

Mental health initiatives for veterans and serving personnel

John A Cooper, Mark C Creamer and David Forbes

It often falls to general practitioners to identify and manage service-related mental health problems

It has long been recognised that veterans may experience mental health problems after military deployments, and that these can be overlooked in the context of concern about physical injuries. Primary care practitioners, both military and civilian, are often the first port of call for affected veterans, and are best positioned to assess these patients and commence care when necessary. As over 85% of Australia's trained forces are male, these health problems are particularly relevant for men's health.

American research on veterans from recent Middle East deployments shows high rates of psychological problems.¹ Interestingly, British research on the same conflict found that problems are limited to reservists, with no elevated rates of mental health problems among regular personnel.² Although local data are unavailable, it is reasonable to assume that Australian veterans from Afghanistan and Iraq will not be exempt. We learned much from the experience of Vietnam veterans, with their initial difficulties closely resembling those of younger veterans presenting today. While much attention is paid to post-traumatic stress disorder, evidence suggests that other anxiety, depression, and substance-misuse disorders are equally common.³

Providing effective mental health care for veterans presents particular challenges. For many reasons (including personality, military culture, deployment experiences, and adjustment to civilian life), veterans may be reluctant to acknowledge or report psychological problems. They may have poor mental health literacy, may avoid treatment, and can be hard to engage when they do present. Many have developed unhelpful strategies for managing distressing emotions, often channelling them into anger and aggression or covering them with substance misuse. Such strategies may have been adaptive in combat, but in civilian life they alienate the veteran from key sources of support. Veterans often present to general practitioners with physical health complaints that mask concerns about psychological issues.

Early detection and appropriate intervention often become the responsibility of GPs. Once it is determined that the patient is a veteran, a few simple questions about sleep, family relationships, mood, anger, and substance use can provide an opening for intervention.

The information in the Box identifies strategies and resources available to assist the mental health and wellbeing of veterans.

Author details

John A Cooper, MBBS, FRANZCP, Psychiatrist

Mark C Creamer, PhD, Director

David Forbes, MClInPsychol, PhD, Clinical Director

Australian Centre for Posttraumatic Mental Health,
University of Melbourne, Melbourne, VIC.

Correspondence: markcc@unimelb.edu.au

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- 2 Hotopf M, Hull L, Fear NT, et al. The health of UK military personnel who deployed to the 2003 Iraq war: a cohort study. *Lancet* 2006; 367: 1731-1741.
- 3 Ikin JF, Sim MR, Creamer MC, et al. War-related psychological stressors and risk of psychological disorders in Australian veterans of the 1991 Gulf War. *Br J Psychiatry* 2004; 185: 116-126.

Resources for veterans and their doctors

- The Australian Defence Force (ADF) has improved post-deployment screening, increased emphasis on mental health literacy and self-care, and attempted to improve the accessibility, acceptability and quality of care. This may help military personnel to not minimise health problems for fear of career damage. <http://www.defence.gov.au/dpe/dhs/mentalhealth>
- An enhanced career transition assistance scheme has been introduced by the Department of Veterans' Affairs (DVA) and ADF for personnel discharging for medical reasons, to facilitate transition back to civilian life. <http://www.defence.gov.au/dpe/dpectap>
- The relatively new *Military Rehabilitation and Compensation Act 2004* (Cwlth) focuses on vocational and psychosocial rehabilitation. This follows the Veterans' Vocational Rehabilitation Scheme, which is designed to support veterans' efforts to retain or return to employment while ensuring no loss of compensation entitlements in the process. <http://www.dva.gov.au/health/younger/younger.htm>
- In June 2005, the DVA released alcohol practice guidelines for practitioners helping veterans with alcohol problems. These guidelines cover screening and assessment through to treatment of comorbid alcohol misuse and post-traumatic stress disorder (PTSD). <http://therightmix.gov.au/professionals.asp>
- The DVA has produced an excellent self-help website for veterans with alcohol problems. <http://www.therightmix.gov.au>
- The Vietnam Veterans' Counselling Service (VCS) provides individual and group-based interventions to all veterans (not just from Vietnam), as well as their partners and children. VCS also offers programs such as anger management, lifestyle management, heart health, and retirement preparation courses. <http://www.dva.gov.au/health/vvcs>
- Veterans with an accepted mental health disability are eligible for treatment from specialist mental health providers in the community, including psychiatrists and clinical psychologists. In addition, the DVA continues to fund high-quality treatment programs for veterans with PTSD across Australia. These accredited, group-based programs have demonstrated outcomes which match or better international equivalents.⁴ <http://www.acpmh.unimelb.edu.au/mentalhealth/treatment/Programs.html>
- Other useful websites include:
 - the US National Center for PTSD <http://www.ncptsd.org>
 - the UK National Institute for Clinical Excellence PTSD guidelines <http://www.nice.org.uk/page.aspx?o=248114>
 - the US Veterans Affairs PTSD treatment guidelines http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm
 - the Australian Centre for Posttraumatic Mental Health <http://www.acpmh.unimelb.edu.au>

4 Creamer M, Morris P, Biddle D, Elliott P. Treatment outcome in Australian veterans with combat-related posttraumatic stress disorder: a cause for cautious optimism? *J Trauma Stress* 1999; 12: 545-558.

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