

mental health bulletin

No 2/03 March



Action through Commanders

A fundamental goal of the ADF Mental Health Strategy (ADFMHS) is to provide commanders with the tools to assist in effective management of personnel. Commanders complement this by supporting the ADFMHS and providing input.

Commanders are getting behind the ADFMHS with some excellent result as we read in last months bulletin and now below. DMH want to hear what is happening so please send up your news.

Initiatives Updates

Improved Mental Health Literacy in the ADF

ADF Mental Health Strategy Delivery through Commanders

'Fighting fit' is the logo for the ADF Defence Health Service and in short, the outcome for a world class military health service. To develop and maintain a fighting fit military force, Commanders need to consider many influences that may affect the health of the men and women under their command. Keeping with the old saying 'prevention is better than cure', the concept of 'wellness' is being used more and more to capture a holistic approach to health. The Directorate of Mental Health (DMH) aims to facilitate the delivery of mental health services through Commanders via their local mental health service network. DMH looks to continually improve support to Commanders and believes the establishment of Regional Mental Health Teams will be a significant influence in delivering support. Feed back from Commanders in areas where these teams are already informally operating certainly reinforces this approach.

LTCOL Peter Clay, the Commanding Officer of the 1st Combat Engineer Regiment in 1st Brigade (Darwin) ran a theme day on the lines of the DMH logo 'work well, live well, be well'. The activities included:

- **Drug awareness – conducted by 1 CSSB Psychology Detachment,**
- **Alcohol awareness – provided by local Defence psychology and medical personnel,**
- **Smoking awareness – presented by both local Defence medical and the Cancer Foundation,**
- **Healthy eating – presented by the unit caterer,**
- **Fitness – participation session, and**
- **Sports and Recreation Promotion – presented by Darwin sports and recreational clubs.**

LTCOL Clay told DMH that he has further plans to conduct a 'sport and health session' over a few days in July 2003. This is scheduled to coincide with the return of one of his squadrons from a seven-month operational deployment in East Timor. The focus will again be on the theme of 'work well, live well, be well' and he intends to provide an enjoyable forum to both educate and further raise esprit de corps. The week will include areas ranging from competitive sport to overcoming battle and barracks stress, to embedding the application of safety risk management across the spectrum of daily military life.

Integration of Mental Health Services in Defence

The Draft policy on ADF Regional Mental Health Teams has been removed temporarily from the web page as it is being amended following feed back from stakeholders.

Enhanced Mental Health Service Delivery

DI(G) draft The Provision of Mental Health Services in the ADF is available on this web page for comment. Please direct any constructive feed back and proposed amendments to LCDR John Ashley. Proposed minor amendments have been received and the amended version will be launched on this web page following approval.

PSYCHIATRIC CONSULTANCY FOR MEDICAL OFFICERS

WGCDR Len Lambeth continues to volunteer his knowledge as a Consultant Psychiatrist through access to a 24-hour contact mobile number for Defence medical officers (+61) 0416 265 635. WGCDR Lambeth reported to DMH that calls are being received and positive outcomes achieved.

ADF Alcohol Management Program (ADFAMP)

Introductory Alcohol & Other Drug (AOD) Training for ADF Health & Welfare Professionals

On 19 and 20 March the National Coordinator – ADF Drug & Alcohol Program (ADF D&AP), Donna Bull, and the SO1 Mental Health, MAJ Trish Vincent, conducted two one-day training sessions on AOD at Enoggera, Qld. Over 50 participants attended the training, which aimed to build capacity in the local area and increase confidence and competence in AOD matters for service providers.

Topics addressed during the training included:

**ADF policy on AOD,
the support mechanisms and structure of the ADF D&AP,
AOD mythology,
terminology,
current AOD issues in the Australian community,
substances/uses/effects,**

models for management of AOD use, the stages of change, screening instruments, and health promotion strategies.

Evaluation feedback has been extremely positive, with several useful suggestions providing guidance on areas for further exploration.

Locally based ADF AOD professional positions have been established within the ADF D&AP, and once recruited these people will play a major role in the delivery of high quality AOD education and training on a regular basis. In the interim, there is an intention that the above training will be delivered in the Adelaide, Liverpool and Melbourne areas by ADF Mental Health Strategy staff.

DMH Team

- Director Mental Health (COL) in DHSB – COL Anthony Cotton
- SO1 Psychiatry – WGCDR Len Lambeth
- SO1 Mental Health – MAJ Patricia Vincent
- SO2 Mental Health Nurse – LCDR John Ashley
- SO2 Mental Health Psychologist – Vacant
- SO2 Mental Health Defence Social Worker – Vacant
- ADF National Alcohol and other Drug Coordinator – Ms Donna Bull
- Alcohol Research Fellow – Dr Leanne Currie
- Researcher – Mrs Kate Lloyd
- Administrative Assistant – Mrs Faye Schulz

