

# mental health bulletin

No 4/03



## ***Information from the Nine Key initiatives***

### **What's in this bulletin?**

1. Our seven new fact sheets provide useful information on some contemporary issues. The preparation meant a busy time and much effort that is now starting to bear fruit. The devil was certainly in the detail and the use of proof copies was invaluable. The fact sheets have some eye-catching colours and interesting titles. These will be published on our web site once the stocks have arrived at DMH from the publisher.
2. Regional Mental Health Teams should provide a copy of their meeting minutes to DMH.
3. The CMS re-write progresses.
4. The application process for the 4<sup>th</sup> Traumatic Stress Syndromes is outlined below.
5. ASL will contribute to research and surveillance.
6. Suicide Intervention Skills Training (ASIST) at ADFA is discussed.
7. Input for the AREP review is requested.
8. Alcohol and Other Drugs Training for ADF Health/Allied Health Professionals is outlined below.
9. Wellbeing and Resilience in the ADF is slowly progressing.

## **Initiatives Updates**

### ***Improved Mental Health Literacy in the ADF***

#### **Our Latest Fact Sheets**

**Seven new fact sheets have been developed to address:**

- **Anxiety**
- **Coming Home (after deployment)**
- **Depression**
- **Drink Spiking (covert placement into drinks)**
- **Separation (during deployment)**

- Steroids (Anabolic-androgenic) and
- Party Drugs (illicit drugs)

These Fact Sheets have been approved for publication and should be ready for distribution in mid to late August.

### ***Integration of Mental Health Services in Defence***

#### **RMHT Notes**

The development and maintenance of Regional Mental Health Teams (RMHT) is growing in importance for the implementation of the Mental Health Strategy. On the policy side, a Health Bulletin: Australian Defence Force Regional Mental Health Teams is to be released in the interim while the draft DI(G) is staffed to the Service Chiefs.

Some meeting minutes from the RMHT have been received at Directorate Mental Health (DMH). These minutes are an important communication that allows DMH the chance to identify both regional and general issues. Each Team should submit the minutes to DMH as soon as possible after their meeting.

### ***Enhanced Mental Health Service Delivery***

#### **Re-write of Critical Incident Mental Health Course**

A very productive meeting for CMS trainers held at Randwick Barracks on the 28 May 03, has facilitated the re-write of the CMS course. The CMS trainers at the meeting divided the modules amongst themselves to take responsibility for drafting the changes. The proposed submission date for the changed modules was 14 July 03. The majority of the modules were received at DMH with a few apologies related to Service contingencies. This cooperative effort is an example of the professional capability and attitude of our military and civilian officers. This type of cooperation does enhance service delivery by improving our products, achieving objectives in a timely manner and by allowing officers the time to focus on their professional services.

DMH is aiming to have the new CMS course completed and published by the end of September 03.

### ***ADF Mental Health Training Framework***

#### **Applications for Traumatic Stress Syndromes Course**

The Australian Centre for Posttraumatic Mental Health (ACPMH) will be conducting its 4<sup>th</sup> Traumatic Stress Syndromes (TSS) course for ADF mental health professionals from the 15-25 September 2003 in Melbourne. Senior personnel from medical, psychology, chaplaincy and

social work professions are invited to apply. The course aims to assist the participants in developing the knowledge and skills necessary for providing care to ADF personnel experiencing traumatic stress reactions in a military environment.

The structure of the course has been revised to meet the needs of the ADF Mental Health Strategy and in line with the ADF training framework. The TSS course is tailored to meet the needs of senior clinicians and supervisors who have been trained in Critical Incident Mental Health Support (CMS). The TSS is a Level 5 training course, with nominations only being accepted from personnel who have completed CMS training.

Nominations for this TSS course are to approved via your category head and through your chain of command. Completed 'Training or Development Activity Nominations' (PT 076) are to be forwarded to MAJ Trish Vincent for panelling, CP2-7-006, Campbell Park ACT 2600.

Accommodation will be provided at WATSONIA BKS with bus transport to and from ACPMH each day. Meals will be catered via the mess. Travel and incidentals are the responsibility of the nominee's unit.

### ***ADF Mental Health Research and Surveillance Plan***

#### **All Hour Support Line (ASL)**

Activation of the ASL trial is expected to occur in October. Interactions with the ASL service will generate ethically collected and anonymous data that will prove useful in research and surveillance. Marketing of the ASL is essential and this will be done through Service newspapers, Service periodicals, Fact Sheets and other marketing gimmicks. The success of the ASL will be measured against agreed criteria and reported to Defence.

***ADF Suicide Prevention Program***

**APPLIED SUICIDE INTERVENTION SKILLS TRAINING**

On 16 and 17 June 2003, David Young and MAJ Trish Vincent conducted Applied Suicide Intervention Skills Training (ASIST) at ADFA.

ASIST is a 2-day skills-based workshop that equips participants for an effective suicide intervention role. It is part of the LivingWorks program and is auspiced in Australia by Lifeline Australia. ASIST was introduced in Canada in the early 1980s and now operates in several countries in North America, Europe and Australasia. The program has been developed over two decades. It is a research developmental model that is continually revised, with revisions based on participant feedback and current knowledge in the field. To date, over 200,000 people worldwide have participated in the workshop, including individuals from the US Army, numerous mental health agencies and departments in Canada, the USA and now Australia. ASIST can only be presented by registered trainers who have completed a one-week 'train the trainer' course and who use standardised learning materials.

The emphasis of ASIST is on suicide first aid – helping a person at imminent risk to stay safe and seek further help. Participants are encouraged to examine their attitudes and beliefs about suicide, and how these may affect their intervention role. Participants learn both how to identify signals of risk and how to ask directly about suicide. An intervention framework is provided, and modelled, and then followed by extensive opportunities to practise skills needed to implement the model.

The workshop at ADFA was well received, with feedback indicating that participants definitely felt more skilled to provide suicide first aid.

***ADF Alcohol Management Program (ADFAMP)***

**SUBMISSIONS INVITED FOR AREP REVIEW**

In the May edition of the Mental Health Bulletin the review of the Alcohol Rehabilitation and Education Program (AREP) by a team from the Australian Centre for Post-traumatic Mental Health (ACPMH) was announced. The review commenced on 21 May with a meeting of key stakeholders at AREP, during which the direction of the review was discussed.

One of the keys to a successful review is to ensure that contributions are received from the broadest possible range of

interested parties. Examination of the adequacy of feedback mechanisms following discharge from AREP, with respect to feedback from clients, supervisors and Commanding Officers, and health and welfare professionals is one of the stated Terms of Reference for the review. To assist the reviewers in the early phase of the review, all ADF health and allied health providers are encouraged to participate in the process by contacting the reviewers regarding their professional experiences and relationship with AREP.

**If you have something you would like to say about AREP's service provision for your clients, please contact the review team leader, John Pead on 0402 858 326.**

### **WANT TO TRY SOMETHING DIFFERENT TO CHANGE YOUR DRINKING?**

A Self-Help Correspondence Program, *Changing the Mix*, is now available for veterans, peacekeepers or ADF personnel who would like to change their drinking. It is a new way to help you cut down or cut out your drinking but it uses proven methods.

This program can help you to change your drinking yourself. Importantly, you will learn ways to help maintain that change.

Over 10 weeks you will receive regular packages of information and material through which to work. A drinking diary will help you to keep track of how you are going.

If you live in a remote area and need help with your drinking, this program could be ideal for you. Perhaps you have tried to do something about your drinking before.

The Self Help Correspondence Program will help you build a tool kit of ways to change the mix yourself. Changing your drinking can make you feel healthier and get more out of your life and relationships.

When you join the program, your details will remain strictly confidential.

Call **1800 18 08 68** to get started.

***Changing the Mix** is being conducted in partnership with the Department of Veterans' Affairs, the University of Queensland and the Australian Defence Force*

## **Alcohol and Other Drugs Training for ADF Health/Allied Health Professionals**

A major objective of the ADF Drug & Alcohol Program is to deliver multi-level education and training for ADF members. In March 2003, the Program commenced delivery of a comprehensive training package for ADF health/allied health and welfare staff, with the aim of building internal capacity in the management of alcohol and other drugs issues. The two day training program addresses the following topics:

- ADF AOD policy
- Mythology and contemporary terminology
- Current state of play in the Australian community, and implications for the ADF
- Substances, uses, effects
- Models for the management of AOD
- Stages of Change
- Screening instruments
- Health promotion and harm minimisation strategies
- Practical screening and assessment
- Introduction to Motivational Interviewing: clinical skills and
- Relapse Prevention

A tentative schedule for delivery of the training nationally has been developed, and will be confirmed with local providers in coming weeks. The proposed itinerary is:

SE Qld - March 03. Completed

NT - June 03. Completed

Adel - 14/15 Aug 03. Confirmed

Perth - end Aug 03

Newcastle/Singleton - early Sept 03

Townsville - mid/late Sept 03

Sydney x 2 - early/mid Oct 03

Melb - mid/late Oct 03

Albury - early Nov 03

Wagga - mid Nov 03

Hobart - late Nov 03

Canberra - early Dec 03

Questions about the training, or the ADF Drug & Alcohol Program, should be directed to the National Coordinator, Donna Bull, on 02 6266 3230 or [Donna.Bull@defence.gov.au](mailto:Donna.Bull@defence.gov.au)

## ***Enhancing Resilience and Well Being in the ADF***

### **Wellbeing and Resilience in the ADF**

This initiative has been progressing slowly since the last bulletin. Two key things have been happening; first, we have collected some data from the ADF Defence Attitude Survey, and we are progressing a business case to kick-tart what we are calling the ADO Wellbeing Framework.

In November last year, the ADO conducted an attitude survey of a random sample of 30% of the ADO (military and civilians). There were a number of items included that related to mental health, including:

'Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?'

'How satisfied are you with your health?'

'How satisfied are you with your standard of living?'  
'How satisfied are you with your achievements?'  
'How satisfied are you with your personal relationships?'  
'How satisfied are you with your links to the general community?'  
'How satisfied are you with your links to the Defence community?'  
'How would you rate your knowledge of mental health issues?'  
'Do you think mental health is an issue Defence should address?'  
'How would you rate your own mental health?'  
'If you thought or felt you were mentally unwell, where would you seek help?'  
'Alcohol abuse is a problem within Defence.'  
'Drug abuse (including steroids) is a problem within Defence.'  
'My social support network is satisfactory should I need to ask for help or talk about personal problems'

We are in the process of making the initial results from this available through the DMH website, and more complete analyses will be available later in the year. This is very exciting stuff as it allows us to compare the ADF with the general Australian community on some standard wellbeing issues, as well as linking this information to some important organisational information. We have been well supported by Emma Gorney from the Directorate of Strategic Personnel Planning and Research in this area.

The need for good measures of wellbeing is one of the drivers for a business case that we are developing to seek funds from the DPC. We want to develop some more comprehensive markers of wellbeing in the ADO as well as to identify all of the wellbeing support that is available in the ADO, and bring this together into a guide for commanders and managers. We are calling this the ADO Wellbeing Framework and we should have some idea of our success by the middle of September.

In all of this, we are working very closely with Kate Dawson and Jaye Cook from the Directorate of Workplace Relations.

Wellbeing and resilience is COL Cotton's primary responsibility but Lisa Congdon has ably assisted him, particularly in developing the business case for the Wellbeing Framework.

DMH Team

- Director Mental Health (COL) in DHSB  
– COL Anthony Cotton
- SO1 Psychiatry – WGCDCR Len Lambeth
- SO1 Mental Health – MAJ Patricia (Trish) Vincent
- SO2 Mental Health Nurse – LCDR John Ashley
- SO2 Mental Health Psychologist  
– Vacant
- SO2 Mental Health Defence Social Worker  
– Ms Lisa Congdon
- National Coordinator - ADF Drug & Alcohol Program – Ms Donna Bull
- Research Assistant – Mrs Kate Lloyd
- Administrative Assistant – Mrs Faye Schulz

