

Improving mental health outcomes for serving members



It is now almost 12 months since the current government was elected, which seems a good reason to reflect on the progress of the Lifecycle Initiatives that ACPMH has been heavily involved in.

The Lifecycle Initiatives were part of Labor Party policy while in opposition and were among the first initiatives to be implemented after the federal election. The aim is to improve psychological well being outcomes for past and present members of the Australian Defence Force (ADF) by looking at mental health issues from a longitudinal perspective, from the recruitment stage through transition to life as a veteran.

ACPMH has been working closely with the Department of Veterans' Affairs (DVA) and ADF on four initiatives throughout 2008, all of which have recently been extended.

One of these initiatives aims to improve the process of transition out of the military, particularly for personnel at high risk of mental health problems, and to increase engagement with families during this process.

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Director's message



As this newsletter was going to print, our 2007/08 Annual Report was coming 'off the press', so to speak. It identifies several achievements that we are particularly proud of. First, through a combination of improving our business practices and seeking new revenue streams, we have managed to put ACPMH on a very sound financial footing. Second, the report emphasises the wide range of work that is now being conducted by ACPMH, all aimed at improving outcomes for people affected by trauma. You can download the Annual Report from our website.

As a result of our expanded workload, and the extra staff we have recruited, I am pleased to announce that we are moving to a new and larger location. In fact, we will be in the middle of moving as you read this. After 13 very positive years at the Heidelberg Repatriation Hospital, we are moving to premises in the community that better suit our current needs. See the back page of this newsletter for new contact details.

As the year draws to a close, I would like to take this opportunity to thank all our stakeholders who have supported and encouraged us over the past 12 months, some of whom have been doing so for many years. And, of course, a big thanks to all the staff at ACPMH for their hard work and commitment throughout the year.

Professor Mark Creamer

Improving mental health outcomes for serving members

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ACPMH is working with DVA, ADF and a range of other services in Townsville to ensure the transition of those being discharged is as smooth as possible and that they are able to access the appropriate services as easily as possible.

Another project is aimed at improving the competence of mental health providers in the community so that they are able to more easily recognise and treat common mental health problems that emerge in veterans and serving personnel. This involves a range of innovative approaches to skills development and training, facilitating the delivery of best practice

treatment for PTSD, other anxiety disorders, and depression.

“The aim is to improve psychological well being outcomes for past and present members of the ADF.”

A third project is looking at barriers to engagement in psycho/social rehabilitation activities. It aims to increase the number of veterans who take advantage of the available services designed to assist them in achieving the best possible social and vocational functioning, as well as quality of life.

The final project is related to the previous one but is looking specifically at veterans

with mental health problems who are not engaging in treatment services. A range of strategies are being piloted in Victoria that will hopefully help these veterans to access and engage effectively in treatment.

Professor Mark Creamer is delighted with the progress of the initiatives that are “part of an ongoing commitment by the Australian Government to improve mental health outcomes for serving members.” He further stresses that “we [ACPMH] are confident that these four projects will make a significant difference and will form a platform upon which we can develop future initiatives.”

Traumatic Stress: Challenges for the coming decade

In October, ACPMH and the Australasian Society for Traumatic Stress Studies jointly hosted the 15th Australasian Conference on Traumatic Stress (ACOTS).

More than 250 delegates attended the presentations and workshops that revolved around the theme, ‘Traumatic Stress: Challenges for the Coming Decade’. The keynote speakers were Professors Paula Schnurr, Gordon Parker and Louise Newman.

“One of the best conferences I have attended – great depth and knowledge/expertise.”

Paula Schnurr is the Deputy Executive Director of the USA Veterans’ Affairs National Centre for PTSD, and Professor of Psychiatry at Dartmouth Medical School. She is one of the world’s leading researchers in the field of traumatic stress, with particular focus on PTSD treatment, the physical health effects of exposure to trauma, older veterans, and the aetiology of PTSD. Professor Schnurr’s presentation was titled “Emerging evidence on the physical health consequences of PTSD”. This was a powerful, data-driven talk demonstrating the impact of PTSD on adverse health outcomes. She also led a workshop on clinical research for clinicians.

“Enjoyed more than other similar conferences because practical material was given that I can take away and use with clients. Research presented was useful in assisting with treatment – it did not just leave open another question to be researched.”

Gordon Parker is a leading international expert on depression and mood disorders. He is Scientia Professor in the School of Psychiatry at the University of New South Wales, and Executive Director of the Black Dog Institute based at the Prince of Wales Hospital in Sydney. Professor Parker’s presentation and subsequent discussion dealt with the issue of sub-typing depression and how this work may be relevant to the definition and understanding of PTSD. He highlighted the dimensional nature of the disorder, raising questions about how severe it should be before we intervene. His presentation was followed by an expert panel that looked at the same issues for traumatic stress.

“I have been to many conferences in my 11 years in psychology and this has been one of the best.”

Louise Newman is the Chair of Perinatal and Infant Psychiatry at the University of Newcastle and the previous Director of the New South Wales Institute of Psychiatry. She kindly stepped in at the last minute when our advertised speaker, Joy Osofsky from New Orleans, had to pull out because of the recent hurricane. Professor Newman presented a keynote address on developmental implications of early trauma and led a workshop on approaches to early intervention for childhood trauma.

“Thank you for the work and effort to bring so much good research and good thinking around trauma and related issues”.

ACPMH’s Virginia Lewis was a member of both the Organising and Scientific Committees and also chaired a session on military and veteran post traumatic mental health issues. Other ACPMH presentations were provided by Mark Creamer, Meaghan O’Donnell and Andrea Phelps.

Helping the insurance industry come to terms with trauma

Over the past couple of years, ACPMH has increased its profile within community populations. One area that has been the focus of much of our activity has been the insurance industry.

To help raise the level of awareness and understanding of post traumatic mental health within this sector, Associate Professor John Pead addressed the recent Safety in Action Conference and presented delegates with 'Ten challenges in posttraumatic mental health'.

John Pead points out that, "About 80% of people suffering trauma get better on their own, without medication or any other intervention."

"So the challenge for those working in the area of trauma is as much about not getting in the way of recovery, as it is providing appropriate treatment."

The ten challenges identified are:

1. There is confusion about causation of mental health problems because injury, traumatic events and mental health problems occur together.
2. Most people recover from traumatic events and their injuries without professional help.
3. It is possible to identify at less than 4 weeks post injury people who will not readily recover from the mental health consequences of injuries.
4. Traditional debriefing following traumatic events is probably ineffective and possibly harmful.
5. Cognitive-behaviour therapy, and some pharmacotherapies, have proven effectiveness, compared to routine supportive counselling, for treating posttraumatic mental health problems.
6. Too few health practitioners offer effective mental health interventions.
7. Drift towards mediocrity is a particular risk for third party funded mental health care.
8. Enduring recovery from trauma and injury requires reconnection to valued social and occupational roles.
9. Effective treatment should be time limited.
10. Optimal recovery from injury and mental health problems requires improved integration of parallel goals and interventions across the provider disciplines from physical and mental health.

Part of John's address can be viewed at <http://au.youtube.com/watch?v=LLLSCTfiGI>

A key message that John delivered to delegates at the Safety in Action Conference was that an emphasis on early recognition and intervention, progressive and early return to work, and broad attention to social and occupational functioning is crucial. He also pointed out that lengthy claims processes should be avoided where possible, and evidence based mental health care should commence in the first few months for those in need. In addition, improved coordination between health providers, with an emphasis on common goals and return to optimal social and occupational functioning, should be actively encouraged. According to John, "if these challenges are addressed, the potential for reducing both human suffering and economic costs are considerable."

Increasing understanding Recent publications

Creamer, M., & O'Donnell, M. (2008). The pros and cons of psychoeducation following trauma: Too early to judge? *Psychiatry* 71(4), 319-321.

This paper discusses the effectiveness of psychoeducation as a preventive tool following trauma.

Dileo, J., Brewer, W., Hopwood, M., Anderson, V., & Creamer, M. (2008). Olfactory identification, aggression and impulsivity in war veterans with posttraumatic stress disorder. *Psychological Medicine* 38, 523-531.

Using the ability to smell various odours as a marker, this paper identifies neural pathways associated with PTSD and aggression.

O'Donnell, M. L., Creamer, M., Parslow, R., Elliott, P., Holmes, A., et al. (2008). A predictive screening instrument for posttraumatic stress disorder and depression following traumatic injury. *Journal of Consulting and Clinical Psychology* 76, 923-932.

This research developed a brief scale to be administered by hospital staff in the first few days post trauma with high predictive validity for PTSD and depression 12 months later.

Recent presentations

- In October Mark Creamer and Virginia Lewis presented to the "Innovations in Psychosocial Rehabilitation" colloquium jointly hosted by DVA and ADF.
- Also in October, Darryl Wade presented a paper at the annual conference of the Australian Military Medicine Association on mental health treatment and support services for military personnel and their families.
- In November, Mark Creamer, Virginia Lewis, Meaghan O'Donnell and Anne-Laure Couineau attended the International Society for Traumatic Stress Studies Conference in Chicago.
- David Forbes, Virginia Lewis and Anne-Laure Couineau presented to the DVA Research Seminar in late November 2008. The following day, Virginia Lewis also conducted a one-day workshop for DVA staff on evaluation using a project logic approach.
- Also in November, David Forbes presented on ACPMH's *Australian Guidelines for the Treatment of Adults with PTSD and ASD* at a conference for the Magistrates Court of Victoria.

Work with us to reduce the effects of trauma

www.acpmh.unimelb.edu.au

Level 1, 340 Albert Street
East Melbourne VIC 3002

Phone: 03 9936 5100

acpmh-info@unimelb.edu.au

Australian Centre for Posttraumatic Mental Health Inc

ABRN: 095 202 994

John O'Connor ups the ante for ACPMH

John O'Connor is very accessible to colleagues and clients alike, except for once a month when he hosts a poker night for friends. He has done so for 15 years.

This is when his mind switches from work to recreation – or so one would imagine. In actual fact, it may not be so easy for John to make this switch for he has spent the best part of two decades specialising in gambling behaviour. That's right! A psychologist specialising in gambling behaviour hosts a regular poker night. However, it must be stressed that John is unlikely to ever lose his house, or his shirt for that matter. Methodical record keeping over a four year period of his poker games, in order to see how his strategies were playing out, revealed an overall profit of 50 cents.

John is one of the more recent additions to the ACPMH team. He has been a psychologist for 25 years, the first decade specialising in alcohol and other drugs.

Seeking new direction, he branched out into gambling behaviour, though he admits, "It wasn't a radical divergence in my career. Much of the behaviour in people with gambling problems is similar to that in heavy alcohol and drug users." What is different, and what still fascinates John about gambling addiction, is that "It has all the emotional and decisional conflicts, payoffs, rewards and negative consequences as alcohol and drug use but free of pharmacological noise."

John's PhD research in the area of gambling took him from Curtin University in Perth to Flinders University in Adelaide. Originally just for a sabbatical, it became a permanent move after meeting his partner and starting a family. On arrival in Adelaide John was contacted by the Vietnam Veterans' Counselling Service



(VVCS – now the Veterans and Veterans' Families Counselling Service) and eventually he took on the role of National Director of Clinical Services for VVCS. This involvement with veterans led to increasing contact with ACPMH, and now his role as Senior Clinical Fellow with particular focus on the Provider Competency Training Project.

Though based in Adelaide, the wonders of modern communication make it easy for John to keep in constant contact with his ACPMH colleagues and provide them with his perspective on pertinent issues. He spends about two days a month in the Centre, a time that he finds, "hectic but extremely stimulating and exhilarating." But whether it's stimulating and exhilarating enough to necessitate cancelling his monthly poker game is debateable.

ACPMH – Bigger, better and moving to a new home

Following several years of growth in staff numbers and research projects, the Australian Centre for Posttraumatic Mental Health (ACPMH) in Melbourne is moving to new and larger premises.

According to ACPMH's Director, Professor Mark Creamer, despite moving from the Austin Repatriation Hospital in Heidelberg,

"ACPMH remains deeply committed to improving mental health outcomes for veterans and their families. The new premises, located closer to the city centre and the University of Melbourne, will consolidate the position of ACPMH as the leading centre in Australia for policy advice, research and training in the field of posttraumatic mental health," he said.

The new address for ACPMH from 15 December 2008 is:

**Level 1, 340 Albert Street
East Melbourne VIC 3002**

New phone 03 9936 5160

New fax 03 9936 5199

Emails and website remain the same.