety and depression. Of the negative factors, I do live alone, though remaining at work and having other interests.

At sixty I started learning to play the harp. Unforeseen benefits included delightful company and intellectual stimulation. It certainly seems to aid mental health - though I can’t play it while walking!

In this decade you start to lose contemporaries – you attend more funerals than weddings, and some are of people your own age. But funerals have improved out of sight, and are often now uplifting and celebratory.

The decade 45 to 55 was more difficult. You are fully engaged at work, at home and in other activities, and focused on how far you will achieve before too late, while holding a home life together, and doing those other things on the list – sports, travel, late career challenges, and supporting children through early adult life.

You may navigate around the wreckage of bits of your own life, or of others’ lives, that are falling off under the strain. There are major ups and downs. I started a successful singing group, but lost a fifteen year relationship. At work I had success, but suffered high blood pressure from work stress. You see others going through bad patches. You try to stay manically active. Colleagues get sports injuries from over-doing it. At fifty, your GP starts a regime of extra tests.

You are hard on yourself, and others, without meaning it. You are trying to complete a life agenda while you still can. You are unconsciously competing with retired parents, siblings and friends, your adult children. It’s game on, start of the last quarter, you can still ‘win’.

35 to 45 was more cruisey (at least looking back!). You are in your career and family for good or ill, not agonising about those choices. You are well and active. You grieve a little for youth, but you can still pretty much do anything. There is still time later for major career moves, you can be motivated by work that is interesting and get by. You don’t know it yet, but you do some of your best work, have your best ideas. If your relationship is good, it can flourish. If you have kids, you watch them grow up while you have the energy to manage the challenges.

25 to 35 you are trying to get on the right train. You have tried a few things - but what to really do in your life and who with? This is stressful as well as stimulating. You are slightly out of your mind. It doesn’t help that your potential partners, and advisers of the same age, are slightly out of their minds too. Others seem to have it worked out (they haven’t really). You may want to put it off and just stay young. But there is something missing - then you hit thirty. I panicked at the end of 29, got married, moved across the world, and started full-time work. Amazing what great decisions you can make when panicking.

15 to 25 depends a great deal on which decade it was in. Mine was 1965 – 75. I would not swap it for any decade in history to grow up in. I was mentally strong, and it was a lifetime of experiences – late school, cultural explosions, labouring work, study, overseas volunteering in a war zone, expeditions.

5 to 15 is your foundation time. If you are lucky as I was, you have a secure and loving family environment. You know who you are, and you know and trust your values. Then adolescence and mid-life will be storms you can sail through. I have remained the same person, back to singing along with Spike at six, and even walking further backwards to Christmas Day, 1949.

Chris Clarke, DVA

## Calling mustachio fanciers

Don’t forget Movember.

Movember is a moustache growing charity event held by The Movember Foundation each November to raise funds and awareness for men's health, specifically prostate cancer, testicular cancer and mental health. Mo Bros (guys who grow a Mo) supported by Mo Sistas (women who love a Mo) sign up at [www.movember.com](http://www.movember.com) Starting clean-shaven on November 1st, Mo Bros donate their top lip for 30 days by growing a moustache to raise funds and start conversations about men's health.

So start planning your Movember event in time for November.

## Department of Veterans’ Affairs - Cooking for One or Two Programme

Good nutrition is one part of healthy living. Improvements in any area of social, physical or mental health may have a positive impact on the other areas. Cooking healthy food and sharing a meal with family and friends is a fun way to stay connected and can be beneficial for mental wellbeing.

If you are interested in improving your culinary skills, learning about healthy eating, and socialising while preparing and eating some delicious meals, the Department of Veterans’ Affairs “Cooking for One or Two” programme may be for you.

### What is the Cooking for One or Two Programme?

“Cooking for One or Two” is a five session culinary skills programme designed to enable any Australian community group or individual to learn the basics. In each of the five sessions, which are approximately three hours each, the group puts together a delicious, easy, quick and nourishing two-course meal. A healthy lifestyle discussion is included in each session to complement the healthy cooking and eating lesson.

### Who will run the Cooking for One or Two Programme?

Before running the programme, the group will need to select a facilitator and assistant who will be knowledgeable in group education, basic cookery, food hygiene, and occupational health and safety.

### The Facilitator Manual

The Facilitator Manual is designed to take a group undertaking a programme through, step-by-step, the requirements to organise and conduct “Cooking for One or Two”. The Manual is broken into seven sections in MS Word format and is printable. As well as the manual, a basic PowerPoint presentation is available for each of the five sessions.

### Masterclasses

In addition to the initial programme, a number of two-session Masterclasses have been developed for those who have already undertaken “Cooking for One or Two” and want to enhance their skills. DVA is developing more Masterclasses, with the following currently available:

Fabulous Fish and Sensational Seafood,

Slow Cooking, and

Italian Cuisine.

### Funding Support and Further Information

Limited financial support is available for any ex-service organisation or community group conducting a programme targeted at current and/or former Australian Defence Force members and their families.

For further information, including contact details, or to download material for the initial programme or a masterclass, go to: [www.dva.gov.au](http://www.dva.gov.au)

## Where does Veterans’ Health Week fit in to all the ‘mental health’ jargon?

Let’s get the jargon out of the way early. We at DVA use phrases like ‘mental wellness’, ‘recovery culture’, ‘military culture’ and ‘help-seeking behaviour’. I am as guilty as anyone for using jargon and while those phrases are meaningful, when it comes down to it, many of us are saying the same thing but in a different way:

Trying to stay well is important.

Some things in life act as barriers to keeping well.

What we have experienced, think, and do on day-to-day basis can shape how we respond to challenges.

Doing things that are good for your body and mind can help you bounce back from stress.

Social banter is great, and chatting to your friends about the less than comedic stuff can be helpful.

Seeing the GP early on in the piece is always a good idea.

What Veterans’ Health Week offers is an opportunity to get together with friends; meet new people; and have some fun. Learn about health and wellbeing options and resources, get inspired to take part in activities; gain the information you need to think about things related to your health and lifestyle; and keep the momentum going while you’re on the journey.

The Week celebrates ongoing efforts to improve the health and wellbeing of the veteran and ex-service community. This year’s Veterans’ Health Week will be held from **Saturday 10 to Sunday 18 October.**

The Week is for all, and this year’s theme is *Mental Wellness.* It is important to remember the four themes of Physical Activity, Nutrition, Mental Wellness and Social Connection, and to weave these into as many events as possible.

To find out more about Veterans’ Health Week, including how to organise an event, and events planned near you:

visit: [www/dva.gov.au](http://www.dva.gov.au)

phone: DVA on 133 254 (or 1800 555 254 from regional Australia)

email: [vhw@dva.gov.au](mailto:vhw@dva.gov.au)

If there’s no event already planned near you, there’s plenty of time to organise one: the Veterans’ Health Week webpage has a number of ideas and an information kit to help you along.

Dimitri Batras, DVA National Health Promotion Adviser

## Spiders’ webs and bookworms

### Books

#### Mindfulness at work: how to avoid stress, achieve more and enjoy life! / Dr Stephen McKenzie

‘Mindfulness at work’ reveals how the practice of mindfulness, the ability to focus our attention on what is rather than be distracted by what isn't, can be a powerful antidote to the distractions and stresses of our modern lives, especially our working lives. So, if you want to reduce your stress; become more productive; improve your decision-making skills; enjoy better relationships with your colleagues; work more creatively; develop your leadership skills and generally enjoy your job more, then mindfulness can help! Career Press, 2014 RRP $24.99 eBook $9.99

#### Wellbeing and mindfulness / Jane Alexander

‘Wellbeing and mindfulness’ guides you through the maze of holistic living and explains clearly and concisely how to incorporate natural health, emotional healing and spirituality into everyday life with simple, effective information and techniques that work. This book guides you on how to enjoy a healthier, happier life in the twenty-first century and is packed with exercises and tips for the reader to try. Carlton Books, 2015 RRP $39.99

#### Healthy brain, happy life / Wendy Suzuki

Nearing forty, Dr Wendy Suzuki was at the pinnacle of her career. An award-winning university professor and world-renowned neuroscientist, but she was overweight, lonely and tired, and knew that her life had to change. Wendy started simply: by going to an exercise class. Eventually, she noticed that not only did she begin to get fit, she also became sharper, had more energy, and her memory improved. Being a neuroscientist, she wanted to know why. What she learned transformed her body and her life. In this book, Suzuki interweaves her personal story with ground breaking research, and offering practical, short exercises - four-minute Brain Hacks - to engage your mind and improve your memory, your ability to learn new skills, and function more efficiently. Random House Australia, 2015. RRP $34.99

#### How to develop emotional health / Oliver James

Happiness is a loaded term that means different things to different people. To some, it might mean life satisfaction, to others, a fleeting moment of joy. Rather than seeking happiness, Oliver James encourages us to cultivate our emotional health. Outlining the five elements of good emotional health - insightfulness, a strong sense of self, fluid relationships, authenticity and playfulness in our approach to life - he offers strategies for optimizing each characteristic to live more fulfilling lives. Macmillan, 2014. RRP $19.99

#### The 10 best anxiety busters: simple strategies to take control of your worry / Dr Margaret Wehrenberg

In ten simple techniques, this pocket-sized, anxiety-busting guide boils down the most effective remedies for worry and anxiety, whether chronic or in the moment. From breathing exercises and relaxation practices to thought-stopping techniques, worry "containment," effective self-talk, and strategies that put an end to catastrophizing once and for all, it's your go-to guide when anxiety levels begin to boil. W.W . Norton & Company, 2015 RRP $23.00 eBook $19.59

### Online resources

#### What works to promote emotional wellbeing in older people / Yvonne Wells

This new booklet, specifically designed for aged care workers, but also helpful for other carers. The booklet identifies and rates the best activities for improving and protecting the mental health of older Australians. [www.beyondblue.org.au](http://www.beyondblue.org.au/about-us/news/news/2015/02/19/new-booklet-shows-what-can-improve-the-wellbeing-of-older-people)

#### Mental health and wellbeing after military service booklet / Department of Veterans’ Affairs

This booklet has been designed to provide information and advice for veterans, and other former serving personnel and their families, about mental health and wellbeing after military service.

[www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)

### Websites

#### Mindhealthconnect : Mental health and wellbeing /Health Direct

Supported by the Australian Government *mindhealthconnect* helps you find mental health and wellbeing in one place. [www.mindhealthconnect.org.au/](http://www.mindhealthconnect.org.au/)

#### Fighting Fit: ADF Health and Wellbeing Portal

'Fighting Fit' is a resource for all current and ex-serving ADF Members and their families. The Portal will direct you to a wide range of Defence websites containing information on ADF Health and Mental Health services and supports, as well as referencing a number of reputable external resources

[www.defence.gov.au/health/healthportal/](http://www.defence.gov.au/health/healthportal/)

#### Lifeline

For immediate counselling assistance, contact 13 11 14 [www.lifeline.org.au/](http://www.lifeline.org.au/)

#### Veterans and Veterans Families Counselling Service (VVCS)

Individual, couple and family counselling and the 24-hour Veterans Line 1800 011 046[www.vvcs.gov.au](http://www.vvcs.gov.au)

#### At-Ease Portal

A DVA website about mental health and wellbeing, with relevant, extensive resources and information for veterans and professionals. Includes Operation Life: suicide learning opportunities and assistance in both workshop and online formats. [www.at-ease.dva.gov.au/](http://www.at-ease.dva.gov.au/)

#### Mental Health First Aid

Evidence-based information and education is available to guide members of the general public in helping a person with a mental health problem. [www.mhfa.com.au](http://www.mhfa.com.au)

#### Phoenix Australia: Centre for Posttraumatic Mental Health

Undertakes trauma-related research, policy advice, service development and education. [www.phoenixaustralia.org](http://www.phoenixaustralia.org)

#### DVA’s Evidence Compass

The Evidence Compass is an online resource that provides information on emerging research topics of interest to the veteran community. Topics range from intervention for moral injury, emerging treatments for PTSD, chronic pain, sleep, anger and many more. [www.evidencecompass.dva.gov.au](http://www.evidencecompass.dva.gov.au)

Jo Wagner, DVA Librarian

## Ten and Five Year Recognition for Men’s Health Peer Education Volunteers

A number of MHPE volunteers have achieved five and ten years of active service. A BIG THANK YOU to all those listed here for your contribution to the health and wellbeing of the veteran and ex-service community.

### 10 Years

#### ACT & NSW

William Moffat

Des Davie

Neville Smerdon

#### QLD

Paul Findlay

Peter Shaw

#### WA

Matt Duffy

Debbie Stirk

Michael Tonks

### Five Years

#### ACT & NSW

Kevin Camm

Stewart Harding

Edward Payne

Gary Tearle

#### QLD

Les Bassett

Bob Bettany

Fred Inglis

Ron Lord

Ray Pyne

Linda Shaw

David Sumner

Denis Webb

#### WA

Peter Lewis

Steven Nowotny

Ken Stafford

#### VIC

Harry Beckwith

Ken Bryce

Albert Grulke

David McDiarmid

Peter Price

Dennis Reeves

Sandy Reeves

Bob Soutter

Russ Wilson

#### TAS

George Willrath

Have we forgotten anyone? If you’ve been with MHPE for five or ten years, and haven’t received your MHPE volunteer certificate and badge, please contact your MHPE State Coordinator.

MHPE Volunteers come from all areas of Australia, and receive training from DVA to discuss men’s health and lifestyle issues with their peers, and to raise the awareness of men’s health in Australia among veterans and the ex-service community in particular.

If you are interested in becoming a MHPE volunteer, contact your MHPE State Coordinator as listed on the back of this magazine or phone 133 254 (metro) or 1800 555 254 (regional).

## Keeping your mind active

Challenging your brain with puzzles and games can keep your brain active and improve its physiological functioning.

### Maths Challenge

Try to fill in the missing numbers**.**

Use the numbers 1 through 9 to complete the equations.

Each number is only used once.  
Each row is a math equation. Each column is a math equation.  
Remember that multiplication and division are performed before addition and subtraction.

### What Word

Can you guess what ONE word is being described from the clues?

Example:

Clue: Display the animal fur.

Literal answer: Show fur

End answer: Chauffer

1. Speed up, walking stick

2. 9th letter, sphere

3. Flesh, leg joint

4. Child, snooze

5. No money, characteristic

6. Metal jar, sign of sleepiness

7. Couple of medical personnel

8. Honey maker, purpose

9. School vehicle, young man

10. Honey-baked pork, twine

### Commonym

A commonym is a group of words that have a common trait in the three words/items listed. For example the items: car, tree, elephant all have trunks.

1.Story - Fortune – Bank

2.Rough - Curtain – Fringe

3. Cows - Goats – Coconuts

4. Charities - Golfers – Computers

5. Flood - Pilot – Flash

6. Grass - Clay – Hard

7. Cross - Head – Tail

8. Taxes - Heat – Dough

9. Finger - House – War

10. Tooth - Ice – Guitar

Source: <http://www.thinkablepuzzles.com/>

## MHPE National Round-up

### MHPE NSW & ACT

#### Defence Family Fun Day - Nowra

Members of the Shoalhaven and Illawarra MHPE group attended the Nowra Defence Family Expo at the Fleet Air Arm Museum attached to HMAS Albatross on 28 February. This Expo was for newer, older and family members of the Defence community as a way of introducing them to the services available in their local area. There were about 40 health and activity groups in all at the Expo. Many service personnel and their families availed themselves of the information on offer.

#### Seniors’ Health Week Expo - Nowra

South Coast MHPE volunteers were also involved in the Shoalhaven Council’s Seniors’ Health Week, Community Care Health & Ageing Expo at the Entertainment Centre in Nowra on Monday 16 February. Nowra and surrounding villages is the home for many current and former service personnel, and this was a way for MHPE to promote health issues for these people.

#### NSW RSL State Congress – Pit Stop

MHPE volunteers from Coffs Harbour area hosted a successful Pit Stop at our recent RSL State Congress on Tuesday 26th May. A very positive result was had, with the high number of delegates participating in the Pit Stop stations. During the day participants passed through four Pit Stops and had their health checks marked off by the MHPE volunteers and nurse, to see if they were roadworthy.

The National President of the Returned and Services League of Australia, Rear Admiral Ken Doolan AO RAN (Retd), showed his support by having his blood pressure read and to chat with the volunteers. A special thanks to Wally Sweet, MHPE Regional Rep for Coffs Harbour for being instrumental in leading the group of volunteers and raising awareness of men’s health.

### MHPE NT

#### ADF Transition Seminar - Darwin

ADF transition seminars are held in Darwin twice a year and are open to all personnel intending to leave the services. They are held at the Rowell Centre at Robertson Barracks. The two-day seminar features talks from various agencies that Defence members may interact with, including DVA. It’s a great opportunity for members to find out about their entitlements and also what other support services are available, such as VVCS.

On 13 May, MHPE volunteers set up a stand in the foyer of the Rowell centre so they could interact with members on their breaks. Usually this stand is set alongside DVA and VVCS. It’s a good opportunity for members to learn about MHPE and how they can be supported with managing their health. It’s also a good time to promote health generally, and volunteers gave out show bags with the MHPE magazine, and other health information items.

Member attendance at the transition seminars generally varies between 100 and 300, so it’s a great way for MHPE volunteers to spread the message. It’s also a good way to interact with the contemporary Defence cohort, a focus of the work currently occurring at DVA in Darwin.

### MHPE SA

#### Operation Slipper – Adelaide March 21st 2015

The parade to welcome home Afghanistan veterans was a fantastic opportunity for everyone to show our contemporary veterans how much we appreciate their service. It was encouraging to see so many people on the sidelines cheering and clapping, most particularly the number of Vietnam veterans showing their appreciation.

DVA staff distributed information and talked with veterans and their partners. MHPE volunteers Brian Thorpe, Ray and Kathy Behrendt, and Keith Wells, handed out MHPE magazines and supplied information on the MHPE programme.

#### Inaugural Bay – City 12 kilometre Walk/Run April 19th 2015

Margie Gutteridge SA MHPE Co-ordinator and SA Volunteer Rep, Kathy Behrendt took part in the first Bay to City event – the reverse of the City-Bay event held in September each year, and slightly uphill for most of the 12 kms!!

Margie & Kathy, managed to finish in 1.52.01 and talk all the way. Margie was 4th in her age group, Kathy 5th in her age group. Just imagine how well they would go if they concentrated!!!

#### Veterans’ Health Week Information Session – 6th May 2015

Veterans’ Health Week (VHW) event planning is well underway in South Australia. On 6 May, 41 people attended a VHW Information Session representing ex-service organisations, VVCS, Defence groups and carers groups. The session focused on the 2015 VHW theme: Mental Wellness. It included demonstrations on the ‘Right Mix’ (sensible alcohol use), on-line mental health resources and a presentation on the VVCS. There were some great outcomes from the session, with as many as thirty VHW events to be held from 10 to 18 October.

### MHPE QLD

Queensland volunteers are continuing to build networks in their local communities, and recently our rural volunteers have been making in-roads through local Show displays. In April, our Darling Downs volunteers provided a display stand at the Oakey Aviation Base ‘Fly-In’ event, which has historically been attended by thousands of people. This year the weather hampered attendance, and the event was reduced to one day rather than the weekend, but our volunteers still managed to make contact with well over 60 people on the day.

The same volunteers also mounted a display at the Crows Nest show on 9th May, and spoke to approximately 80 people about men’s health issues. These busy volunteers were invited out to Tara (a remote little town in south-west Qld), to speak to the CWA out there about men’s health. Over half of the women in the room were partners of veterans, and main topics discussed were PTSD and alcohol awareness.

Several volunteers are preparing for events for International Men’s Health Week, including a Pit Stop at a new Men’s Shed near Gladstone, and a prostate health information session on the Gold Coast.

## Health Technology

Having a smart phone or tablet device makes managing your own health much easier. Here is a list of apps which have been reviewed by our clinicians, including apps developed specifically for serving and ex-serving ADF members.

### T2

The National Center for Telehealth and Technology funded by the U.S. Department of Veterans’ Affair is at the forefront of efforts to develop innovative technology to help military service members, veterans and their families cope with psychological health and traumatic brain injury issues. The center, known as T2, also delivers tested solutions — many of them mobile apps — to help improve the lives of patients wherever they are located.

### **PTSD Coach Australia** (free, iOS & Android)

With PTSD more common amongst an ex-serving population than the general public, it is not surprising that DVA’s first app focused on helping veterans with this condition. PTSD Coach Australia is a self-help mobile app designed to help you understand and manage the symptoms that may occur following exposure to trauma. The app provides education about PTSD, a self assessment that can be emailed to your health professional, information about professional care, and tools to manage the symptoms of PTSD. It has been downloaded around 16,000 times.

### ON TRACK with The Right Mix (free, iOS & Android)

What will your next drink cost you? Designed specifically for younger serving and ex-serving ADF personnel more motivated by the immediate impact of drinking rather than long term health effects, the *On Track* mobile app helps you track your drinking and how much exercise is needed to burn off those alcohol kilojoules. The app even tracks your spending and lets you know when you have reached your budget for a night, and graphs the impact on your wellbeing and fitness last night, last week or last month. On Track has been downloaded around 8000 times already.

### **High Res** (free, iOS & Android)

*High Res* is a new app developed by DVA and offers the most comprehensive stress management app on the market. *High Res* will help you to test your immediate response to stress and helps you adjust your response by using the tools in the app. You can even select the stress symptoms you’re experiencing, like a fast heart rate or a lack of concentration, and the app will suggest tools for you. Exercising our mind is just as important as exercising our body, so you can build your psychological resilience and mental fitness by using *High Res* regularly, setting performance goals and tracking your progress.

### **Balanced** (free iOS)

Balanced is designed to motivate and support you to achieve positive and healthy tasks (such as being grateful or exercising more). You can set your own tasks or chose from an extensive list and decide how often you want to complete that activity. With a satisfying swipe, you can indicate that you have completed an activity or have the option to skip. A gentle push notification will remind you to complete an overdue task or will congratulate you for achieving your goals. You can select up to five activities for free and it probably is best to start with only one or two activities, and then slowly add more if and as needed. Additional activities can be purchased in-app.

### Deep Sleep with Andrew Johnson (Paid iOS & Android)

Getting enough sleep is an important factor for both our physical and mental health. How about going to sleep with Sean Connery? Well, someone who sounds like 007? Deep Sleep is a simple app featuring a warm, gentle (and Scottish) voice guiding you through a Progressive Muscle Relaxation session and into sleep. The app features a short and long option and an alarm.

### LifeCharge (free iOS)

This app lets you track your ups and downs throughout the day so you learn what makes you happy or what stops you from being happy. Once you know what makes you happy or unhappy, you can learn to repeat the positives and work to prevent the negatives. Life Charge can be an easy way to get some reflection time into your daily life. For example Friday may have been a bad day which makes you think you have had a terrible week, but you may have forgotten the good things that happened over the rest of the week and the app reminds you of these. All entries can be locked behind a passcode although you can choose to share your entries on social media. A neat feature is flashback, which gives you daily reminders of their past positive achievements. LifeCharge offers in app purchases.

### Mental Health First Aid (Australia) (free, iOS and Android)

This app differs from many others, in that it is not ‘about you’, but rather will assist you in helping others who may have mental health issues. MHFA details basic guidance on how to help someone, tests your knowledge of some mental health issues, outlines a five point MHFA action plan and provides skills on initial assistance and support for those offering help to others. Obviously, this app is not a substitute for someone seeking assistance or treatment for mental health issues, but provides guidance and information for an individual who is concerned about a friend, family member or colleague. The app is most useful as a memory prompt for anyone who has done a MHFA course.

## Men’s Health Peer Education National Workshop 2015

The 2015 Men’s Health Peer Education (MHPE) National Workshop was held from 25 to 27 March in Melbourne with the theme of Mental Wellness. MHPE State/Territory Volunteer Representatives, DVA MHPE Coordinators, Community Support Advisers from DVA in Victoria and Tassie, and the Health Promotion & Early Intervention team, came together to provide updates on key activities, discuss and share ideas, and plan for the future. Repatriation Commissioner, Major General Mark Kelly, AO, DSC, opened the Workshop, and addressed the group on the importance of ex-service members’ mental health to DVA’s strategic direction.

The key sessions were:

MHPE National Evaluation

Mental Health First Aid and MHPE

Easy access to mental health resources

Cooking for 1 or 2 programme update – refer to article on page 20

An interactive Laugher Yoga session.

The following key workshop recommendations will be addressed throughout the year:

Finalisation of the production of MHPE promotional products: notepad, pens, bookmarks and lapel pin.

Production of a MHPE Wall Planner / Perpetual Calendar and a generic Pit Stop brochure.

Revision of the MHPE policy regarding the MHPE Volunteer Code of Conduct.

The key outcomes were that MHPE will continue in its current form (with periodic reviews) and the slogan would continue to be: stay fit, stay strong, stay healthy.

Thanks to all MHPE Volunteer Representatives for travelling to Melbourne and representing your volunteers.

If you are interested in becoming a MHPE volunteer and would like to learn more about the programme:

visit our website at [www.dva.gov.au/mhpe.htm](http://www.dva.gov.au/mhpe.htm); or

phone 133 243 (metro) or 1800 555 254 (regional Australia) and ask to speak to the MHPE Coordinator for your State or Territory.

## Keeping your mind active – Answers

### Maths Challenge

First row 3x8/2=12

Second row 5+6+4=15

Third row 7x1+9=16

First column 3+5-7+1

Second column 8+6-1=13

Third column 2-4+9=7

### What word

1. Hurricane

2. Eyeball

3. Skinny

4. Kidnap

5. Portrait

6. Canyon

7. Paramedics

8. Because

9. Busboy

10. Hamstring

### Commonyms

1. tellers

2. parts of a golf course

3. they produce milk

4. they have drives

5. lights

6. tennis court surfaces

7. winds

8. they all rise

9. paints

10. picks

## MHPE volunteers – What do they do?

MHPE volunteers share health information. For example: one-on-one chats; health week events; working with Men’s Sheds; distributing health information; running a stand at a community expo, or giving a talk at a local community group or ex-service organisation meeting.

To talk to a volunteer, please contact the relevant MHPE State/Territory Volunteer Representative below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | State/Territory | Phone number | Email address |
| Sean O’Mara OAM | North Queensland | (07) 4952 4960 or 0427 524 960 | sean.betty@bigpond.com |
| Ian Dainer | South Queensland | (07) 5467 3393 or  0438 729 040 | kangoona@bigpond.com |
| Alan White | Metro Victoria | (03) 9598 1007 or  0407 617 800 | askypilot@bigpond.com |
| Gary Treeve | Regional Victoria | (02) 6059 2765 or 0407 480 201 | mtreeve1@bigpond.com |
| Ron Blanchard | Northern Territory | 08 8927 5638 or 0476 145 303 | aileron@bigpond.com |
| Kathleen Behrendt | South Australia | (08) 8837 7287 or 0428 377 287 | kbehrendt63@gmail.com |
| Laurie Harrison | Tasmania | (03) 6263 7038 or 0428 626 370 | trout.2@bigpond.com |
| David Francis | New South Wales & ACT | 02 6665 1342 or 0428 000 674 | davidfrancis61@gmail.com |
| John Macartney | New South Wales & ACT | (02) 6657 4165 or 0427 787 296 | jrmaca@bigpond.com |
| Malcolm ‘Tiny’ Small | Western Australia | (08) 9337 6773 or 0408 935 687 | tinys@westnet.com.au |

## Back page information

### Produced by:

Editor, National Coordinator, Men’s Health Peer Education, Department of Veterans’ Affairs

Available for download at: [www.dva.gov.au/mhpe.htm](http://www.dva.gov.au/mhpe.htm)

### Feedback, Articles and Ideas:

Email the editor: menshealth@dva.gov.au

Mail your letter to:

Editor, Men’s Health Peer Education magazine, c/- Department of Veterans’ Affairs, GPO Box 9998 Sydney NSW 2001

### Would you like to order more copies of the magazine? It’s easy!

Download an order form from our website or email the Editor.

## Men’s Health Peer Education (MHPE)

The MHPE programmeaims to raise the veteran community’s awareness of men’s health issues and to encourage men in managing their own health and wellbeing. The programme also trains volunteers to provide health information to members of the veteran and ex-service community.

MHPE volunteers share this information in a variety of ways. For example: having one-on-one chats; holding a health week event; working with Men’s Sheds; distributing health information; running a stand at a community expo, or giving a talk at a local community group or ex-service organisation meeting.

The MHPE programme is open to any member, male or female, of the veteran, ex-service, or general community, willing to volunteer their time, and who has a genuine interest in helping veterans learn about healthy lifestyle choices.

For information about the MHPE programme, visit our website [www.dva.gov.au/mhpe.htm](http://www.dva.gov.au/mhpe.htm) or contact the relevant DVA MHPE Coordinator below:

## Next issue: Spring/Summer 2015

### Theme: The Family Issue

Deadline for articles is the 25 September 2015

If you’d like to share your story with our readers or have an idea for an article, we’d like to hear from you. You can email the Editor at [menshealth@dva.gov.au](mailto:menshealth@dva.gov.au) or call 1800 555 254 (regional) or 133 254 (metro) and ask for the MHPE National Coordinator.

## Tear out: About Mental Health. Put your mind at ease.

Our mental health is as important to our wellbeing as our physical health

### Why is good mental health important?

Good physical and mental health will help you to deal better with both the good and bad times, now and in the future.

Caring for your mental health will help you to:

Feel healthier

Get on better with your family, friends and workmates

Perform better in your daily activities

Get more out of life

### How can we care for our mental health?

There are simple ways to maintain good mental health.

Choose a balanced diet, regular exercise, low-risk drinking and don’t smoke

Spend time with friends and family and do at least one pleasant thing each day

Exercise and nourish your mind with interests and hobbies and meet new friends at the same time

Connect with your community: your local council, church, club or neighbourhood centre will be a source of ideas

Talk to your family or mates – don’t bottle it up

Accept that it’s normal to react emotionally to difficulties – don’t be too hard on yourself for feeling down



### What is a mental health problem?

Just as our physical health can vary from one day to the next, so can our emotional wellbeing. We can have good or poor mental health and everything in between, often depending on what’s happening in our lives and how we’re reacting to it. Growing older, career changes, moving interstate, deployment, leaving the defence forces, divorce, grief and loss can all affect our mental health and wellbeing. It’s normal to react to such events in our lives but sometimes our reactions could be a sign of a mental health problem, particularly if they persist. Mental health problems can be mild to severe. You can do something about them yourself, and at other times you may need to seek professional help.

### What is a mental health disorder?

‘Mental health disorders’ refers to a number of different types of conditions that are usually associated with significant distress and impact on our day-to-day life. The most common mental health disorders are anxiety, depression and alcohol misuse. Often people experience more than one of these conditions at one time.

### Who experiences mental health problems?

Around 20% of adults are affected by some form of mental disorder every year – no matter what age, culture, education or income level.

And it’s no different for the veteran and defence force communities, so it’s quite likely that you, a family member, friend or colleague could be affected.

### What are the signs? Recognise and act to maintain your health

There are clear signs of potential mental health problems that you can look for, in yourself and others.

Trouble sleeping?

Loneliness or tiredness?

Can’t switch off?

Avoiding crowds?

Irritable?

Persistent headaches?

Drink too much?

Too many sickies?

Can’t tolerate noise?

Feel cut off?

These signs may range from mild to severe. They could signal potential mental health problems such as depression, anxiety or alcohol misuse. If any of these significantly affect your day-to-day life, you may need to take further action.

### What works?

Some people experience a mental health problem only once and fully recover. Others may experience problems periodically at different stages of their lives. If you require help in dealing with your mental health problems, effective treatment is available. And most treatments are available in your local community.

### What DVA covers.

In some circumstances, DVA can pay for mental health treatment without the need to establish that a mental health condition is related to service.

You may be eligible for a White Card for diagnosed:

Posttraumatic Stress Disorder (PTSD);

Anxiety disorders;

Depression; or

Alcohol and substance use disorders

If you have a Gold Card, then your mental health treatment is paid for by DVA when you use your card.

If you have a White Card for a mental health condition, then your mental health treatment for that condition is paid for by DVA when you use your card.

If you think your mental health condition was caused by your defence service, you can put in a claim for compensation.

With a Gold Card or White Card for a mental health condition, a wide range of mental health treatments are available to you.

This includes treatment from:

GPs

Psychologists

Social workers (mental health)

Occupational therapists (mental health)

Psychiatrists

Hospital services for those who need it (including trauma recovery – PTSD programmes).

### How to take action.

It can be difficult and frightening to accept that there is something wrong. It’s hard to take the first steps to seek help. If you think that you or someone you care about is not coping, it is important to talk with a professional you trust.

Call 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.  They offer both individual support and group programs.

For help, to learn more, or to check eligibility call 1800 011 046 or visit [www.vvcs.gov.au](http://www.vvcs.gov.au)

Talk to your GP.

Your GP may provide treatment or refer you to a mental health professional or service. If you are a former serving member, you can also access a health assessment from your GP. A Medicare rebate is available for this assessment.

Go online. Visit the At Ease website [www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au) to access videos, self-help tools, mobile apps, and advice about seeking professional help

Call DVA on 133 254 or 1800 555 254 (from regional areas) to check your eligibility for DVA funded mental health treatment and how to apply.