

## Defence Portfolio

# COMMITTEE INQUIRY QUESTION

(Question No.2)

Senator Kimberley Kitching asked the Department of Defence, upon notice, on 11 October 2021:

CHAIR: Do you know where Hekmatullah is now?

Mr Jeffrey: We have no confirmed information about his whereabouts.

CHAIR: Do you know the circumstances around his release?

Mr Jeffrey: We do not.

CHAIR: Have you spoken to the Qatari government? Has the Australian government spoken to the Qatari government?

Mr Jeffrey: The Australian government became aware of Hekmatullah's release from Qatar through highly sensitive intelligence which the government is not able to comment on directly.

.....

CHAIR: Thank you. Could you also take on notice whether the Qatari government put him on a plane?

Mr Jeffrey: We'll take that on notice too.

Senator Kimberley Kitching – The Department of Defence provides the following answer to the Senator's question:

The Australian Government was not involved in his release and had no visibility of any arrangements related to it.

## COMMITTEE INQUIRY QUESTION

(Question No. 5)

Senator Jacqui Lambie asked the Department of Defence, upon notice, on 11 October 2021:

Senator FAWCETT: To clarify, what I'm interested in here is not the general programs that are available to anyone. I'm interested to know if you've put in place any particular briefings, engagement or follow-up for people who have served in Afghanistan.

Major Gen. Fox: There have been over 39,000 defence members and APS personnel deployed to Afghanistan. That's a substantial population, of which we have quite a number still serving. Programs are in place through the Defence Member and Family Helpline, and that branch. When the evacuation commenced, we did receive a small increase in telephone contacts to the helpline, and we did make proactive calls to the families of members who were deployed during that evacuation to check that the families were okay while the members were deployed. That's part of our normal proactive support arrangements. We worked with DVA, as well, who could talk about the process of triaging support and claims in order to prioritise support to our Afghanistan veterans during this period of time as required. I will go to the Surgeon General first to talk about the support to defence members from a more psychological perspective.

Rear Adm. Sharkey: To answer your specific question, Senator, in addition to the comprehensive health support, including mental health support, that we provide to ADF members through the continuum of their service—pre deployment, deployment and post deployment—in relation to the Afghanistan campaign in particular, and noting the particular impact on and vulnerability of that cohort of serving veterans in relation to the context of the Afghanistan withdrawal and NEO, we did develop a very comprehensive commanders and managers' guide. That guide provided commanders, managers and defence personnel with a whole raft of resources and advice in relation to the spectrum of unique challenges that were being faced in that context, in particular acknowledging that COVID imposed some unique constraints on the ability to easily access the normal, face-to-face health resources that that cohort might ordinarily avail themselves of. We distributed that package in early September, informed by our psychology experts et cetera, to provide that really expert advice and the guidance and resource pack to members.

The other thing that I would draw your attention to is that every deploying member that has been to Afghanistan—over the entirety of that campaign but also more recently—is subject to some operational mental health screening through our RtAPS and POPS programs, which are also opportunities for individuals to be provided one-on-one counselling and specific advice and resources in terms of mental health support and psychology services. That is delivered to every single member who deploys.

Senator LAMBIE: Could we have a look at that support package? Would you be able to send that package to the committee so we can see what you're giving to the diggers out there, including what's involved and what you've attached to that?

Rear Adm. Sharkey: Yes. We would be very happy to share that.

Senator Jacqui Lambie – The Department of Defence provides the following answer to the Senator's question:

On 3 September 2021, the Commanders Guide – Mental Health Support Following Withdrawal from Afghanistan (the Guide) (pg. 1-4 of attached), was provided to all Senior leadership and ADF members through online platforms, to assist them in providing tailored mental health and wellbeing support and advice during Australia's withdrawal from Afghanistan.

The Guide provides access to a range of resources available for all ADF members, Defence APS employees and Defence civilians.

Accompanying the Guide are a series of Quick Reference Guides (pg.5-22 of attached), Leaders Toolkit (pg. 23-70 of attached) and a Command Primer 'Afghanistan – Let's talk about it' (pg.71-76 of attached) – which provide a quick and easy range of references for individuals, groups or units on a broad range of subjects such as fatigue management, vicarious trauma, mental health first aid and moral injury.

In addition to these published resources, the ADF Centre for Mental Health has developed a presentation on Mental Health and Wellbeing for High Risk Groups (pg. 77-116 of attached). This is a facilitated session delivered by qualified personnel who can provide training on effective strategies and practical self-management skills. Our teams can assist in building mental health awareness by providing education on the early signs of mental health problems and common reactions to stressful events (including vicarious trauma) as well as informing on ways to respond. There is an online option to deliver this training and it requires 60-90 minutes to complete.

An outline of the mental health screening continuum and comprehensive mental health programs and resources that Defence provides to all deployed forces pre, during and post deployment is provided in the attachment (pg. 117-120 of attached). This includes education, screening, early intervention and referral where required.

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# JOINT CAPABILITIES GROUP

## JOINT HEALTH COMMAND



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### COMMANDERS GUIDE - MENTAL HEALTH SUPPORT FOLLOWING WITHDRAWAL FROM AFGHANISTAN

#### References

- A. [Defence Health Manual Volume 1 Part 1 Chap 1 Health authority and responsibilities](#)
- B. [Defence Health Manual Volume 2 Part 10 Chap 3 Mental health screening](#)
- C. [Defence Health Manual Volume 1 Part 10 Chap 3 Critical incident mental health support](#)

#### Introduction

1. More than 39,000 ADF personnel and Defence civilians deployed to Afghanistan over the past 20 years. Recent events in Afghanistan have resulted in Australia contributing to a Whole of Government humanitarian response to assist in the evacuation of many thousands of people.
2. These events in Afghanistan are upsetting, and the media coverage and images associated with the events are confronting. These events may result in a range of individual responses, and current COVID restrictions may limit access to usual social supports that facilitate and contribute to coping.
3. Mental health and welfare support is available to all ADF personnel (ref A). This document provides Commanders, managers and peers with a quick reference guide on the range of support and resources that can be accessed.

#### Scope

4. This Commanders Guide applies to all ADF members, Defence Civilians, and Defence APS Personnel.

#### Peer and team level support

5. Following the events in Afghanistan, individuals may experience a range of responses. Some may be saddened by what they have seen and heard, others may be fearful for the impact the situation will have on others. Some ADF personnel may be involved in supporting the humanitarian response and others may feel helpless they can not do more. There is no right or wrong way to feel at this time.
6. There are several things Commanders can do to support people at this time. Keeping or creating a routine can help, along with maintaining healthy habits such as exercise and eating well. Support from friends, colleagues and peers can also be helpful. Consider having a regular team or group meeting to facilitate access to information and establish connections, particularly with COVID restrictions. Social support is an important aspect of maintaining and managing positive mental health and can be key contributor to facilitating recovery and resilience.

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7. Experiencing an emotional reaction is common during times of stress and uncertainty. Distributing information to personnel so they can acknowledge and understand potential responses can be useful. JHC have a range of mental health resources that can assist. These can be accessed on the [JHC website](#).

### **Managing media and social media**

8. Social media can assist Defence personnel in maintaining vital connections and provide access to entertainment, news and media coverage of current events. In addition to social media, today's 24 hour news cycle can make it difficult to turn off coverage of events. During times of uncertainty, it is common for many people to seek out information. This can have benefits, as it can provide an understanding of events and situations as they unfold. However, excess media or social media exposure may have a negative impact on the mental health of personnel. "Doomscrolling" is the term used to refer to continued searching and reading through news that is upsetting or distressing. This behaviour can result in dwelling on thoughts or images and contribute to negative reactions, as well as feelings of anxiety, anger, or depression.

9. Misinformation can spread quickly via social media platforms, and this may contribute to feelings of alarm, anger or distress. It is important to encourage safe social media and media use that allows personnel to stay connected with individuals. Awareness of the potential for excessive use is an important step in being able to support others, and help to manage it. Where possible, ensure personnel are utilising trusted and reliable media sources as this can help to correct misconceptions. Setting time limits on social media use as well as exposure to media content can also be helpful. Establishing screen free time, and scheduling enjoyable activities during the day (exercise, reading a book) are additional strategies that are important for maintaining positive mental health and wellbeing.

### **Mental health awareness packages and programs**

10. The ADF Centre for Mental Health (ADFCMH) is available to provide mental health and trauma awareness training. This can help personnel recognise signs of mental ill health in themselves or others, build awareness of vicarious trauma and create self-care plans to maintain wellbeing. Face-to-face and online options are available.

11. The ADFCMH also offer 'Reset' which is a group program delivered over two days. It is designed to support ADF members to build confidence and practical skills of self-management to enhance performance and quality of life across a range of domains. The program is evidence informed and supports members to develop personal insight and strategies to manage the challenges of military life more adaptively. This program is only suited to face to face delivery.

12. Further information on mental health awareness packages or the 'Reset' program is available by contacting

13. **Mental health screening.** Mental health screening aims to identify individuals who may require further assessment and support, and also provides an opportunity for psychoeducation and other brief interventions to assist with managing emerging mental health concerns (Ref B). Options for mental health screening include:

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- a. **Deployment-related screening.** Return to Australia Psychological Screening (RtAPS), Post Operational Psychological Screening (POPS), and the Mental Health and Wellbeing Questionnaire (MHWQ) are initiated by HQJOC via Health Support Orders (HSOs).
  - b. **COMD-Requested mental health screen (C-Req).** Some roles within the ADF are likely to have a higher exposure to sensitive, or possibly distressing material as part of their usual work role. Command may request screening of these personnel at any time.
  - c. **Critical Incident Mental Health Support (CIMHS).** CIMHS provides initial intervention following the exposure of Defence personnel to a critical incident or potentially traumatic event. To request a CIMHS, [Form AD675](#) should be submitted. In the garrison environment, the decision to conduct CIMHS and the nature of the support is to be negotiated between the relevant commander/manager and the regional Senior Mental Health Adviser (SMHA) at your nearest MHPS. Contact details for MHPSs can be found [here](#). For Defence members who are exposed to potentially traumatising material as a usual part of their work day (for example, reading or viewing content of a mentally arduous nature), C-Req may be a more appropriate option (see para 10b above).
  - d. **Periodic mental health screen (PMHS).** PMHS ensures that Defence members who have not received a mental health screen triggered by other activities in the previous 12 months receive a risk-indicated mental health screen. The screen is administered opportunistically when a member books a routine MO appointment and has not participated in any other mental health screen in the previous 12 months.
14. **Routine support options.** Commanders, managers and peers all have a role in encouraging Defence members to seek mental health support. A number of support options are available to all personnel and include:
- a. [\*\*ADF Health and Well-being Portal.\*\*](#) The Portal provides access to a range of ADF health services and support for members, families, reservists, veterans and ex-Serving members and cadets.
  - b. [\*\*Defence Employee Assistance Program \(EAP\).\*\*](#) The Defence EAP is a free, confidential and professional counselling service to help people resolve problems.
  - c. [\*\*All Hours Support Line and other support line options.\*\*](#) The support line offers a range of telephone and /or online support and counselling options available for health and well-being issues.
  - d. [\*\*Defence health facilities.\*\*](#) ADF members are able to present to any Defence health facility and gain assistance for any health requirement.
  - e. [\*\*ADF Chaplaincy, religious and spiritual services.\*\*](#) Chaplaincy has a historical and foundational role to bring honour to the dead, support to the sick and hope to those in distress. ADF Chaplaincy recognises the potential of moral injury and is able to support those members who may be suffering as a result.

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- f. **EAP Services for contracted employees.** Contracted members of the AIRTF should determine options for support IAW their employment contract.
- g. **Mental Health Fact Sheets and Reference Guides.** These guides provide information on a range of of mental health and wellbeing topics.

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Sep 21

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## QUICK REFERENCE GUIDE

### Defence Personnel – Compassion Fatigue

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

Compassion Fatigue can impact those who are working in a capacity where they are helping others, and during this time it is important to look after yourself, as well as support others. You may have been working hard to assist with evacuations, providing updates on the constantly changing situation, adjusting to changes at work and at home due to other stressors, or providing support to others and potentially feel physically and emotionally exhausted.

**What is Compassion Fatigue?** Compassion Fatigue when individuals are repeatedly exposed to other's trauma and suffering. This can result in feelings of physical and emotional exhaustion and lead to a diminished ability to feel empathy for the people requiring assistance.

Common responses and signs to look out for include:

- **Chronic exhaustion:** You may feel both physically and emotionally exhausted regardless of the amount of rest achieved.
- **Reduced empathy:** You may lose the ability to relate and empathise with those you are helping.
- **Low frustration tolerance:** You may find yourself growing irritable or angry about everyday situations. You may become frustrated at the behaviour of others as you compare their situations to others that have gone through trauma and suffering
- **Dreading work:** Compassion fatigue can affect your job satisfaction and you may now work become mentally draining. This can affect your physical and emotional wellbeing including how you feel about yourself and interact with others.
- **Hypersensitivity:** Every-day comments, even compliments, may feel aggressive and are unwelcome).

### Strategies to help:

- **Self-reflection:** Allow yourself time to process what is going on for you mentally and emotionally. Take time to remember the importance of your role.
- **Engagement:** Where possible, engage with loved ones. Use technology to maintain connections with family and friends who may be geographically separated.
- **Exercise:** Engaging in regular exercise can assist with stress and anxiety as well as feelings of self-efficacy.
- **Relaxation:** Building relaxation time into your routine can assist you in maintaining balance. You may enjoy meditation, mindfulness activities or spending time alone. Helpful strategies can be found on the High Res App and website.
- **Resilience:** Apply the BattleSMART principles. Test and adjust your reactions by monitoring your physical response, thoughts, behaviours and emotions. Use controlled breathing techniques, reassess your thoughts, make time for activities you enjoy, try and manage fatigue levels and get adequate rest.

### Where to get help?

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
- Chain of Command, Chaplain/Padre, Colleagues
- All-hours Support Line – 1800 628 036
- 1800 IM SICK
- Defence Family Helpline - 1800 624 608
- Open Arms – 1800 011 046
- Lifeline – 13 11 14
- Beyond Blue - 1300 22 463
- ADF Health and Wellbeing Portal website: <https://www.defence.gov.au/health/healthportal/>
- Apps, such as High-Res: <https://highres.dva.gov.au/highres/> The tools available on this app can help to manage immediate responses to stress and help build resilience and Headstrength [Pages - HeadStrength](#) which delivers mental health and wellbeing resources directly to the user based on their current level of wellbeing. It is important to note Apps are a self-help tool, and are not designed to replace professional help.



## QUICK REFERENCE GUIDE

### Defence Personnel – Distressing Material in the Workplace

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

Viewing distressing material may be a regular part of your role; however, it does not mean you are immune to the impact it can have and it is important to look after yourself, as well as support others.

**Before working with distressing material.** There are a number of things you can do to before you work with distressing material including maintaining and building your overall resilience:

- **Eat and Exercise.** Exercise regularly and eat a healthy diet. Minimise your alcohol and caffeine consumption.
- **Sleep.** Whenever possible keep a regular sleeping pattern that allows enough sleep.
- **Socialise.** Spend time with your family, friends or colleagues.
- **Prioritise.** Learn to prioritise a healthy work-life balance. Don't be afraid to be assertive about your time boundaries, commitments and other personal limits that are important to you. Mentally keep your work and home separate.
- **Be Active.** Try and have an active life outside of work to reduce the focus on work. This may be through sport, hobbies, volunteering, family, or other activities that you enjoy.
- **Be Optimistic.** Focus on the positives in your life and try to stay optimistic.

**Strategies to prepare you for your work.** If your work role involves reviewing material that has the potential to be upsetting, these strategies may help. They focus on what you can do to help prepare yourself prior to starting work:

- Conduct a quick self-analysis and if you are upset or distressed consider if it is possible to swap tasks to a different day or plan for extra self-care during the day
- Plan your day and allow adequate time at the beginning of the day to psychologically prepare and focus on your purpose before commencing exposure. Set a mixture of tasks for the day.
- Familiarise yourself with your task and know how to categorise effectively when reviewing the material so you can work quickly to finish the task and end your exposure to the material as soon as possible
- If you don't feel adequately prepared or are unclear about the task that you are about to perform, speak to your supervisor or a trusted team member for help
- If possible try to clarify the type of content you will be exposed to so you know what to expect



- Know your team members so you can seek support if necessary and can consult with a more experienced colleague if you need advice
- Set realistic goals and expectations about how much work you can get through in a day, and how much exposure you can cope with in one go. Don't get too hung up on work and know when to move on to the next case. The work won't go away.
- Plan strategies or methods that you use to soften your exposure to the material ready to go (some tips are listed in the following section)
- Arrange for a team member to check in on you regularly, especially if you feel stressed or vulnerable

**Strategies to try whilst reviewing distressing content.** There are strategies you can employ during your work. Some options to try include:

- Always make sure that you have a colleague in your area when working with distressing material
- Focus on the purpose of the task - view the material objectively as evidence or a crime scene to minimise the emotional aspect of the material
- Ensure you have other tasks to perform throughout the day that don't contain distressing material. Perform these tasks during breaks, or plan the sequence of these jobs throughout the day to you break up your exposure
- Try and have consistent exposure times each day. Working with distressing material in the mornings is suggested, as it gives you the afternoon to debrief with co-workers and clear your mind before you go home
- Keep a record of the exposure time in your work diary – you should not be exposed to the material more than four or five hours a day
- Think about some habits that you can use to remind yourself to take a break, for example, set an alarm every 25 minutes or make yourself a cup of coffee, when the cup is empty, take a break from work
- Take regular mini breaks for 5-10 minutes every hour, or shorter breaks every 20 minutes. Where available, use 'time out' areas, utilise outside space or use the gym
- Take a physical break by walking away from the work area
- Focus on what you can control, accept that bad things happen
- Ensure you handle the material in keeping with established processes and policies
- Expose yourself to the bare minimum needed to complete your task, and avoid exposure to any extra, unnecessary material
- If you feel affected or triggered reach out to colleagues, your management or Psychological Services. Acknowledge strong feelings or intrusive images if they should appear.
- Mentally compartmentalise the content so you can put it away and only revisit it if necessary
- Don't work with the material at night if possible

#### **Minimising exposure:**

- View images in thumbnail form instead of enlarging the whole image
- View video without audio and listen to audio without video



- When not focussed on the images turn off or cover the screen
- Instead of watching the whole video, scroll through and look at some stills from the video
- Try to use your memory instead of re-visiting material if possible
- View images on a smaller screen
- Don't look at victim's faces or eyes unless required for your task
- Change the colour of images to black and white
- Change the orientation of images, e.g. put them on their side
- When viewing, try and be aware of activity that is occurring in the general workplace around you rather than remaining purely focussed on the material
- Use privacy screens to avoid exposing colleagues and have them do the same
- Don't discuss content unnecessarily

#### **After work:**

- Consider making time at the end of the day to wind down and/or process the impact of exposure, e.g. complete a different task or take some time for yourself
- Focus on your own wellbeing:
  - Think about your reaction to the day, is there anything that you keep thinking about?
  - If there is, do something that helps you process these feelings, or helps you feel better.
- Seek out support from colleagues by discussing your reactions to the material with them, or by simply socialising without talking about work.
- Keep your sense of humour. Black humour is often used as a way to cope with exposure to traumatic work content within teams, so don't be afraid to have a laugh about your work with the rest of your team
- Keep in touch with your supervisor about how you're coping, and discuss options for obtaining other supports if necessary
- Remind yourself of your strengths, life experience and training to increase your confidence in being able to support yourself
- Minimise any negative self-judgments. Defence personnel tend to be very tough on themselves, particularly in relation to self-evaluation.
- Don't feel guilty if the material didn't impact you.
- Keep an eye out for how your colleagues are coping and provide support to them by listening and being understanding if they need it. If you note a difference in the person let the person know.
- Create a ritual that signifies the closing off of your distressing material work e.g. use travel on the way home each day as a way of detaching from work, or take a shower as soon as you get home to "wash away" the day's work
- Acknowledge that you may have reminders about what you have seen. This is a normal part of processing what you have been exposed to. Try to simply observe your reaction rather than analyse or interpret its significance.



- Change the focus of your thoughts as soon as you leave the work place e.g. take extra notice of the landscape on your way home or read an enjoyable book on the bus or train. Travel a different route each day to enhance this effect.
- Don't be afraid to speak up and ask for help if you are feeling impacted by the material.

#### **Signs to seek support:**

- Being unable to handle the intense feelings or physical sensations
- Feeling numb and empty
- Ongoing strong or distressing emotions
- Continual physical responses of being tense, agitated, on edge
- Continuing to have disturbed sleep and/or nightmares
- Feeling unsupported or alone in your feelings and emotions
- Relationship problems with friends, family or colleagues
- Using alcohol or medication to numb the emotions or memories
- Not wanting to attend work because of exposure material or associating work with distress.

#### **Where to get help?**

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Your local Garrison Health Facility
- Chain of Command, Chaplain/Padre, Colleagues
- All-hours Support Line – 1800 628 036
- 1800 IM SICK
- Defence Family Helpline - 1800 624 608
- Open Arms – 1800 011 046
- Lifeline – 13 11 14
- Beyond Blue - 1300 22 463
- ADF Health and Wellbeing Portal website: <https://www.defence.gov.au/health/healthportal/>
- Apps, such as High-Res: <https://highres.dva.gov.au/highres/> The tools available on this app can help to manage immediate responses to stress and help build resilience and Headstrength [Pages - HeadStrength](#) which delivers mental health and wellbeing resources directly to the user based on their current level of wellbeing. It is important to note Apps are a self-help tool, and are not designed to replace professional help.



## Quick Reference Guide

### Defence Personnel – Fatigue Management

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

Being part of the ADF can be highly rewarding, however it can also result in some challenges. Demanding workloads, long hours, dealing with uncertainty, adjusting to changes in work environments and sleep difficulties are just some of the things that people will be dealing with. The current situation has the potential to cause fatigue, and there are a number of things that can be considered to try and minimise the impact of this.

**What is Fatigue?** Fatigue is more than just feeling tired. Fatigue can occur when a person is under physical and mental stress with insufficient rest and recuperation. In a work context, fatigue reduces a person's ability to perform their role effectively and safely. Fatigue can be caused by a combination of factors; including work-related stressors, domestic stressors or a combination of both.

**Observable signs of fatigue.** There are a number of signs that indicate you or one of your colleagues is starting to experience fatigue. Some things to keep an eye out for include:

- Frequent yawning, micro napping and falling asleep at work. Not feeling rested after waking.
- Difficulties with maintaining concentration, reduced hand-eye coordination, impaired problem-solving and decision-making
- Noticeably reduced capacity to engage in effective communication
- Sudden lack of motivation in a person who is normally engaged
- Low frustration tolerance and strong reactions to seemingly normal situations.

**Work factors that increase fatigue:**

- Shift work and rotating shifts
- Roles with prolonged mental or physical load
- Poor work scheduling/excessively long shifts
- Insufficient recovery time.

**Strategies to mitigate fatigue:**

- **Sleep:** Achieving less than six hours sleep doubles the risk of accidents and/or injury, and can contribute to a sleep debt, which your body will need to catch up on. As much as possible, try to get between 7-9 hours of sleep every 24 hours. If you cannot prioritise sleep, take naps if you can. Tracking your sleep through a sleep diary, wearable device or a sleep App can also be useful.
- **Screen time:** Don't watch TV or use your tablet, phone or computer in the last half hour before sleep as this increases brain activity and makes it harder to fall asleep.

- **Have a sleep routine:** Try to do the same things each night before going to bed. Try and include something that makes you sleepy. Think about reading a book rather than screen time.
- **Don't do your thinking in bed:** Write out everything that is going on in your mind. Do all your problem solving early in the evening and then put the list away. Don't let problems keep you awake – come up with solutions during your waking hours.

**Fatigue support:** Engaging with support is important if you notice signs of impaired functioning. Look after yourself and your mates. Self-care is important to ensure you can manage and perform to your best over the long term. Don't forget to ask for advice or support if needed.

### Where to get help?

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
- Chain of Command, Chaplain/Padre, Colleagues
- All-hours Support Line – 1800 628 036
- 1800 IM SICK
- Defence Family Helpline - 1800 624 608
- Open Arms – 1800 011 046
- Lifeline – 13 11 14
- Beyond Blue - 1300 22 463
- ADF Health and Wellbeing Portal website: <https://www.defence.gov.au/health/healthportal/>
- Apps, such as High-Res: <https://highres.dva.gov.au/highres/> The tools available on this app can help to manage immediate responses to stress and help build resilience and Headstrength [Pages - HeadStrength](#) which delivers mental health and wellbeing resources directly to the user based on their current level of wellbeing. It is important to note Apps are a self-help tool, and are not designed to replace professional help.



## Quick Reference Guide

### Defence Personnel – Leadership

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

Strong leadership is an essential part of providing a response during this time. Leaders have a role to play in taking care of staff and supporting team performance. The following guidance is provided to enable effective leadership across health teams.

**Set the conditions.** As a leader, the most important thing you can do is set the conditions that allow your team to work optimally. Here are a few questions to reflect on that may help you achieve this:

- What culture and I creating or contributing to?
- Am I setting the example? Remember you need to look after yourself too.
- Am I checking in with my team, and monitoring their well-being?
- Am I sharing the right information?
- Are there things my team could be doing differently to create a safer environment, or contribute to a more positive outcome/effect?

**Stay connected with the team.** Leaders should regularly connect with team members to prevent feelings of stress and social isolation. Regular meetings, even virtually, can provide structure and stability and create a sense of shared purpose. **Recognise team limitations.** As a Leader you may recognise signs of stress in your team members. Remember that your team may be caring for family members and have other responsibilities that they are concerned about outside the work environment. Stress can make it difficult for people to process complex information. With this in mind, repeat important messages, do not overcomplicate things and be patient if someone makes a mistake. You may need to build in extra checks to reduce errors at this time.

**Share information.** Leaders are trusted to stay up-to-date with the latest information and to evaluate and share the latest developments with their team – the big picture. This helps to unify the team to a common goal. Leaders also need to let the team know if they do not have answers to questions. It is important to share specific details too during times of high tempo or stress. Try to be specific and realistic about tasks that are assigned including timings and expected outcomes where able.

When analysing information presented to you and before further disseminating it further, ask questions such as:

- Is this information relevant?
- Is this information urgent?
- Does this information apply to the whole team or specific individuals?

**Maintaining team physical health.** It is important that your team remains physically healthy so they are better prepared to manage stress. Check in with your team to make sure they are maintaining a decent sleep pattern, a nutritious diet and are getting regular exercise. Ask team members questions like: How is your sleep? Are you managing to get outside and exercise? Have you had a break to eat? This can open dialogue with your team and assist them to reflect on their own physical health. Set the standard of looking after your team, and start the conversation.

**Maintaining team psychological health.** Team members should be encouraged to use strategies to manage stress. Encourage a balanced amount of news coverage for team members and their families to avoid feeling overwhelmed. To-do lists can be used to keep work and home activities balanced. Positive self-talk can be used to get through stressful times. You can also encourage mindfulness activities to reduce anxiety and improve well-being.

**Maintaining team cohesiveness.** Leaders can remind their team of the importance of their work. Our personnel are making an important contribution to the Australian Government's effort to the repatriation efforts out of Afghanistan. Focus on the task at hand and identify what can be controlled. Ask questions like: What has to be accepted? What can be controlled? Where can we 'test and adjust'?

### **Where to get help?**

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
- Chain of Command, Chaplain/Padre, Colleagues
- All-hours Support Line – 1800 628 036
- 1800 IM SICK
- Defence Family Helpline - 1800 624 608
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- Apps, such as High-Res: <https://highres.dva.gov.au/highres/> The tools available on this app can help to manage immediate responses to stress and help build resilience and Headstrength [Pages - HeadStrength](#) which delivers mental health and wellbeing resources directly to the user based on their current level of wellbeing. It is important to note Apps are a self-help tool, and are not designed to replace professional help.





## Quick Reference Guide

### Defence Personnel – Maintaining Resilience

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

The majority of ADF members adapt well to operational requirements and challenges, and many are familiar with techniques that are covered in the ADF's resilience program, BattleSMART. This fact sheet aims to provide a quick reminder about some of these strategies.

Resilience is all about having reliable and flexible methods for handling situations. It allows you to operate at your optimum while under stress, bounce back and grow from tough situations, and enables you to help yourself and your mates so you can perform at your best.

**Remember BattleSMART?** Your reactions to a particular situation are made up of physical reactions, thoughts, emotions and behaviours

**Initial Reaction:** When we are faced with a challenging situation, we can test our reaction to a situation and adjust what we do next depending on whether our response is helpful or not.

**Test:** Is this reaction reasonable given the situation? Is it helping me in this situation?

**Adjust:** If the reaction is reasonable/normal, then we **do not** need to do anything. If the reaction is not reasonable and/or helpful than **we need to adjust** to achieve an optimal outcome.

To be more effective, or respond differently it can be helpful to:

- 1: Identify what parts of the situation can be changed, and take action.
2. Accept the parts you can't control, and adjust your reaction by using some of the tips below.

**Physical:** Controlled Breathing - breath in, hold for 6, then breathe "in-2-3, out-2-3" for 1 min. Maintain your exercise routine and make time for PT.

Use Grounding strategies – i.e. Identify 3 things that you can 'see, hear & touch'. Repeat 3 times.

Try a Progressive Muscle Relaxation exercise.





- Thoughts:** Change negative thoughts into positive self-talk.
- Reassess your thoughts – Look for evidence against your thoughts and ask yourself: “Are there other ways to think about this situation?”
- Emotions:** Identify your thoughts
- Revisit your emotions
- Maintain your sense of humour.
- If you are responding with anger – ‘stop, breathe, leave, think, and do’.
- Make time for daily activities you enjoy
- Behaviours:** Identify the cause.
- Manage fatigue and apply good sleep strategies.
- Engage social support (talk to your mates, family).
- Use effective time management.
- Seek professional advice or support, or use appropriate resources (apps, websites).

Accessing online tools such as the High Res App and website may also be useful to build your own tools for dealing with feelings about the current situation and managing your own reactions.

It is possible to achieve you optimal reaction and performance, even during periods of high stress and uncertainty.

### **Where to get help?**

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
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- All-hours Support Line – 1800 628 036
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## Quick Reference Guide

### Defence Personnel - Mental Health and Social Media

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan.

Social media can assist Defence personnel in maintaining feelings of connectedness and can aid in reaching out to support friends and colleagues. It can also provide access to entertainment, news and media coverage of current events. However, it is also acknowledged that social media may be harmful to the mental health of personnel resulting in a range of symptoms. It is important to be aware of the signs of unhelpful social media use and strategies on how to use social media safely for mental health.

#### Signs of unhelpful social media use:

- Spending more time online than connecting with friends or family (virtually or in-person).
- Overall increased use of social media apps and time spent online.
- Experiencing increased mental health symptoms including stress, anxiety or depression when using or after viewing social media or online content.
- Experiencing a Fear of Missing out (FOMO) or the need to be online more.
- Suffering from sleep problems related to staying up late on social media or being unable to wind down following your use.
- Anxiety about posts, likes or content you have created.
- Engaging in "Doomscrolling or Doomsurfing"
  - This is when you are spending an excessive amount of screen time absorbing negative news which may be depressing or disheartening
  - It can create a confirmation bias whereby you have constant reinforcement about negative or bad events
  - It is thought to be an addictive behaviour and hard to stop
  - It can lead to increased anxiety or stress and can exacerbate pre-existing mental health problems

### Strategies on how to use social media safely:

- Connect with others in real life. Either in-person (where possible) or over video calling apps or websites.
- When talking to others it is normal to want to discuss negative or distressing events, balancing these conversations with different topics can provide space to step away from their impact and reflect on other areas of your life.
- Schedule or limit your time on social media. Many apps have in-app time management settings in order to predetermine your time spent online. Scheduling time into your calendar may assist in balancing your use .
- Disable notifications from social media apps or other apps, which may be disrupting your day or engagement in the real world.
- Block pages or people who are causing you distress.
- Consider having a cut-off time set at night and place your phone in a different room to where you sleep.
- Set up the do not disturb setting on your phone or device at a certain time during the evening to allow for non-screen time activities prior to sleep.
- Follow credible news outlets to avoid exposure to misinformation.
- Take a social media timeout. Deleting an app from your device for a day, week or month may create the space needed to reset and engage in self-care activities
- Engage in positive activities following any exposure to negative media content. Don't watch media content immediately before bed and scheduling your viewing prior to going for a walk, reading a book, listening to music or spending time with your friends or family.
- Practice gratitude by listing positives or things you are grateful for in order for you to create optimism and a sense of normality.

### Where to get help?

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
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- Chain of Command, Chaplain/Padre, Colleagues
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- Apps, such as High-Res: <https://highres.dva.gov.au/highres/> The tools available on this app can help to manage immediate responses to stress and help build resilience and Headstrength [Pages - HeadStrength](#) which delivers mental health and wellbeing resources directly to the user based on their current level of wellbeing. It is important to note Apps are a self-help tool, and are not designed to replace professional help.



## Quick Reference Guide

### Defence Personnel - Mental Health First Aid

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan. While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

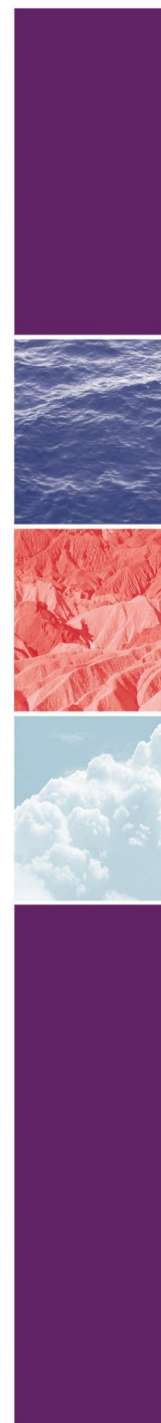
**What is Mental Health First Aid?** Mental Health First Aid is the initial help offered to someone who is showing signs of mental distress. ADF personnel supporting our response in any role may encounter people who are experiencing early signs of distress.

**Why is it important?** Peers and colleagues are likely to have the most contact, best insights and be most accessible for those who require support. This means you are well placed to identify, connect and assist if you see people who are struggling. It is also part of our service culture and values to look after our mates.

**What can you do?** A simple way to remember how to help is to think about how you **REACT**.

- **Recognise change** - be aware of signs and symptoms that might indicate distress. This may include extreme mood changes, tearfulness, agitation, confused thinking, withdrawal from others, dishevelled appearance, sleep disturbance, and more.
- **Engage the person** - remain calm and non-judgemental. Ask, Are you OK? Be genuine, show your concern, and listen.
- **Actively listen** - DO: give the person your attention, note non-verbal cues, manage your own reactions, and ask open-ended questions. DON'T: interrupt, judge, argue, try to be a mental health professional.
- **Check reactions** - check to see what concerns the person may have. Check if they need help or support.
- **Take action** – Identify support options and if appropriate, encourage access to support from a Medical Officer or Mental Health Professional. If the person is highly distressed, they should (where able) be removed from the situation and be escorted directly to professional help.

These steps do not need to be done in any particular order. The REACT model is really a tool to help you provide some basic mental health first aid as a peer. Also, remember that professional help may not be needed – everybody will handle stress differently, and most will recover from adversity well.



## Where to get help?

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
- Chain of Command, Chaplain/Padre, Colleagues
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## QUICK REFERENCE GUIDE

### ADF Personnel – Vicarious Trauma

This reference guide is part of a series that has been developed to help Defence personnel respond to the recent situation in Afghanistan.

While the ADF is well versed in working in diverse situations, we are not immune to emotional stressors and challenges associated with providing support to those in need.

You may be working hard to assist with evacuations; providing updates on the constantly changing situation; adjusting to changes at work and at home due to other stressors; potentially worried about your own mental health; providing support to others and be repeatedly exposed to other people's trauma. This may be a regular part of your role; however, it does not mean you are immune to the impact it can have and it is important to look after yourself, as well as support others.

#### What is Vicarious Trauma?

Vicarious trauma is the experience of trauma symptoms that can result from being repeatedly exposed to other people's trauma and their stories of traumatic events. A person's world view (belief systems) can be significantly changed as a result of hearing those stories. Vicarious trauma is cumulative, building up over time.

#### Signs and Symptoms of Vicarious Trauma.

The effects of vicarious trauma vary from person to person. For some people, there may be a wide range of signs and symptoms, while others may experience problems in one particular area of their lives. This is not an exhaustive list but it covers some of the common signs of vicarious trauma:

- Invasive thoughts of client's situation/distress
- Frustration/fear/anxiety/irritability
- Disturbed sleep/nightmares/racing thoughts
- Problems managing personal boundaries
- Taking on too great a sense of responsibility or feeling you need to overstep the boundaries of your role
- Difficulty leaving work at the end of the day/noticing you can never leave on time
- Loss of connection with self and others/loss of a sense of own identity
- Increased time alone/a sense of needing to withdraw from others
- Increased need to control events/outcomes/others
- Loss of pleasure in daily activities

## How to protect yourself

If you find yourself experiencing these symptoms, it's important to recognise that this is not a reflection on your professional abilities but a normal response to the challenging nature of the work you are doing. Some tips for managing symptoms:

- **Reach out to someone.** This could be your manager, a trusted friend or colleague, a mental health professional or another support person.
- **Find a way to escape physically and/or mentally** cooking, reading, days off (weekends), walks, seeing friends (virtually or on-person)
- **Rest** take some time out and ensure you are aiming for appropriate amounts of sleep
- **Play** have fun and do things that make you laugh e.g. playing with children and pets, creative activities, watching a favourite movie or reading a book

## Where to get help?

There are various support services both within and external to Defence. If you would like to access support, or further information, here are some suggested resources:

- Your mates
- Operational Psych Support
- Your local Garrison Health Facility
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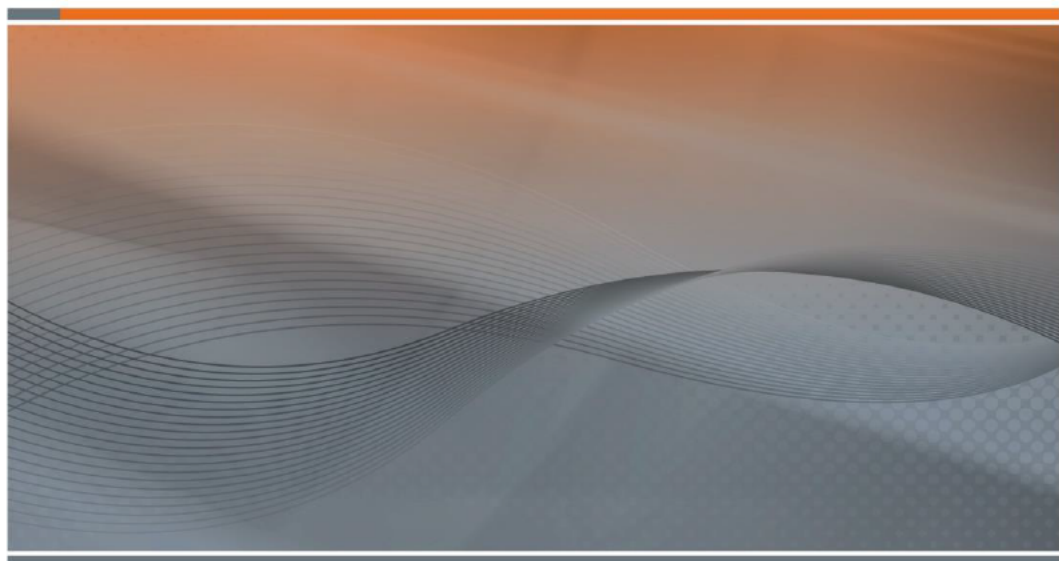




Australian Government

Department of Defence  
Defence People Group

# Leaders' toolkit



Optimising mental health and wellbeing  
in challenging times

Produced by Joint Health Command  
and Defence People Group





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# Using the leaders' toolkit

## About the toolkit

This booklet will help leaders at all levels to support the mental health and wellbeing of your team during challenges times. It provides advice and trusted sources in five topics:

- **Leadership practice.** This topic supports leadership practices related to team wellbeing.
- **Talking about mental health.** This topic will help you start and manage mental health chats with your team.
- **Monitoring team wellbeing.** This topic will help you support team members experiencing worries, stress, fear, anger, depression, anxiety, substance use, gambling, or grief and loss.
- **Supporting safety.** This topic will help you if you have concerns about the safety of your team or others. It has resources about self-harm, family and domestic violence and suicide prevention.
- **Self-care.** This topic focuses on self-care activities for you and your team. This will help build individual and team resilience.

## Trusted sources

Throughout this booklet, we will refer to 'trusted sources'. The ADF Centre for Mental Health maintains a list of trusted mental health and wellbeing sources for Defence. Three trusted external websites are:

- Head to Health - <https://headtohealth.gov.au>
- Beyond Blue - <https://www.beyondblue.org.au/the-facts>
- Black Dog Institute - <https://www.blackdoginstitute.org.au>

Topic 6: Trusted sources provides access to information, supports and resources (including apps) relevant to leaders in challenging times.

## Topic 1: Leadership practice

Strong, calm, trustworthy leadership is important during challenging times. Your team will look to you for advice on what to do, what to expect and how to act. This topic supports and develops your leadership practice as it relates to mental health and wellbeing.

### Change and challenging times

Change and challenging times can cause emotions and responses that range from excitement to fear. It can be hard for people to maintain self-care and wellbeing practices during these times. For some, their usual practices may be less effective.

Monitor yourself and your team. Pay attention to changes in moods, thoughts or behaviour. When monitoring your team:

- Talk about moods, thoughts and behaviours (see [Topic 2: Talking about mental health](#)).
- Ask team members what they need from you (see [Topic 3: Monitoring team wellbeing](#)).
- Stay alert for safety concerns (see [Topic 4: Focus on safety](#)).
- Encourage self-care for wellbeing and resilience (see [Topic 5: Self-care toolkit](#)).
- Refresh your knowledge on resources for Defence members, APS employees and contractors (see [Topic 6: Trusted sources](#)).

## The mental health continuum

Mental health impacts our thoughts, feelings, perceptions, behaviours, relationships and day-to-day functioning. Mental health is not fixed; it is part of a continuum (see [Figure 1: Mental health continuum—signs, symptoms and actions](#)). It is normal to experience fluctuations in mood. We can feel a bit flat or down for a few days, but if we don't return to our 'normal' within a week or two using usual coping methods, we should get help.

During challenging times, you need to focus on supporting the mental health and wellbeing of your people. Think about individual and team wellbeing as part of the continuum of mental health. Reinforce messages around self-care, prevention, early intervention and treatment.

## Social connectedness

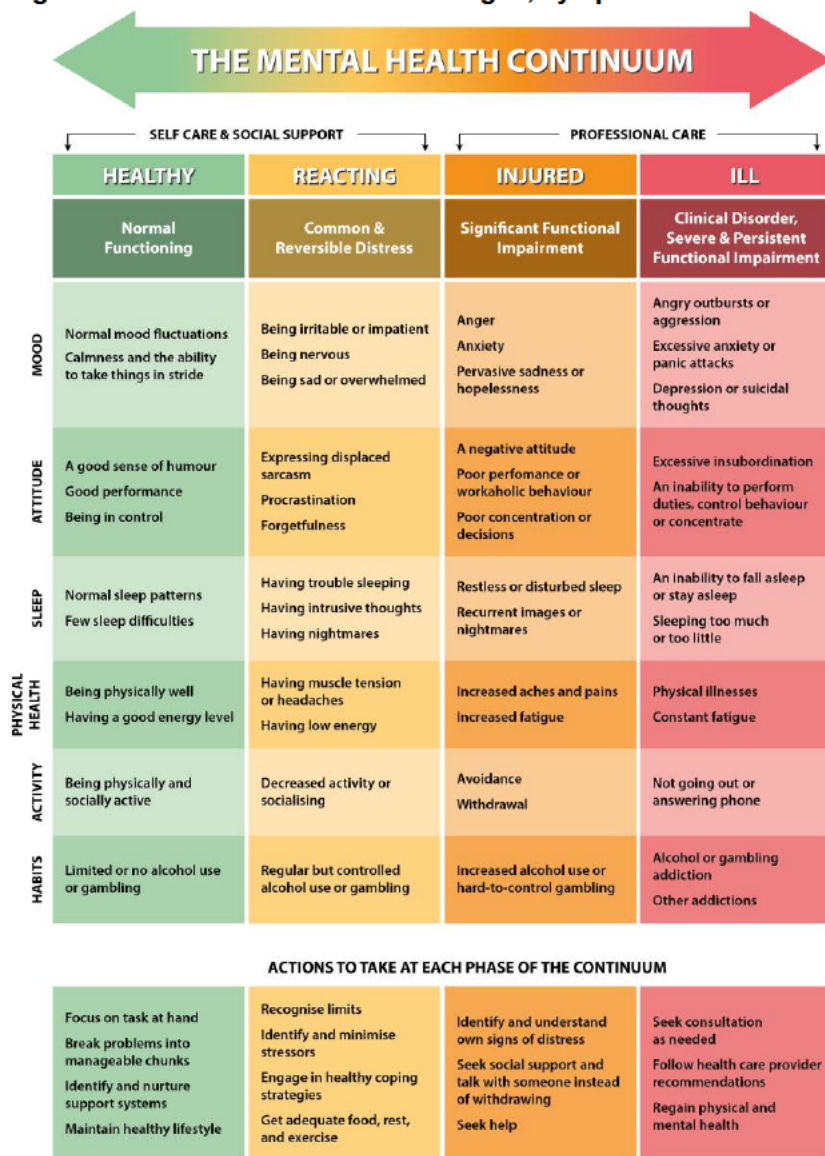
Social support and a sense of purpose can help to reduce stress, anxiety, loneliness, hopelessness and helplessness. Think about social connectedness and meaningful work in your team.

## Communication

People imagine the worst when they don't have enough information. This can affect their mental health and wellbeing. Use clear and regular communication to create stability and reinforce team connections. Think about the way you are communicating. Is it regular, planned and concise?

Hope and optimism are linked with positive physical and mental health. Are you providing messages of hope and optimism? Try to frame messages in positive future-focused language; for example; *When this is over our team will...or Together we will get through this...*

**Figure 1: Mental health continuum—signs, symptoms and actions**



## Walk the talk

Model good self-care. Talk about mental health and wellbeing in the same way you talk about physical health. Challenge stigma. Share positive stories about getting help. Maintain a sense of humour. Seek help if you need it.

Share your own self-care tips (see [Topic 5: Self-care toolkit](#)) with your team. Encourage them to try the tips and ask for feedback. What did they try? Did it help reduce stress and improve mood?

## Resilience

We can't prevent or avoid all stressful situations, but we can build resilience. Resilience is the ability to cope with unexpected changes and challenges using personal coping strategies and support networks.

You can help to build resilience in your team by:

- fostering a positive attitude
- being optimistic
- encouraging them to view failure as a form of helpful feedback
- reminding team members to test and adjust their physical, emotional, thought and behaviour reactions.

[Topic 6: Trusted sources](#) provides resources for resilience. The following are of specific relevance:

- [HeadStrength mobile app](#)
- [Self-management and resilience factsheet](#)
- [BattleSMART](#)
- [High Res mobile app](#)



## Early intervention

It is normal to experience fluctuations in mental health and wellbeing. However, seek help for changes in thoughts, feelings and behaviours that escalate, affect functioning or become overwhelming. You can help your team by:

- encouraging the use of self-care plans (see [Topic 5: Self-care toolkit](#)) and weekly wellbeing self-checks
- adjusting work to allow time for appointments for staff needing mental health support
- providing help options, as getting help early reduces the severity and impact of mental health concerns.

The self-care activities provided during early interventions can positively affect relationships, work and education. If needed, the early intervention provider can provide extra help and referrals for mental health support.

Ensure your team knows it is OK to get help. You can reduce perceptions of stigma about needing help by sharing the following facts:

- three out of four Defence members have had help for their mental health
- of these, 60% got help because of a suggestion and 30% had support in reaching out for mental health care
- common reasons for seeking help were depression, anxiety, relationship problems and anger.

Use reliable information to normalise mental health problems, and to combat misinformation. [Topic 6: Trusted sources](#) can help you find reliable information.

## Stigma

Stigma and discrimination undermine the Defence values of Service, Courage, Respect, Integrity and Excellence. The best way to challenge stigma is with facts. As a leader, you need to draw information about the challenging situation and mental health from reputable sources.

Things you can do:

- challenge myths and stereotypes
- encourage conversations about mental health and wellbeing
- amplify positive stories about people connecting and supporting each other
- acknowledge the challenges, while emphasising the positives and opportunities
- don't spread rumours or misinformation.

Create a culture where help seeking is accepted. Be the example. Reinforce the benefits of early intervention and provide time for individuals to attend appointments. You can help by:

- providing meaningful duties to promote self-worth and ties to the team
- increasing team mental health literacy through courses, presentations and mental health factsheets.

Resources on stigma are in [Topic 6: Trusted sources](#).

## Recognise and reward mental health champions

As a leader, you have the opportunity to reinforce and reward positive behaviour in the workplace. Creating a workplace culture that values mental health and wellbeing is an essential part of your role.

Look out for staff who are demonstrating moral courage, team work and their commitment to Defence and Service Values in relation to mental health. This could include staff who:

- challenge stigma and promote positive bystander behaviour by engaging in activities or conversations that promote mental health in the workplace
- have open conversations about mental health and wellbeing
- provide positive stories of help seeking and benefits of early intervention
- promote mental health awareness activities and events within your teams
- provide support and/or stay connected with team mates who may be experiencing mental health distress (those not in the 'green' of the MH Continuum).

Take the time to acknowledge and reward mental health champions (formally and informally) who are leading by example and making mental health and wellbeing an everyday part of work and life.

You may wish to do this using the resources available through [Defence People Group: Rewards and Recognition](#) page.

## Topic 2: Talking about mental health

Talking openly about mental health and wellbeing helps to normalise it. This reduces stigma and encourages self-care and help seeking. This topic provides tips and tools for mental health conversations.

Talking about mental health can be daunting, but it is just a conversation about how your people are coping. Use these chats as an opportunity to connect with your team and to let them know that you care about their wellbeing. You can use mental health chats to:

- provide information and encouragement to people who are coping well
- support someone who is feeling stressed or overwhelmed
- support someone who has a mental health illness.

### Signs of concern

People can be in different zones of the Figure 1: Mental Health Continuum at different times. If they are in the healthy (green) zone, a mental health chat can reinforce good self-care (see Topic 5: Self-care toolkit) and social support. The other zones indicate there may be a mental health issue you need to talk about.

**Figure 2: Mental health continuum**



There is no typical profile or cause for a mental health issue, but there are common signs and symptoms. The number, combination, intensity and frequency of these will vary. Watch out for the common signs and symptoms in Table 1.

**Table 1. Common signs and symptoms**

Category	Common reactions
Physical	<ul style="list-style-type: none"><li>• increased breathing rate</li><li>• increased heart rate</li><li>• dizziness</li><li>• shaking</li><li>• pains</li><li>• headaches</li><li>• nausea</li></ul>
Thoughts	<ul style="list-style-type: none"><li>• concentration difficulties</li><li>• poor problem solving</li><li>• memory difficulties</li><li>• negative self-talk</li><li>• catastrophic thinking</li><li>• thoughts of escape (absence, self-harm or suicide)</li></ul>
Behaviours	<ul style="list-style-type: none"><li>• sleep-related problems</li><li>• changes in appetite</li><li>• excessive drinking/smoking</li><li>• increased aggression</li><li>• low frustration tolerance</li><li>• accident proneness</li><li>• social withdrawal</li><li>• high-risk behaviour</li></ul>
Emotions	<ul style="list-style-type: none"><li>• fear</li><li>• anger</li><li>• depression</li><li>• anxiety</li><li>• guilt</li><li>• despair</li></ul>

See Figure 1: Mental health continuum—signs, symptoms and actions for more information.

## Preparing for the conversation

### Time and place

Set a time for the conversation. Make sure you won't be interrupted.

If your team member is working remotely, make sure they have a private place to take your call. If you are at work, choose a quiet safe space.

Where possible, you should talk face to face so you can monitor both verbal and non-verbal responses. If this is not possible, a videoconference can provide some capacity to monitor. A phone call is OK if other options are not available.

### Planning the talking points

Think about things you have noticed and why you are concerned. For further information and resources, see [Table 2](#).

**Table 2. Trusted sources – Mental health conversations**

Source	Subject
Defence and Black Dog Institute	<a href="#"><u>Workplace Mental Health Toolkit</u></a> <a href="https://objective.id:AB31483168">https://objective.id:AB31483168</a>
RUOK	<a href="#"><u>A conversation can change a life</u></a> <a href="https://www.ruok.org.au/">https://www.ruok.org.au/</a>
Mental Health First Aid Australia Guidelines	<a href="#"><u>Providing mental health first aid to a co-worker</u></a> <a href="https://mhfa.com.au/mental-health-first-aid-guidelines">https://mhfa.com.au/mental-health-first-aid-guidelines</a>
Heads up	<a href="#"><u>Starting a conversation</u></a> <a href="https://www.headsup.org.au/supporting-others/starting-a-conversation">https://www.headsup.org.au/supporting-others/starting-a-conversation</a>

When using community resources, keep in mind any Defence-specific actions you may need to take.

## Having the conversation

Think about how you would like to start the conversation.

During the conversation, monitor for distress and provide reassurance. Provide links to, or copies of, resources that may benefit the individual (see [Topic 6: Trusted sources](#)).

After the conversation, stay connected. Monitor progress and provide any needed support and follow-up.

## Helping your manager

Being a leader does not protect a person from becoming mentally or physically unwell. If you are concerned about your manager or commander, talk with them about their mental health and wellbeing.

Don't avoid the conversation because you are worried about respect or propriety. This is no different to having a mental health conversation with one of your team members or a peer. Simply ask, 'Are you OK?'

You may get a variety of responses. Your manager may talk about how they are feeling, they may reassure you they are OK, or they may deny anything is concerning them. Don't assume they are in denial if they say nothing is concerning them. They could be OK, but just more fatigued than normal.

If you remain concerned for their wellbeing, you can help by:

- thinking of ways to make their life easier, perhaps helping with the reallocation of tasks
- checking they have access to resources
- asking a trusted third party to check in with them (such as a chaplain or welfare officer).

## Trusted sources

Resources to support your mental health conversations can be found in [Topic 6: Trusted sources](#).

## Topic 3: Monitoring team wellbeing

Our Defence workforce is generally adaptable and resilient. This does not mean they are always happy and stress free. It means their coping mechanisms allow them to respond positively and adapt to challenges.

There may be times, especially during uncertainty, when the stressors and challenges may overwhelm people's existing coping resources. This can result in changes in feelings of wellbeing.

Challenging times may cause people to move along the mental health continuum. Increased stress, worry, fear, anger, grief, anxiety, depression and substance use are some common reactions to uncertainty and change.

Figure 3: Mental health continuum



You can positively influence your team by focusing on activities that build their mental health and wellbeing, so they thrive during challenging times, regardless of where they are on the continuum.

### Monitor wellbeing

While monitoring staff wellbeing, think about how you can help your staff at different points of the mental health continuum.

#### Healthy zone

For staff in the **healthy zone**, you can:

- acknowledge their strengths in adaptability, resilience, responsiveness to change, flexibility and agility
- encourage proactive behaviours that optimise resilience, such



as diet, exercise, stress management, self-care and social connection

- continue to check in and monitor them.

### **Reacting zone**

For staff in the **reacting zone**, you can:

- Listen non-judgementally. Acknowledge the difficult time. Normalise their experience. It is common for people to experience emotions like stress, worry and fear at times.
- Ask what you can do to help.
- Encourage staff to focus on optimising their resilience, building coping skills and practising good stress management. We often neglect self-care when time poor and stressed. See [Topic 5: Self-care toolkit](#) for advice on self-care.
- Provide information on self-care, resilience, stress, anxiety and responsible use of alcohol (see [Topic 6: Trusted sources](#)).
- Continue to monitor and support. A return to 'normal' should occur within a few weeks. If not, or if symptoms escalate, they will need further support.

### **Injured zone**

For staff in the **injured zone**, you can:

- Support early intervention. Seeing their medical officer or doctor is a good start point.
- Explore support options (see [Topic 6: Trusted sources](#)).
- Encourage self-care activities that add to their sense of wellbeing (see [Topic 5: Self-care toolkit](#)).
- Ask what you can do to help.
- Continue to monitor and support. Keep safety in mind (see [Topic 4: Focus on safety](#)).

### Ill zone

For staff in the **ill zone**, you can:

- Assist them to link with professional mental health providers (see [Topic 6: Trusted sources](#)).
- Explore ways of maintaining connection. Provide a sense of purpose and hope. Peer support may be an option.
- Ask what you can do to help.
- Stay connected (if possible) as this helps recovery and allows you to monitor safety (see [Topic 4: Focus on safety](#)).

### Worry

Worries, doubts and anxieties are a normal part of life. Worrying is the mental problem solving about an issue where the outcome is uncertain and could be negative. While thinking ahead can be helpful, worrying about things you cannot control can leave you feeling anxious or apprehensive. This can affect sleep, mood, relationships and day-to-day effectiveness.

During challenging times, team members may have difficulty accessing their usual social supports or doing the activities that distract them from worries.

You can help them to lessen their worries by giving them facts, increasing contact, and encouraging them to do things they enjoy. You can encourage team members to:

- create a daily worry period
- challenge anxious thoughts
- distinguish between solvable and unsolvable worries
- interrupt the worrying cycle with exercise, breathing or relaxation (see [Topic 5: Self-care toolkit](#))
- talk about their worries and practice mindfulness.

If worries are difficult to control, take action. Worry may be a symptom of anxiety or depression, so help your staff reach out for mental health support.

Resources on worry are in [Topic 6: Trusted sources](#).

## Stress

Stress can affect people at any time and for any reason. Some stress helps to motivate us and keep us safe, but chronic stress can affect staff both physically and psychologically.

It is normal to experience stress during challenging times. Most people will be managing their stress, but things can change. Check in with staff regularly and watch for symptoms of stress:

- Physical symptoms: heart palpitations, fatigue, sleep disturbance, insomnia, stomach upset, diarrhoea, frequent headaches, muscular aches and pains, weakened immune system, high blood pressure.
- Psychological symptoms: worry, fear, anger, tearfulness, irritability, anxiety, helplessness, difficulties with concentration or memory, feeling overwhelmed.

If someone has symptoms of stress:

- talk with them (see [Topic 2: Talking about mental health](#))
- offer support
- remind them of their normal coping strategies and suggest other resources (see [Topic 6: Trusted sources](#)).

You may need to link some people with the support services available for their employment type. Let them know you will check in with them regularly to see how they are and how you can support them.

## Fear

Fear is a natural, powerful and primitive response to perceived or actual threat. The fight–flight–freeze response to fear is a survival mechanism to keep us safe. Signs and symptoms of fear can include:

- Physical reactions: increased heart rate, sweating, dry mouth, rapid breathing, muscle tension, stomach upset, dizziness, high adrenaline levels
- Thoughts and emotions: increased worries, reduced ability to think rationally, mood changes, increased irritability, anger
- Behaviour changes: sleep disturbance, social withdrawal, panic buying, increased drinking, problems coping.

Fear may be the result of experiences or trauma. It can also be fear of loss of control or fear of uncertainty. Fear can be managed by:

- re-asserting a sense of personal control by focussing energy on events you can control
- staying informed (without overdoing it) using trusted sources
- following standard operating procedures
- accessing reliable supports
- practising stress reduction techniques such as mindfulness, meditation and exercise
- focusing on positive moments, promoting positivity to broaden perspective
- finding meaning and sense of purpose.

As a leader, normalising emotions within teams is important. This reduces the worry about stigma (from self and others) that can compound fear.

Resources on fear are in [Topic 6: Trusted sources](#).

## Anger

Anger is a basic human emotion. It varies from mild irritation to intense fury and rage. Anger can be helpful if used to motivate yourself or help you to stand up for yourself or others. However, anger can lead to aggression.

If you are dealing with someone who is angry:

- allow time for them to calm down and regain the ability to think clearly
- encourage them to sit in a quiet space to remove other triggers and slow the fight–flight–freeze response
- encourage them to use breathing and grounding exercises
- acknowledge their feelings, but don't condone negative or violent behaviours
- provide information on managing anger once they are calm or at a later time (see [Topic 6: Trusted sources](#)).

## Depression and anxiety

Depression and anxiety are common. In any year, one million Australian adults experience depression and two million adults experience anxiety. While depression and anxiety are different conditions, some signs and symptoms are similar and can occur together.

People are more likely to seek help if suggested by someone they trust. Encourage the use of self-care plans (see [Topic 5: Self-care toolkit](#)) as these can have a positive impact on mood.

Resources to support someone experiencing depression and/or anxiety are in [Topic 6: Trusted sources](#).

## Alcohol, tobacco, other drugs and gambling

In challenging times, people often experience high levels of stress related to work, family, isolation, finances and health. Some people may be tempted to turn to alcohol, tobacco, other drugs and/or gambling to alleviate tension and anxiety. However, responding in this way can create more problems in many aspects of life.

Resources to support talking about these issues are in [Topic 6: Trusted sources](#).

## Grief and loss

Some of your team may have to cope with illness and death in their circle of family and friends. Others may struggle with a loss of autonomy, personal freedom, purpose or identity.

Grief fluctuates, and can be experienced as sadness, irritability, frustration or distress. Let people talk about their challenges and how they are managing. Encourage team connection by creating time for conversations that are both normalising and compassionate.

Resources to support talking about these issues are in [Topic 6: Trusted sources](#).

## Topic 4: Focus on safety

Stress, anxiety, fatigue, loneliness, frustration or depression are normal responses to change, uncertainty and threat. Self-care activities usually help us manage these stressors. Some people may resort to activities such as increased substance use (smoking, alcohol, drugs), social withdrawal, deliberate self-harm (self-injury), harm to others, and suicidal ideation or behaviours.

This topic provides guidance on supporting staff who are in the **yellow**, **orange** or **red** zones of the mental health continuum.

**Figure 4: Mental health continuum**



### Be prepared

In challenging times, maintain contact with your team. Be alert to signs of distress or reduced coping. Consider whether there may be a safety issue related to substance misuse, deliberate self-harm, harm to others, or suicide.

Review Defence policy on managing and responding to risk and safety concerns (see *Defence Health Manual Vol 1 Part 10 Chapter 1*—‘Risk of suicide, self-harm or harm to others’).

Refresh your suicide awareness and skills training by completing the following (as relevant to you):

- Suicide Awareness in the ADF (Campus course 00009012)
- Keep Your Mates Safe – Suicide Prevention Training
- Applied Suicide Intervention Skills Training (ASIST).

See Topic 6: Trusted sources for more risk related resources.

## Increased substance use

If people are distressed, substance use can affect their thoughts and moods. It can also reduce their inhibitions. This may reduce the person's safety.

If you are concerned about the safety of a team member who is showing signs of increased substance use, see the [Defence factsheets](#) on alcohol, tobacco, other drugs and gambling for advice. These factsheets and other resources to support talking about substance use are listed in [Topic 6: Trusted sources](#).

## Deliberate self-harm

Self-harm is often a response to overwhelming psychological distress or emotional pain. The action is usually an attempt to control these emotions and find relief. Actions can include cutting or hitting oneself, misuse of alcohol and drugs, binge eating, and/or repeatedly putting oneself in danger. People who self-harm may not intend to end their lives, but their actions can end in a medical emergency or fatality. Self-harm can become a compulsive habit and a dangerous activity.

**Take action.** If you are concerned about a team member:

- Ask them how they are coping and listen without judgement.
- Talk normally and positively to reduce fear of stigma.
- Ask them if they are self-harming. If they are, you need to:
  - help them make an appointment with their medical officer, doctor or mental health service provider for assessment, and support to address the underlying causes of distress
  - ask them how they would like to be supported at this time
  - call emergency services '000' if required.
- Continue to monitor and support them.

See [Topic 6: Trusted sources](#) for more self-harm support resources.



## Harm to others: family and domestic violence

Family and domestic violence increases during every type of emergency. Social isolation and movement restrictions will put some people in a position where they are more vulnerable or become vulnerable to abuse and violence. Others may be at risk of perpetrating abuse and violence. This is a community-wide issue.

You can help by staying in contact with your team and being alert to signs of family or domestic violence. Make it clear that you support the principles in the Defence Family and Domestic Violence Strategy 2017–2022 that:

- family and domestic violence is never acceptable
- we hold perpetrators accountable
- we respond with compassion
- we provide support and we work collaboratively.

**Take action.** If you are concerned about a team member:

- Let them know you are available, will listen and believe them.
- Ask how you can help, but don't tell them what to do.
- Ask if they have a safety plan and how you can support it (e.g. agree on a method of future contact and/or a code or safe word in case of imminent danger so you can contact '000').
- Be mindful that the perpetrator may intercept communications. Be careful about what you write or say as this may compromise the person's safety.
- Provide information on accessing expert help (see Topic 6: Trusted sources).

We do not expect you to help the person on your own. Resources to help you and the victim are available on the Defence Sexual Misconduct Prevention and Response Office website and in Topic 6.

## Suicidal ideation or behaviour

Suicide affects the entire Australian community and every suicide is a tragedy. Suicide is complex. There is no one reason why someone may consider ending their life.

In Australia, one person dies by suicide every three hours and less than half the people who have suicidal ideation or attempt suicide seek help.

The Defence suicide prevention program is based on the assumption that suicide is preventable and that early intervention is critical. The goal is to reduce the suicide rate to zero through awareness, education and intervention.

Everyone in Defence has a role to play in suicide prevention. The idea of talking to someone about suicide often frightens people because they worry they will say or do the wrong thing, but any action is better than no action. You can make a difference.

**Take action.** If you are concerned about a team member:

- undertake or refresh your knowledge of the annual suicide prevention awareness training, KYMS Suicide Prevention training and /or the Applied Suicide Intervention Skills Training (ASIST) program
- revisit the GO SLOW principles covered in the Defence annual suicide prevention training and found in the [Suicide factsheet](#)
- be familiar with *Defence Health Manual Vol 1 Part 10 Chapter 1*—'Risk of suicide, self-harm or harm to others'.

Resources to help you when dealing with someone who is having thoughts of suicide are in [Topic 6: Trusted sources](#).

## Topic 5: Self-care toolkit

Self-care is intentional. It is how you look after your health and wellbeing. Self-care reenergises, refreshes, relaxes and de-stresses the mind and body. It helps you to manage stress, increases your resilience and reduces symptoms of mental health problems.

Commit to self-care as a regular practice. Make it a priority in your schedule. Encourage your team to enhance their own self-care toolkit. Show them you are doing this too – walking the talk!

This topic provides resources for you and your team.

### Self-care plan

Start with reviewing your current self-care activities. Ask yourself:

- Has self-care dropped off my schedule?
- Are my usual self-care activities still positively influencing my sense of wellbeing?
- Do I need to add new activities to my self-care toolkit?

*Create a self-care plan.*

You could use the Defence self-care plan, the Black Dog Institute self-care plan or create your own.

## Managing reactions

The High Res SMART (Self-Management and Resilience Training) website and app<sup>1</sup> can help you and your team with resilience and coping. It provides tools and activities to help manage reactions across physical, thought, behaviour and emotion domains.

High Res helps you to create an action plan to:

- set personalised goals to keep you on track and motivated to improve resilience
- identify tools for achieving your goals and supporting regular practice
- monitor your progress in mastering the skills and working towards your goals.

Encourage your team to use High Res and discuss your own resilience goals. If your team is working remotely, suggest scheduling time to practice wellbeing activities from High Res.

## Grounding exercises

Grounding activities help you to focus on the present. This distracts from distressing feelings and thoughts. Table 3 provides links to grounding exercises.

**Table 3: Trusted sources – grounding exercises**

Source	Subject
High Res	<u>Guided grounding and Quick grounding</u> <a href="https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools">https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools</a>
Healthline	<u>Grounding techniques</u> <a href="https://www.healthline.com/health/grounding-techniques">https://www.healthline.com/health/grounding-techniques</a>

<sup>1</sup> <https://www.openarms.gov.au/resources/apps-and-online-resources/high-res-app>

## Breathing exercises

You are probably thinking that you know how to breathe. This is true! But breathing exercises are focused and intentional. They help regulate your emotional and physical responses to stressful situations.

When anxious or stressed, we often take rapid, shallow breaths from the chest. This reduces oxygenation, increases carbon dioxide, and may trigger a stress response (fight–flight–freeze) which can contribute to anxiety and panic.

Breathing exercises help with diaphragmatic (abdominal) breathing. To check your breathing pattern:

- Put one hand on your upper abdomen (near your waist) and the other in the middle of your chest.
- As you breathe naturally, notice which hand moves the most. Is it the one on your chest or diaphragm?
- If you find you are a chest breather (common in adults), you may want to explore some of these breathing activities to work on increasing your abdominal breathing.

Try some different breathing exercises and see which work for you. Then practice regularly so the breathing comes naturally when you are distressed. [Table 4](#) provides links to breathing exercises.

**Table 4: Trusted sources – breathing exercises**

Source	Subject
DVA High Res	<a href="https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools/physical/controlled-breathing">Controlled breathing tool</a> <a href="https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools/physical/controlled-breathing">https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools/physical/controlled-breathing</a>
Healthline	<a href="https://www.healthline.com/health/breathing-exercises-for-anxiety">Breathing exercises</a> <a href="https://www.healthline.com/health/breathing-exercises-for-anxiety">https://www.healthline.com/health/breathing-exercises-for-anxiety</a>
Headspace	<a href="https://www.headspace.com/meditation/breathing-exercises">Breathing exercises</a> <a href="https://www.headspace.com/meditation/breathing-exercises">https://www.headspace.com/meditation/breathing-exercises</a>

Source	Subject
Beyond Blue	<u>Relaxation exercises</u> – audio files in breathing section <a href="https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises">https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises</a>
Centre for Clinical Interventions	<u>Looking after yourself: Breathing exercises</u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Other-Resources">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Other-Resources</a>

## Diet

Eating well (a balanced diet rich in vegetables and nutrients) is associated with improved mood and wellbeing. Table 5 provides links to trusted sources on healthy eating and a balanced diet.

**Table 5: Trusted sources – diet**

Source	Subject
Head to Health	<u>Food</u> <a href="https://headtohealth.gov.au/meaningful-life/physical-health/food">https://headtohealth.gov.au/meaningful-life/physical-health/food</a>
Healthdirect	<u>Diet and mental health</u> <a href="https://www.healthdirect.gov.au/diet-and-mental-health">https://www.healthdirect.gov.au/diet-and-mental-health</a>
ReachOut	<u>How to make healthy food choices</u> <a href="https://au.reachout.com/articles/how-to-make-healthy-food-choices">https://au.reachout.com/articles/how-to-make-healthy-food-choices</a>
Dietitians Association of Australia	<u>Smart eating fast facts</u> <a href="https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/">https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/</a>
Harvard Health Publishing	<u>Eating during COVID-19: Improve your mood and lower stress</u> <a href="https://www.health.harvard.edu/blog/eating-during-covid-19-improve-your-mood-and-lower-stress-2020040719409">https://www.health.harvard.edu/blog/eating-during-covid-19-improve-your-mood-and-lower-stress-2020040719409</a>
UNICEF	<u>Easy affordable and healthy eating tips during COVID-19 outbreak</u> <a href="https://www.unicef.org/coronavirus/easy-affordable-and-healthy-eating-tips-during-coronavirus-disease-covid-19-outbreak">https://www.unicef.org/coronavirus/easy-affordable-and-healthy-eating-tips-during-coronavirus-disease-covid-19-outbreak</a>

## Fitness

Exercise is good for your physical and mental health. Regular exercise improves mood, reduces stress; helps with mild depression and anxiety, improves memory, and promotes better sleep.

**Table 6** provides links to trusted sources on fitness and good mental health.

**Table 6: Trusted sources – fitness**

Source	Subject
Defence Health Portal	<u><a href="https://www.defence.gov.au/Health/HealthPortal/FitnessNutrition.asp">Fitness and nutrition</a></u> <a href="https://www.defence.gov.au/Health/HealthPortal/FitnessNutrition.asp">https://www.defence.gov.au/Health/HealthPortal/FitnessNutrition.asp</a>
Healthdirect	<u><a href="https://www.healthdirect.gov.au/exercise-and-mental-health">Exercise and mental health</a></u> <a href="https://www.healthdirect.gov.au/exercise-and-mental-health">https://www.healthdirect.gov.au/exercise-and-mental-health</a>
Beyond Blue	<u><a href="https://www.beyondblue.org.au/personal-best/pillar/supporting-yourself/exercise-your-way-to-good-mental-health">Exercise your way to good mental health</a></u> <a href="https://www.beyondblue.org.au/personal-best/pillar/supporting-yourself/exercise-your-way-to-good-mental-health">https://www.beyondblue.org.au/personal-best/pillar/supporting-yourself/exercise-your-way-to-good-mental-health</a>
Black Dog Institute	<u><a href="https://www.blackdoginstitute.org.au/news/during-covid-19-you-can-exercise-your-way-to-better-mental-health/">Exercise your way to better mental health</a></u> <a href="https://www.blackdoginstitute.org.au/news/during-covid-19-you-can-exercise-your-way-to-better-mental-health/">https://www.blackdoginstitute.org.au/news/during-covid-19-you-can-exercise-your-way-to-better-mental-health/</a>
UK National health Service	<u><a href="https://www.nhs.uk/conditions/nhs-fitness-studio/">NHS fitness studio</a></u> (video workouts: not via DPN) <a href="https://www.nhs.uk/conditions/nhs-fitness-studio/">https://www.nhs.uk/conditions/nhs-fitness-studio/</a>
WHO	<u><a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/be-active-during-covid-19">Be Active during COVID-19</a></u> <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/be-active-during-covid-19">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/be-active-during-covid-19</a>

## Gaming

Distraction can be useful for those experiencing boredom, stress and anxiety. If spending more time at home, people may engage in more gaming. Gaming can have both positive and negative outcomes.

- **Positives.** Improvements in mood, emotional regulation, reduced stress/anxiety, improved creativity, problem solving, reasoning, spatial navigation, boosts in vitality, social benefits, better relationships, emotional resilience and relaxation.
- **Negatives.** Problems when gaming becomes the entire focus and negatively impacts relationships, mood, physical activity, finances (pay to win, loot boxes), impulse control, sleep and/or work.

If you are concerned about the impact of gaming on a team member, talk to them. Let them know what you are seeing and explain that you are worried. Table 7 provides links to trusted sources on gaming.

**Table 7: Trusted sources – gaming**

Source	Subject
Australian Family Physician Royal Australian College of General Practitioners	<u><a href="https://www.racgp.org.au/afp/2016/januaryfebruary/just-one-more-level-identifying-and-addressing-internet-gaming-disorder-within-primary-care/">Just one more level: Identifying and addressing internet gaming disorder within primary care</a></u> <a href="https://www.racgp.org.au/afp/2016/januaryfebruary/just-one-more-level-identifying-and-addressing-internet-gaming-disorder-within-primary-care/">https://www.racgp.org.au/afp/2016/januaryfebruary/just-one-more-level-identifying-and-addressing-internet-gaming-disorder-within-primary-care/</a>
American Psychological Association	<u><a href="https://www.apa.org/monitor/2014/02/video-game">Video game play may provide learning, health, social benefits</a></u> <a href="https://www.apa.org/monitor/2014/02/video-game">https://www.apa.org/monitor/2014/02/video-game</a>
CheckPoint	<u><a href="https://checkpointorg.com/games-help-us-practice-emotional-resilience/">How games help us practice emotional resilience</a></u> <a href="https://checkpointorg.com/games-help-us-practice-emotional-resilience/">https://checkpointorg.com/games-help-us-practice-emotional-resilience/</a>
Patient	<u><a href="https://patient.info/news-and-features/how-video-games-can-be-beneficial-for-your-health">Can playing video games help your mental health?</a></u> <a href="https://patient.info/news-and-features/how-video-games-can-be-beneficial-for-your-health">https://patient.info/news-and-features/how-video-games-can-be-beneficial-for-your-health</a>
Forbes	<u><a href="https://www.forbes.com/sites/hnewman/2019/05/31/researchers-release-new-test-for-video-gaming-addiction/#63795438279c">Researchers release new test for video gaming addiction</a></u> <a href="https://www.forbes.com/sites/hnewman/2019/05/31/researchers-release-new-test-for-video-gaming-addiction/#63795438279c">https://www.forbes.com/sites/hnewman/2019/05/31/researchers-release-new-test-for-video-gaming-addiction/#63795438279c</a> <a href="http://www.do-i-play-too-much-videogames.com/">http://www.do-i-play-too-much-videogames.com/</a>



## Moments of pleasure

During challenging times, we can feel depleted, disconnected, anxious, and depressed. We may look for signs of threat, fixate on negative thoughts and withdraw from life.

Moments of pleasure can lift our psychological wellbeing and ability to cope. They help us feel refreshed, motivated and re-energised. They can also change perspective or mindset.

Encourage your team to engage in at least one pleasurable activity a week. They should choose activities that bring them pleasure. Recharge and reach for that sense of joy or accomplishment:

- **Social.** Being socially connected has never been easier, but does require reaching out. Make a call, write an email, or post a letter. Regularly link with friends via apps (WhatsApp, Facebook, Instagram). Play games (apps, videos) that allow you to challenge and interact with friends in real-time.
- **Fitness.** Dust off the treadmill. Keep doing sit-ups, lunges and burpees. Check out online fitness streaming by gyms and celebrities. Try a fitness app. Challenge your mates to fitness at home challenges.
- **Hobbies.** From ant collecting to Zumba, the list of hobbies is varied and unique. Liaise with friends and family with similar hobbies, and check out YouTube and E-how for tips.
- **Learn a new skill.** Musical instruments, languages, recipes, sewing, mechanics. Whatever will bring you pleasure and joy.
- **Relaxation.** Catch up on reading, movies, TV shows and music.
- **Environment.** Missing the beach? Watch a live beach stream or a National Geographic episode. Enjoy your backyard – gardening, a picnic, sitting peacefully. Pot a plant.
- **Animals.** Time to adopt/foster a pet? Set up an aquarium? Complete an online wildlife carer's course?

- **Household chores.** Some people find pleasure in cleaning, renovating, maintaining their home and gardens, conquering their 'To Do' lists.

**Table 8** provides links to trusted sources on moments of pleasure.

**Table 8: Trusted sources – moments of pleasure**

Source	Subject
<u>DVA High Res</u>	<u>Enjoyable and rewarding activities</u> <a href="https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools/behaviours/enjoyable-and-rewarding-activities">https://www.openarms.gov.au/get-support/self-help-tools/show-all-tools/behaviours/enjoyable-and-rewarding-activities</a>
Healthy WA	<u>Fun activities to help improve your mood</u> <a href="https://healthywa.wa.gov.au/Articles/F_/Fun-activities-to-help-improve-your-mood">https://healthywa.wa.gov.au/Articles/F_/Fun-activities-to-help-improve-your-mood</a>
Virtual Psychologist	<u>Pleasurable activities for good mental health</u> <a href="https://www.virtualpsychologist.com.au/2019/08/22/pleasurable-activities-for-good-mental-health/">https://www.virtualpsychologist.com.au/2019/08/22/pleasurable-activities-for-good-mental-health/</a>
Centre for Clinical Interventions	<u>Fun activities catalogue</u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Depression">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Depression</a>

## Alcohol consumption

Research suggests that many people drink to cope with situations that are difficult to manage, and to deal with anxiety and depression. During disruption, social isolation and/or other challenging situations, people may start or increase drinking of alcohol.

DVA's On Track with the Right Mix app<sup>2</sup> helps manage alcohol consumption. It was developed for serving and ex-serving Defence members and veterans. It supports people to achieve a balance with alcohol, as well as a healthy and enjoyable lifestyle.

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<sup>2</sup> <https://www.openarms.gov.au/resources/apps-and-online-resources/right-mix-app>

## Meditation and visualisation

Meditation is the practice of thinking deeply and focusing your mind. The goal is to feel relaxed and gain a sense of inner peace. Benefits of meditation include better management of stress and improved management of negative emotions.

**Table 9** provides links to trusted sources on meditation and visualisation.

**Table 9: Trusted sources – meditation and visualisation**

Source	Subject
Centre for Clinical Interventions	<u><a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Other-Resources">Watching thoughts via attention re-training and Worry Time</a></u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Other-Resources">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Other-Resources</a>
Beyond Blue	<u><a href="https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises">Guided visualisation exercises</a></u> <a href="https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises">https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises</a>
Everyday Health	<u><a href="https://www.everydayhealth.com/meditation/how-meditation-can-improve-your-mental-health/">How meditation can improve your mental health</a></u> <a href="https://www.everydayhealth.com/meditation/how-meditation-can-improve-your-mental-health/">https://www.everydayhealth.com/meditation/how-meditation-can-improve-your-mental-health/</a>
Headspace	<u><a href="https://headspace.org.au/blog/how-to-meditate/">How to meditate</a></u> <a href="https://headspace.org.au/blog/how-to-meditate/">https://headspace.org.au/blog/how-to-meditate/</a>
University of Melbourne	<u><a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation">Mindfulness and meditation</a></u> <a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation">https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation</a>

## Mindfulness

Mindfulness is the practice of being in the present moment. It involves stepping back from a strong emotional reaction so you can see things more objectively, without becoming overwhelmed by your emotions.

Table 10 provides links to trusted sources on mindfulness.

**Table 10: Trusted sources – mindfulness**

Source	Subject
PeopleConnect	<u><a href="http://dmet.defence.gov.au/People/Learning-and-Development/Pages/LinkedIn-Learning-Playlists.aspx">LinkedIn learning playlists</a></u> <a href="http://dmet.defence.gov.au/People/Learning-and-Development/Pages/LinkedIn-Learning-Playlists.aspx">http://dmet.defence.gov.au/People/Learning-and-Development/Pages/LinkedIn-Learning-Playlists.aspx</a>
SANE Australia	<u><a href="https://www.sane.org/information-stories/facts-and-guides/mindfulness">Mindfulness</a></u> <a href="https://www.sane.org/information-stories/facts-and-guides/mindfulness">https://www.sane.org/information-stories/facts-and-guides/mindfulness</a>
Beyond Blue	<u><a href="https://www.beyondblue.org.au/personal-best/pillar/wellbeing/yes-mindfulness-is-really-a-thing">Yes mindfulness is really a thing</a></u> <a href="https://www.beyondblue.org.au/personal-best/pillar/wellbeing/yes-mindfulness-is-really-a-thing">https://www.beyondblue.org.au/personal-best/pillar/wellbeing/yes-mindfulness-is-really-a-thing</a>
MensLine	<u><a href="https://mensline.org.au/mens-mental-health/what-is-mindfulness/">What is mindfulness?</a></u> <a href="https://mensline.org.au/mens-mental-health/what-is-mindfulness/">https://mensline.org.au/mens-mental-health/what-is-mindfulness/</a>
Psychology Today	<u><a href="https://www.psychologytoday.com/au/blog/turning-straw-gold/202004/two-mindfulness-practices-help-cope-covid-19">Two mindfulness practices to help cope with COVID-19</a></u> <a href="https://www.psychologytoday.com/au/blog/turning-straw-gold/202004/two-mindfulness-practices-help-cope-covid-19">https://www.psychologytoday.com/au/blog/turning-straw-gold/202004/two-mindfulness-practices-help-cope-covid-19</a>
Therapist Aid	<u><a href="https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises">Mindfulness exercises</a></u> <a href="https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises">https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises</a>
University of Melbourne	<u><a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation">Mindfulness and meditation</a></u> <a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation">https://services.unimelb.edu.au/counsel/resources/guided-exercises/mindfulness-and-meditation</a>

## Progressive muscle relaxation

Muscle tension is a common reaction to stress, fear and anxiety. Progressive muscle relaxation can help reduce this tension and help your muscles (and mind) relax. Table 11 provides links to trusted sources on progressive muscle relaxation.

**Table 11: Trusted sources – progressive muscle relaxation**

Source	Subject
Centre for Clinical Interventions	<u><a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Panic">Progressive muscle relaxation exercises</a></u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Panic">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Panic</a>
Beyond Blue	<u><a href="https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises">Muscle relaxation exercises</a></u> <a href="https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises">https://www.beyondblue.org.au/get-support/staying-well/relaxation-exercises</a>
MensLine	<u><a href="https://mensline.org.au/mens-mental-health/self-care-toolkit/">Self-Care Toolkit Progressive Relaxation</a></u> <a href="https://mensline.org.au/mens-mental-health/self-care-toolkit/">https://mensline.org.au/mens-mental-health/self-care-toolkit/</a>
Headspace	<u><a href="https://headspace.org.au/blog/mindfulness-magic-all-the-ways-progressive-muscle-relaxation-can-help/">Mindfulness magic: progressive muscle relaxation can help</a></u> <a href="https://headspace.org.au/blog/mindfulness-magic-all-the-ways-progressive-muscle-relaxation-can-help/">https://headspace.org.au/blog/mindfulness-magic-all-the-ways-progressive-muscle-relaxation-can-help/</a>
University of Melbourne	<u><a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/progressive-muscle-relaxation">Progressive muscle relaxation exercises</a></u> <a href="https://services.unimelb.edu.au/counsel/resources/guided-exercises/progressive-muscle-relaxation">https://services.unimelb.edu.au/counsel/resources/guided-exercises/progressive-muscle-relaxation</a>

## Sleep

During sleep, bodies repair themselves and brains consolidate memories and process information. Poor sleep is linked to physical problems such as a weakened immune system and mental health problems such as anxiety and depression.

Table 12 provides links to trusted sources on sleep.

**Table 12: Trusted sources – sleep**

Source	Subject
Defence Health System	<u><a href="https://www.defence.gov.au/Health/DMH/Factsheets.asp">Sleeping soundly factsheet</a></u> <a href="https://www.defence.gov.au/Health/DMH/Factsheets.asp">https://www.defence.gov.au/Health/DMH/Factsheets.asp</a>
Sleep Health Foundation	<u><a href="https://www.sleephealthfoundation.org.au/fact-sheets.html">Factsheets</a></u> <a href="https://www.sleephealthfoundation.org.au/fact-sheets.html">https://www.sleephealthfoundation.org.au/fact-sheets.html</a>
Beyond Blue	<u><a href="https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/ips-for-getting-a-good-nights-sleep.html">Tips for getting a good night's sleep</a></u> <a href="https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/ips-for-getting-a-good-nights-sleep.html">https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/ips-for-getting-a-good-nights-sleep.html</a>
MensLine	<u><a href="https://mensline.org.au/mens-mental-health/self-care-toolkit/">Self-care toolkit: Better sleeping</a></u> <a href="https://mensline.org.au/mens-mental-health/self-care-toolkit/">https://mensline.org.au/mens-mental-health/self-care-toolkit/</a>
Vic Health	<u><a href="https://www.vichealth.vic.gov.au/media-and-resources/publications/sleep-and-mental-wellbeing">Sleep and mental wellbeing</a></u> <a href="https://www.vichealth.vic.gov.au/media-and-resources/publications/sleep-and-mental-wellbeing">https://www.vichealth.vic.gov.au/media-and-resources/publications/sleep-and-mental-wellbeing</a>

## Topic 6: Trusted sources

### Service providers

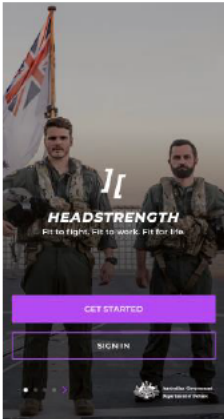

#### For eligible ADF members

Provider	Website
<u>Garrison health facilities</u>	<a href="https://www1.defence.gov.au/adf-members-families/health-well-being/garrison/garrison-health-centres">https://www1.defence.gov.au/adf-members-families/health-well-being/garrison/garrison-health-centres</a>
<u>Mental health and psychology sections</u>	<a href="https://www1.defence.gov.au/adf-members-families/health-well-being/garrison/adf-mental-health-services">https://www1.defence.gov.au/adf-members-families/health-well-being/garrison/adf-mental-health-services</a>
Navy Psychology 1st Psychology Unit (Army) Air Force Psychology Services	The Services have psychology elements that can provide operational and organisational psychology services to commanders. Leaders can access these services through the channels appropriate to their service.
<u>ADF Centre for Mental Health</u>	<a href="http://dmet.defence.gov.au/JCG/JHC/ADFCMH/Pages/Home.aspx">http://dmet.defence.gov.au/JCG/JHC/ADFCMH/Pages/Home.aspx</a>

#### For eligible ADF members, APS employees, families, ASD and cadets

Provider	Website
Defence Employee Assistance Program	<u>Manager Assist, Reserve Assist, Defence New Access Coaching, Mental Health Essentials</u> <a href="http://dmet.defence.gov.au/People/WHS/Employee-Assistance-Program/pages/Employee-Assistance-Program.aspx">http://dmet.defence.gov.au/People/WHS/Employee-Assistance-Program/pages/Employee-Assistance-Program.aspx</a>
Work Health and Safety Branch	<u>Mental Health Portal</u> <a href="http://dmet.defence.gov.au/People/WHS/Mental-Health/Pages/Psychological-Mental-Health.aspx">http://dmet.defence.gov.au/People/WHS/Mental-Health/Pages/Psychological-Mental-Health.aspx</a>
Defence Community Organisation	<a href="https://www.defence.gov.au/DCO/">https://www.defence.gov.au/DCO/</a>
<u>Sexual Misconduct Prevention and Response Office</u>	<a href="http://dmet/People/SeMPRO/Pages/Sexual-Misconduct-Prevention-and-Response-Office.aspx">http://dmet/People/SeMPRO/Pages/Sexual-Misconduct-Prevention-and-Response-Office.aspx</a>
<u>Open Arms</u>	<a href="https://www.openarms.gov.au/">https://www.openarms.gov.au/</a>
Defence Chaplaincy	1300 333 362 Ask for the Duty Chaplain from your area and service

## Defence mobile apps

App	Details
<p><b>HeadStrength</b></p> 	<p>HeadStrength – a new mental health and well-being mobile app designed and tailored for Defence.</p> <p>The app gives the user the ability to anonymously self-check and instantly link to a range of tools and resources that are relevant and specific to their current level of wellbeing.</p> <p>HeadStrength is available to all members of the Defence community who are eligible to access ForceNet.</p> <p>Download using the QR Code or by logging onto ForceNet</p> 

## Helplines

### Defence/DVA helplines

Source	Contact Details
<u>All-hours Support Line</u>	<p>1800 628 036</p> <p><a href="https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/need-help-now/all-hours-support-line">https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/need-help-now/all-hours-support-line</a></p>
<u>Defence Family Helpline</u>	<p>1800 624 608</p> <p><a href="https://www.defence.gov.au/DCO/emergency.asp">https://www.defence.gov.au/DCO/emergency.asp</a></p>
<u>Defence Employee Assistance Program</u>	<p>1300 687 327</p> <p><a href="http://dmet.defence.gov.au/People/WHS/Employee-Assistance-Program/pages/Employee-Assistance-Program.aspx">http://dmet.defence.gov.au/People/WHS/Employee-Assistance-Program/pages/Employee-Assistance-Program.aspx</a></p>



Source	Contact Details
<u><a href="#">Sexual Misconduct Prevention and Response Office</a></u>	1800 763 776 <a href="http://dmet/People/SeMPRO/Pages/Sexual-Misconduct-Prevention-and-Response-Office.aspx">http://dmet/People/SeMPRO/Pages/Sexual-Misconduct-Prevention-and-Response-Office.aspx</a>
<u><a href="#">Open Arms</a></u>	1800 011 046 <a href="http://www.openarms.gov.au">www.openarms.gov.au</a>

#### External helplines

Source	Contact Details
Emergency services	000
<u><a href="#">Suicide Call Back Service</a></u>	1300 659 467 <a href="https://www.suicidecallbackservice.org.au/">https://www.suicidecallbackservice.org.au/</a>
<u><a href="#">Lifeline</a></u>	13 11 14 <a href="https://www.lifeline.org.au/">https://www.lifeline.org.au/</a>
<u><a href="#">Beyond Blue</a></u>	1300 224 636 <a href="https://www.beyondblue.org.au/">https://www.beyondblue.org.au/</a>
<u><a href="#">Services Australia</a></u>	<a href="https://www.servicesaustralia.gov.au/individuals/subjects/family-and-domestic-violence">https://www.servicesaustralia.gov.au/individuals/subjects/family-and-domestic-violence</a>
<u><a href="#">1800RESPECT</a></u>	1800 737 732 <a href="https://www.1800respect.org.au/">https://www.1800respect.org.au/</a>
<u><a href="#">White Ribbon</a></u>	<a href="https://www.whiteribbon.org.au/find-help/domestic-violence-hotlines/">https://www.whiteribbon.org.au/find-help/domestic-violence-hotlines/</a>

#### Defence factsheets and other resources

Subject	Location
<u><a href="#">Defence Health Manual Vol 1 Part 10 Chapter 1</a></u> —'Risk of suicide, self-harm or harm to others'	<a href="http://intranet.defence.gov.au/home/documents/data/ADFPUBS/DHM/volume1/part10/01.pdf">http://intranet.defence.gov.au/home/documents/data/ADFPUBS/DHM/volume1/part10/01.pdf</a>

Subject	Location
<u><b>Defence Mental health and Wellbeing Strategy 2018–2023</b></u>	<a href="https://www.defence.gov.au/Health/_master/HealthUpdates/docs/Defence_Mental_Health_Wellbeing_Strategy_2018-2023.PDF">https://www.defence.gov.au/Health/_master/HealthUpdates/docs/Defence_Mental_Health_Wellbeing_Strategy_2018-2023.PDF</a>
<u><b>Defence Family and Domestic Violence Strategy 2017–2022</b></u>	<a href="http://dmet/People/Support/Pages/Family-and-Domestic-Violence.aspx">http://dmet/People/Support/Pages/Family-and-Domestic-Violence.aspx</a>
<u><b>Optimising Mental Health &amp; Wellbeing: COVID-19 factsheets:</b></u> <ul style="list-style-type: none"> <li>• Alcohol, tobacco, gambling and other drugs awareness</li> <li>• Family and domestic violence</li> <li>• Leaders tools and tips</li> <li>• Managing from a distance</li> <li>• Resource and support options</li> <li>• Self-management and resilience</li> <li>• Stigma awareness</li> <li>• Stress and anxiety</li> <li>• Working from a distance</li> </ul>	<a href="http://dmet.defence.gov.au/JCG/JHC/COVID-19/COVID-19%20Optimising%20Mental%20Health%20and%20Wellbeing/Pages/COVID-19-Optimising-Mental-Health.aspx">http://dmet.defence.gov.au/JCG/JHC/COVID-19/COVID-19%20Optimising%20Mental%20Health%20and%20Wellbeing/Pages/COVID-19-Optimising-Mental-Health.aspx</a>
<u><b>Defence mental health and wellbeing factsheets:</b></u> <ul style="list-style-type: none"> <li>• Alcohol and other substances</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Gambling</li> <li>• Grief and mortuary affairs</li> <li>• Performance and image-enhancing drugs</li> <li>• Psychoactive substances</li> <li>• Sleeping</li> <li>• Suicide</li> <li>• Traumatic stress</li> </ul>	<a href="https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/fact-sheets">https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/fact-sheets</a>
<u><b>Fighting Fit: ADF Health &amp; Wellbeing Portal:</b></u> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Anxiety</li> <li>• Depression</li> </ul>	<a href="https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/mental-health-online">https://www1.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/mental-health-online</a>

Subject	Location
<ul style="list-style-type: none"> <li>• Post-traumatic stress disorder</li> <li>• Relationships</li> <li>• Suicide</li> <li>• Unacceptable behaviour</li> <li>• Web and mobile apps</li> </ul>	
<u>Workplace Mental Health Toolkit</u>	<a href="https://objective/id:AB31483168">https://objective/id:AB31483168</a>
<u>Mental health prevalence key findings</u>	<a href="https://www1.defence.gov.au/adf-members-families/health-well-being/adf-mental-health-reform-program#KeyFindings">https://www1.defence.gov.au/adf-members-families/health-well-being/adf-mental-health-reform-program#KeyFindings</a>
<u>A commanders and managers guide to responding to family and domestic violence</u>	<a href="http://drmet/People/Support/Pages/Family-and-Domestic-Violence.aspx">http://drmet/People/Support/Pages/Family-and-Domestic-Violence.aspx</a>

## Community resources

Subject	Type	Location
Alcohol/ drugs	ReachOut	<u>Alcohol and drugs</u> <a href="https://au.reachout.com/everyday-issues/alcohol-and-drugs">https://au.reachout.com/everyday-issues/alcohol-and-drugs</a>
	MensLine	<u>Alcohol, anxiety, depression</u> <a href="https://mensline.org.au/signs-and-symptoms-of-depression/alcohol-depression-anxiety/">https://mensline.org.au/signs-and-symptoms-of-depression/alcohol-depression-anxiety/</a>
	Australian Psychological Society	<u>Psychology topics – Alcohol and other drugs</u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Drugs-and-alcohol">https://www.psychology.org.au/for-the-public/Psychology-topics/Drugs-and-alcohol</a>

Subject	Type	Location
Anger	Better Health Channel	<u><a href="https://www.betterhealth.vic.gov.au/health/HealthyLiving/anger-how-it-affects-people">Anger – How it affects people</a></u> <a href="https://www.betterhealth.vic.gov.au/health/HealthyLiving/anger-how-it-affects-people">https://www.betterhealth.vic.gov.au/health/HealthyLiving/anger-how-it-affects-people</a>
	Australian Psychological Society	<u><a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Managing-your-anger">Psychology topics - Anger</a></u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Managing-your-anger">https://www.psychology.org.au/for-the-public/Psychology-topics/Managing-your-anger</a>
	ReachOut	<u><a href="https://au.reachout.com/articles/8-ways-to-deal-with-anger">8 ways to deal with anger</a></u> <a href="https://au.reachout.com/articles/8-ways-to-deal-with-anger">https://au.reachout.com/articles/8-ways-to-deal-with-anger</a>
	MensLine Australia	<u><a href="https://mensline.org.au/how-to-deal-with-anger/">How to deal with anger</a></u> <a href="https://mensline.org.au/how-to-deal-with-anger/">https://mensline.org.au/how-to-deal-with-anger/</a>
	SANE Australia	<u><a href="https://www.sane.org/information-stories/the-sane-blog/managing-symptoms/do-you-struggle-to-control-your-anger-here-are-ten-ways-to-gain-control">Do you struggle to control your anger? Here are ten ways to gain control</a></u> <a href="https://www.sane.org/information-stories/the-sane-blog/managing-symptoms/do-you-struggle-to-control-your-anger-here-are-ten-ways-to-gain-control">https://www.sane.org/information-stories/the-sane-blog/managing-symptoms/do-you-struggle-to-control-your-anger-here-are-ten-ways-to-gain-control</a>
	University of New South Wales	<u><a href="https://student.unsw.edu.au/anger">Anger Management Resource</a></u> <a href="https://student.unsw.edu.au/anger">https://student.unsw.edu.au/anger</a>
Depression and anxiety	Mental Health First Aid Australia	<u><a href="https://mhfa.com.au/mental-health-first-aid-guidelines">Providing mental health first aid to a co-worker: mental health first aid guidelines</a></u> <a href="https://mhfa.com.au/mental-health-first-aid-guidelines">https://mhfa.com.au/mental-health-first-aid-guidelines</a> <a href="https://mhfa.com.au/sites/default/files/depression_-_mhfa_guidelines_2020_1.pdf">https://mhfa.com.au/sites/default/files/depression_-_mhfa_guidelines_2020_1.pdf</a>
	Australian Psychological Society	<u><a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Anxiety">Psychology topics - Anxiety</a></u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Anxiety">https://www.psychology.org.au/for-the-public/Psychology-topics/Anxiety</a>  <u><a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Depression">Psychology topics - Depression</a></u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Depression">https://www.psychology.org.au/for-the-public/Psychology-topics/Depression</a>
	Beyond Blue	<u><a href="https://www.beyondblue.org.au/the-facts">Anxiety, depression, suicide, self-harm</a></u> <a href="https://www.beyondblue.org.au/the-facts">https://www.beyondblue.org.au/the-facts</a>

Subject	Type	Location
	Mindspot	<u>Factsheets on wellbeing, anxiety, depression</u> <a href="https://mindspot.org.au/fact-sheets">https://mindspot.org.au/fact-sheets</a>
	MensLine	<u>Alcohol, anxiety, depression</u> <a href="https://mensline.org.au/signs-and-symptoms-of-depression/alcohol-depression-anxiety/">https://mensline.org.au/signs-and-symptoms-of-depression/alcohol-depression-anxiety/</a>
Fear	Mental Health Foundation (UK)	<u>Overcome fear and anxiety</u> <a href="https://www.mentalhealth.org.uk/publications/overcome-fear-anxiety">https://www.mentalhealth.org.uk/publications/overcome-fear-anxiety</a>
Gambling	Mental Health First Aid Australia	<u>Helping someone experiencing gambling harm</u> <a href="https://mhfa.com.au/sites/default/files/helping_someone_experiencing_gambling_harm_-_mhfa_guidelines.pdf">https://mhfa.com.au/sites/default/files/helping_someone_experiencing_gambling_harm_-_mhfa_guidelines.pdf</a>
	Australian Psychological Society	<u>Psychology topics - Gambling</u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/gambling">https://www.psychology.org.au/for-the-public/Psychology-topics/gambling</a>
Grief	Australian Society for Grief and Bereavement	<u>Grief, bereavement, loss</u> <a href="https://www.grief.org.au/">https://www.grief.org.au/</a>
	Australian Psychological Society	<u>Psychology topics - Grief</u> <a href="https://www.psychology.org.au/for-the-public/Psychology-topics/Grief">https://www.psychology.org.au/for-the-public/Psychology-topics/Grief</a>
	American Psychological Association	<u>Grief and COVID-19</u> <a href="https://www.apa.org/news/apa/2020/04/grief-covid-19">https://www.apa.org/news/apa/2020/04/grief-covid-19</a>
Mental Health & Wellbeing	Head to Health	<u>Head to Health</u> <a href="https://headtohealth.gov.au/">https://headtohealth.gov.au/</a>
	Beyond Blue	<u>The facts</u> <a href="https://www.beyondblue.org.au/the-facts">https://www.beyondblue.org.au/the-facts</a>
	Black Dog Institute	<u>Resources &amp; support</u> <a href="https://www.blackdoginstitute.org.au/resources-support/">https://www.blackdoginstitute.org.au/resources-support/</a>

Subject	Type	Location
	Workplace mental health toolkit	<u><a href="https://objective.id:AB31483168">Workplace Mental Health Toolkit</a></u> <a href="https://objective.id:AB31483168">https://objective.id:AB31483168</a>
Resilience	Positive Psychology	<u><a href="https://positivepsychology.com/learned-optimism/">Optimism</a></u> <a href="https://positivepsychology.com/learned-optimism/">https://positivepsychology.com/learned-optimism/</a>
	Healthdirect	<u><a href="https://www.healthdirect.gov.au/resilience">Building resilience</a></u> <a href="https://www.healthdirect.gov.au/resilience">https://www.healthdirect.gov.au/resilience</a>
	APSC	<u><a href="https://www.apsc.gov.au/15-building-resilience">Building resilience</a></u> <a href="https://www.apsc.gov.au/15-building-resilience">https://www.apsc.gov.au/15-building-resilience</a>
	World Health Organisation	<u><a href="http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic">Mental health and psychological resilience during the COVID-19 pandemic</a></u> <a href="http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic">http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic</a>
	American Psychological Association	<u><a href="https://www.apa.org/topics/resilience">Resilience</a></u> <a href="https://www.apa.org/topics/resilience">https://www.apa.org/topics/resilience</a>
Self-care	Black Dog Institute	<u><a href="https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute.pdf?sfvrsn=8">Self-care planning factsheet</a></u> <a href="https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute.pdf?sfvrsn=8">https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute.pdf?sfvrsn=8</a>
Self-harm	SANE Australia	<u><a href="https://www.sane.org/information-stories/facts-and-guides/self-harm">Self-harm factsheet</a></u> <a href="https://www.sane.org/information-stories/facts-and-guides/self-harm">https://www.sane.org/information-stories/facts-and-guides/self-harm</a>
	Beyond Blue	<u><a href="https://www.beyondblue.org.au/the-facts/suicide-prevention/feeling-suicidal/self-harm-and-self-injury">Self-harm</a></u> <a href="https://www.beyondblue.org.au/the-facts/suicide-prevention/feeling-suicidal/self-harm-and-self-injury">https://www.beyondblue.org.au/the-facts/suicide-prevention/feeling-suicidal/self-harm-and-self-injury</a>
	Healthdirect	<u><a href="https://www.healthdirect.gov.au/self-harm">Self-harm</a></u> <a href="https://www.healthdirect.gov.au/self-harm">https://www.healthdirect.gov.au/self-harm</a>
	Lifeline	<u><a href="https://www.lifeline.org.au/get-help/topics/self-harm">Self-harm</a></u> <a href="https://www.lifeline.org.au/get-help/topics/self-harm">https://www.lifeline.org.au/get-help/topics/self-harm</a>

Subject	Type	Location
Stigma	SANE Australia	<u><a href="https://www.sane.org/information-stories/facts-and-guides/reducing-stigma">Reducing stigma</a></u> <a href="https://www.sane.org/information-stories/facts-and-guides/reducing-stigma">https://www.sane.org/information-stories/facts-and-guides/reducing-stigma</a>
	Healthdirect	<u><a href="https://www.healthdirect.gov.au/mental-health-stigma">Stigma</a></u> <a href="https://www.healthdirect.gov.au/mental-health-stigma">https://www.healthdirect.gov.au/mental-health-stigma</a>
	UNICEF	<u><a href="https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19">Social stigma</a></u> <a href="https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19">https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19</a>
	Comcare	<u><a href="https://www.comcare.gov.au/safe-healthy-work/healthy-workplace/intervene-early">Intervene early and know the warning signs</a></u> <a href="https://www.comcare.gov.au/safe-healthy-work/healthy-workplace/intervene-early">https://www.comcare.gov.au/safe-healthy-work/healthy-workplace/intervene-early</a>
Stress	ReachOut	<u><a href="https://au.reachout.com/articles/helping-a-friend-with-stress">Helping a friend with stress</a></u> <a href="https://au.reachout.com/articles/helping-a-friend-with-stress">https://au.reachout.com/articles/helping-a-friend-with-stress</a>
	Mental Health First Aid Australia	<u><a href="https://mhfa.com.au/sites/default/files/helping_someone_experiencing_gambling_harm_-_mhfa_guidelines.pdf">Helping someone experiencing gambling harm</a></u> <a href="https://mhfa.com.au/sites/default/files/helping_someone_experiencing_gambling_harm_-_mhfa_guidelines.pdf">https://mhfa.com.au/sites/default/files/helping_someone_experiencing_gambling_harm_-_mhfa_guidelines.pdf</a>
	Centre for Clinical Interventions	<u><a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Tolerating-Distress">Tolerating distress</a></u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Tolerating-Distress">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Tolerating-Distress</a>
Suicide	Beyond Blue	<u><a href="https://www.beyondblue.org.au/the-facts/suicide-prevention">Suicide</a></u> <a href="https://www.beyondblue.org.au/the-facts/suicide-prevention">https://www.beyondblue.org.au/the-facts/suicide-prevention</a>
Worry	Psychology Today	<u><a href="https://www.psychologytoday.com/au/blog/why-we-worry/201206/10-tips-manage-your-worrying">10 tips to manage your worrying</a></u> <a href="https://www.psychologytoday.com/au/blog/why-we-worry/201206/10-tips-manage-your-worrying">https://www.psychologytoday.com/au/blog/why-we-worry/201206/10-tips-manage-your-worrying</a>
	Centre for Clinical Interventions	<u><a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Worry-and-Rumination">Worry and rumination</a></u> <a href="https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Worry-and-Rumination">https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Worry-and-Rumination</a>
	HelpGuide	<u><a href="https://www.helpguide.org/articles/anxiety/how-to-stop-worrying.htm">How to stop worrying</a></u> <a href="https://www.helpguide.org/articles/anxiety/how-to-stop-worrying.htm">https://www.helpguide.org/articles/anxiety/how-to-stop-worrying.htm</a>



## Command Primer:

### Afghanistan – Let's talk about it.

The ADF had a presence in Afghanistan since 2001 with military operations ending only last month when the CDF announced the cessation of OP HIGHROAD. The majority of ADF members have never known service without the potential for deployment on OP SLIPPER or HIGHROAD. For many of the ADF, huge portions of the last decade have been spent supporting those operations, either directly or indirectly. Our roles in this theatre have shaped our careers, and at times cost us time with family and friends. Of often greater impact, many of us have lost friends or colleagues – Australian and otherwise - in support of the mission.

The situation in Afghanistan as it is currently unfolding has seen much of the country now under control of the Taliban bringing an end to the almost 20 years of the US-led coalition's presence in the country. Seeing this situation unfold after the decades of support, commitment and sacrifice will lead to a range of thoughts and feelings arising in ADF members, both in those still abroad and in those back home here in Australia. Whilst some might be relieved that the ADF is no longer in Afghanistan and in harm's way, others might feel more challenging emotions regarding the decision to leave and what this means about the ADF's service and sacrifice and for the Afghan people. These challenges may be stronger for those who lost friends or colleagues, served closely with Afghan individuals as well as those who served elsewhere in the Middle East or indeed in other conflicts. This document aims to acknowledge the nuances of this situation, and provide some guidance on how to manage these emotions if they become problematic for you or your colleagues.

#### Possible Reactions

There are no 'right or wrong' reactions, and only you are the expert on you. Some members may not feel a large impact now that the ADF has left Afghanistan and the eventualities the Afghan people may now face, and there is nothing wrong with that. For those who are finding themselves impacted, some common reactions that might resonate with you are:

- **Disappointment:** The majority of ADF members join with an aspiration to make a difference overseas, and might feel that leaving Afghanistan does not align with their motivation or values. We are an organisation filled with proactive "do-ers" – to leave without having 'done' what we set out to do is likely to challenge our core beliefs
- **Guilt:** Personnel might experience guilt due to feeling that they, or the ADF, could have done more and left too early – or conversely, guilt for becoming involved at all, only to leave without noticeable improvement. Feelings of guilt might be heightened if they have made social connections in locations where the ADF served, especially if those connections were distraught or confused at us leaving or are now in greater danger.
- **Anger:** Some individuals may feel that the decision to leave without achieving the planned end state reflects lack of regard for what we have lost as an organisation and as individuals. If so, they may feel increased irritability, or a sense of frustration with the broader organisation, other Coalition organisations, the Afghan National Army or Afghan Government, especially when so much effort was focussed on mentoring and training.
- **Grief:** Grief is what we feel when we experience an impactful loss. Whilst this typically surfaces when we experience loss of friends, families or relationships, it can also arise from the loss of opportunity and meaning. ADF members might experience anguish from loss of meaning –



there may be a sense that the sacrifices we made (both in terms of people, and in terms of time spent in theatre and away from home) were for nothing.

All these feelings can cause varying levels of distress and discomfort. Depending on where we are – perhaps members are away from normal supports either because they're deployed on operations or exercise, or in quarantine or lockdown – and what we're doing – away in a deployed environment, watching the news of events in Afghanistan or just encountering the many varied reminders (some expected, some unexpected) in our day to day lives - will determine the likelihood and to what degree and how often our emotional response is triggered.

### **What to look out for?**

Whilst it's expected that these emotions will be effectively processed over time, occasionally they can impact aspects of your life for the worst. Some red flags to look out for (either yourself or your mates):

- *Anger outbursts/heightened irritability:* You might find yourself more 'pissed off' than usual, and might not be able to tolerate others as well as usual. You might not be able to 'let go' of things how you normally would, and might be feeling more outraged by small things than usual
- *Lengthy sadness:* You might be feeling down for extended periods of time, possibly finding yourself teary on occasions
- *Numbness/apathy towards anything:* If you find yourself disagreeing with the decisions of the organisation, you might find your motivation reducing and subsequently, find it difficult to complete basic duties. In some cases, this could lead into no longer enjoying anything, and finding it difficult to express any type of positive emotion
- *Constant worrying:* Your mind might constantly go over the "what ifs" and "could've/should've/would'ves" of the situation, trying to find a solution to a past situation that can no longer be changed
- *Changes in appetite and sleep:* If your appetite or sleep has dramatically increased or decreased, this can be a marker of needing to process some feelings or thoughts
- *Lack of emotional connection:* You might start to feel numb towards people you normally care about – spouse, children, siblings, etc. This might look like avoiding talking with others or not wanting to socialise with family, friends or colleagues
- *Re-surfacing of old distressing memories:* The focus on Afghanistan and these thoughts might bring up old issues that you thought you had dealt with. This might look like strong memories that seem to come 'out of nowhere', or nightmares.
- *Any change from your status quo with no other cause:* If you are an outgoing person, you might feel quiet. If you normally have energy, you might find yourself less self-motivated. Other people might comment that you 'don't seem like yourself'

In the short term, these sorts of feelings and thoughts are a natural reaction, and one that will likely subside over time – particularly if you allow yourself to feel your reaction and talk it through with trusted family, friends and colleagues. However, sometimes we can become 'stuck' with these challenging thoughts and feelings – this can lead to us feeling overwhelmed, more irritable than usual, and can impact our ability to be a good spouse/mate/parent/colleague, etc.

### **If the feelings are overwhelming or negatively impacting us, what can we do?**

Although the reaction is normal, we don't want to feel this way forever. There are methods you can utilise to assist with processing them:

- *Let it out:* Talk about it, confide in a friend, colleague, padre or psychologist. If you do not feel like talking, write it down. Allow whatever you are feeling to pass – remember that like all feelings, no matter how strong or uncomfortable it is, it won't last forever. Many ADF members use emotional suppression to manage challenging feelings – while this is a common strategy, in the long term it is not a successful one. Suppression means it will stick around under the surface and come back stronger each time - processing it means feeling it and letting it pass until it eventually does not return
- *Remember that honouring our friends does not have to mean torturing ourselves:* Some people will tell psych that they don't want to 'feel better', because to 'feel better' would be to forget the loss of their mate. The affection for your friend does not have to be reflected in the extent of your suffering. You can remember someone with affection while still moving on from the events of their death
- *Get a second view point:* We are all guilty of 'spinning one another up'. Remember to try to talk to people with a different perspective – you don't have to agree with them, but seeing other viewpoints can help to reduce how closely tied we are with our own, when it's not helpful
- *Feel your feelings, but don't live there:* Negativity fosters more negativity. You can put all your energy towards hating something, and the only consequence is wasted energy and more negative feelings
- *Take a break from the noise.* Give yourself permission to switch off from social media, news, radio or even from others who are creating stress. Replace it with things that can help you including doing things you enjoy, listening to music, spending time with family, exercising or meditation. When checking back in with media, limit your time and try focus on positive stories and reports.
- *Take control of the little stuff to feel better about the big stuff:* Look after yourself in a physical sense, keep up with your hobbies and interests, maintain exercise, and try to sleep and eat well
- *Know yourself:* Sometimes these negative emotions can lead to us questioning our self-worth and how we perceive ourselves, causing doubt and a sense of failure. It's important to know our own core values and moral compass, examining the **why am I feeling like this?** If we recognise why something bothers us, it helps us to process our feelings. This might look like reflecting and noticing that "I hate this because it means I lost my marriage for nothing" or "My friend died but nothing changed". These are hard thoughts to have (and not always correct), but are important to reflect upon if we hope to gain perspective and move forwards
- *If the above issues are causing ongoing concern, remember that you can touch base with a wide range of support including psych for advice on how to manage them. While some reaction is normal, an ongoing reaction that impacts your ability to 'feel like yourself' indicates it may be time to talk to someone who is professionally experienced with these matters*

### **Remembering the positives**

Regardless of what happens in Afghanistan in coming days, months and years, ADF members did their duty; we stood by our allies in their time of need, we prevented Afghanistan from again becoming a safe haven for terrorist organisations, we protect Afghans and taught them how to stand on their own, we built schools and other infrastructure that improved education opportunities and increased medical support. While it is healthy to acknowledge our feelings about 'what went wrong', we should also reflect on 'what went right' – we did make a positive difference to many individuals in Afghanistan and our Service will always matter.

### **What's next?**

When the ADF left East Timor after the INTERFET missions, many personnel felt little reason to remain in the ADF. Whilst overseas deployments are the reason many enlist, there will be plenty of different opportunities to help others in the future. Recently, we have seen the ADF respond to Domestic Operations with OP BUSHFIRE ASSIST and OP COVID-19 ASSIST, and continue to assist other countries through humanitarian efforts.

There will always be a requirement for ADF, and along with it, the opportunities to help others. Psych always encourages people not to make any big decisions – including career decisions – at a time of great change. While this may be impacting how you feel about your ADF career right now, you may feel differently in coming months, especially after affording yourself time to process and positively reflect on your contribution.

### **For further assistance please contact 1 Psych Unit**

1 Psych Unit can facilitate command discussion on this topic. Requests can be directed to or contact your local Detachment:

1 PSYCH - Brisbane

1 PSYCH - Darwin

1 PSYCH - Perth

1 PSYCH - Sydney

1 PSYCH - Adelaide

1 PSYCH - Melbourne

1 PSYCH - Townsville



## THE NATURE, IMPACT AND SIGNIFICANCE OF MORAL INJURY (MI)

### Background

1. The concept of MI was developed in response to soldiers returning from deployment having been involved in events that transgressed deeply held moral convictions, and subsequently suffered enduring harm to their psychological, social and spiritual health which in turn can affect their emotional and physical wellbeing.

### Definition

2. MI is a trauma related syndrome caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual's deeply held moral beliefs and/or ethical standards due to:

- a. An individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organization or community, and/or
- b. The subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority.

### Nature

3. All people are influenced by cultural norms and world views, sometimes these world views have religious/spiritual foundations, other times these are developed by different philosophies, experiences and family origin. As a result, individuals develop a personal morality, that impacts on their sense of self, values and behaviours. Defence service can intensify certain values such as a belief in team, loyalty, respect, and courageous action.

4. Personnel can, as a result of their own actions or actions of another, have their values and world views profoundly violated producing a threat to their psychological, social and spiritual health and wellbeing, which can also produce serious emotional and physical manifestations evidencing a MI.

### Impact

5. The violation of deeply-held moral beliefs and ethical standards—irrespective of the actual context of trauma—can lead to considerable moral dissonance, which if unresolved, leads to the development of *core* and *secondary* symptoms that often occur concurrently.

- a. The core symptoms commonly identifiable are: (a) shame, (b) guilt, (c) a loss of trust in self, others, and/or transcendental/ultimate beings, and (d) spiritual/existential conflict including a loss of meaning and purpose in life. These core symptomatic features, influence the development of secondary indicators.
- b. The secondary symptoms identifiable include: (a) depression, (b) anxiety, (c) anger, (d) re-experiencing the moral conflict, (e) social problems (e.g., social alienation) and (f) relationship issues (e.g., collegial, family, spousal, loss of intimacy), and ultimately (g) self-harm (i.e., self-sabotage, substance abuse, suicidal ideation, suicide).

### **Significance**

**6.** The effects of MI can lead personnel feeling a sense of betrayal and disgust in themselves and loss of trust in others including leadership, plus a loss of religious/spiritual faith or loss of faith in a just world.

**7.** The ‘bio-psycho-social-spiritual’ complexities of MI can cause difficulty in identifying MI given that symptoms can overlap with PTSD. However, because of the nature of MI, behaviours that conflict with an individual's values and deeply held moral beliefs can appropriately be addressed by a Chaplain or other religious practitioner as members of a multidisciplinary support team.

### **Chaplains**

**8.** Chaplains are professionally prepared with a methodology for addressing MI known as Pastoral Narrative Disclosure (PND) — involving the development of rapport, personal reflection, review, reconstruction and restoration, ritual, renewal and social reconnection — with the aim of rebuilding trust and respect. PND can assist people with MI by helping to build resilience and wellbeing and therefore capability.

**ADF Chaplaincy Services provide a 24/7 in person on call service that is regionally based. Call 1300 DEFENCE and ask to speak to the on-call Chaplain in your area.**



AUSTRALIAN  
DEFENCE FORCE

# Mental Health and Wellbeing for High Risk Groups

ADF Centre for Mental Health

Version: 1.0



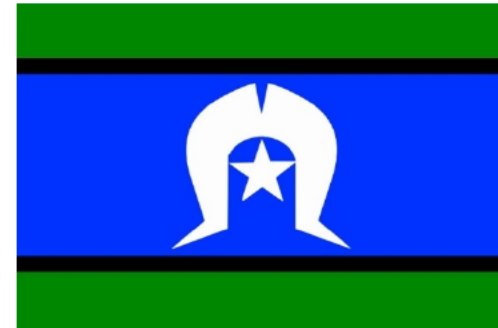
Joint Capabilities Group | Joint Health Command



JOINT  
HEALTH  
COMMAND



# Acknowledgement of Country



# Session outline

- Mental health and wellbeing
- Workplace mental health
- Vicarious trauma
- Planning your self-care
- Support and resources



# What is wellbeing?

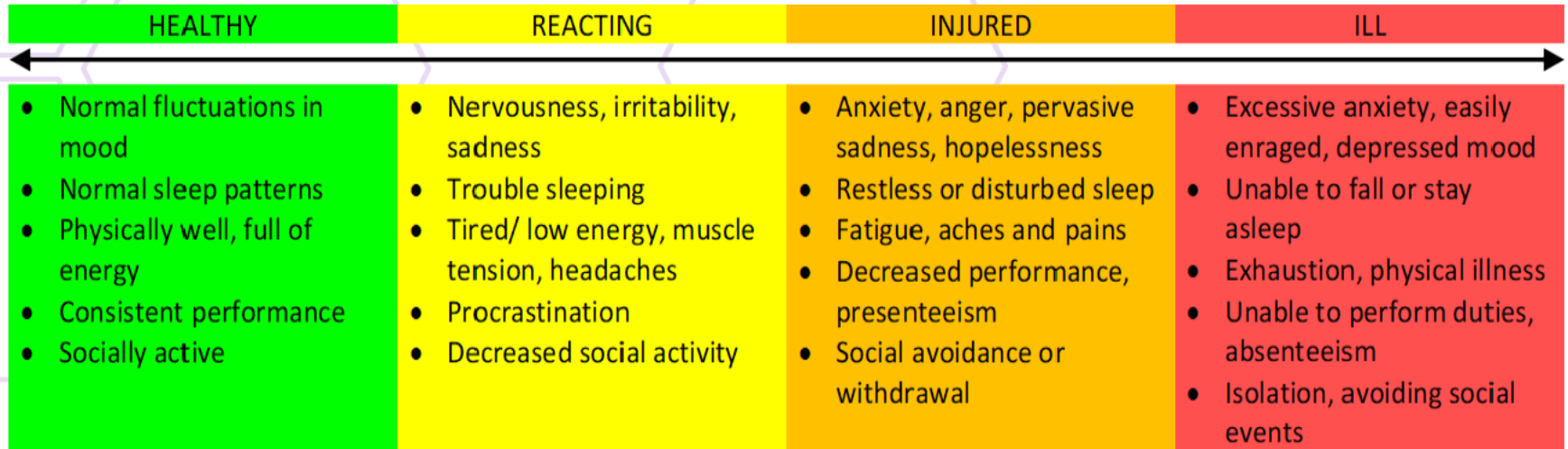
A state of being healthy, safe, comfortable and happy

A complex combination of physical, mental, emotional and social health factors.

# What is mental health?

- Mental health is about being cognitively, emotionally and socially healthy – the way we think, feel and develop relationships - and not merely the absence of a mental health condition (*Beyond Blue*)
- Being in a state of wellbeing that allows you to:
  - cope with normal stresses of life
  - work productively
  - contribute to your community (*WHO*)
- A person does not need to meet the criteria for a mental illness or mental disorder to be negatively affected by their mental health (*AIHW*)

# Mental health continuum



## ACTIONS TO TAKE AT EACH PHASE OF THE CONTINUUM

<ul style="list-style-type: none"> <li>• Focus on task at hand</li> <li>• Break problems into manageable chunks</li> <li>• Identify and nurture support systems</li> <li>• Maintain healthy lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• Recognise limits</li> <li>• Get adequate rest, food and exercise</li> <li>• Engage in healthy coping strategies</li> <li>• Identify and minimise stressors</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and understand own signs of distress</li> <li>• Talk with someone</li> <li>• Seek help</li> <li>• Seek social support, instead of withdrawing</li> </ul>	<ul style="list-style-type: none"> <li>• Seek consultation as needed</li> <li>• Follow health care provider recommendations</li> <li>• Regain physical and mental health</li> </ul>
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## Common concerns

## Workplace factors

- Under resourcing – overload/long hours
- Poor management practices –lack of support
- Working in situations that cause some distress
- Conflict in relationships
- Physically and psychologically demanding environments

## Individual factors

- Current health status
- Personality style
- Coping style
- Belief about your control of the situation
- Previous experiences
- Trauma
- Lack of support
- Substance misuse

# A moment of reflection

- Why do you do this work?
- Do you know what you're doing in your work and why?
- How do you measure success in your work?
- What can you control in your work?
- What are the costs and rewards of this work?
- How are you personally changing?

# Vicarious trauma

Vicarious trauma is a psychological term used to refer to changes in a person when they are repeatedly exposed to traumatic material.

It involves physiological reactions, changes in a person's views about themselves and the world and potentially other adverse effects.

Vicarious trauma occurs from **repeated exposure to other people's trauma**. Over time, workers begin to mirror the bio-psychosocial effects shown by the victims of trauma

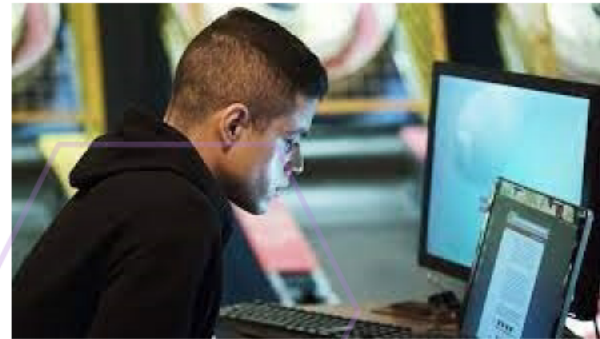
# Other common terms

- **Burnout:** Psychological and emotional exhaustion, cynicism and professional inefficacy resulting from long-term exposure to work stress
- **Compassion Fatigue:** The potential impact of working with traumatized individuals, such as a reduction in the capacity or interest in bearing the suffering of others
- **Secondary Traumatic Stress:** Emotional duress that occurs quickly and unexpectedly in reaction to exposure to the details of one or more traumatic events
- **Post-traumatic Stress Disorder (PTSD):** A set of reactions that may occur in people who have experienced or witnessed a traumatic event. It is a diagnostic category.
- **Moral Injury:** Perpetrating, witnessing, or learning about acts that transgress deeply held moral convictions and expectations

# Vicarious trauma is not a diagnosis

- We have learned that neither vicarious traumatization or compassion fatigue are synonyms of PTSD or of secondary traumatic stress.
- People can experience negative effects of secondary exposure without developing a psychological disorder such as PTSD.





**What types of events / experiences in your work may lead to vicarious trauma?**

# Risk factors for vicarious trauma

- Risk factors are realities that make you more vulnerable to experiencing vicarious trauma or experiencing more severe vicarious trauma.
- Understanding what your personal risk factors are will make it easier to identify what might help you prevent or address vicarious trauma.



# Individual factors

- Personality and coping style
- Personal history
- Current life circumstances
- Social support
- Spiritual resources
- Work style
- Prior deployments/postings



# Situational factors

- Professional role
- Work setting
- Organisational Factors
- Exposure

# Cultural context

- Cultures of intolerance
- Cultural styles of expressing distress and extending and receiving assistance
- The culture of the ADF

# Managing risk of vicarious trauma: individual strategies

- Manage exposure
- Maintain professional distance
- Manage the meaning of the task
- Peer support
- Circuit breakers
- Insight – a previous negative experience may be triggered
- Rest and relaxation

# Managing risk of vicarious trauma: for supervisors

- Manage workload / hours - for your staff and yourself
- If possible, allow staff to carry out a range of tasks to provide respite
- Create a non-authoritative and inclusive style of working
- Encourage peer support
- Ensure adequate supervision/debriefing

# Symptoms of vicarious trauma

- Symptoms manifest differently for individuals
- Experiencing a range of reactions in the short term is normal
- Prolonged or intense reactions would benefit from seeking professional help



# Physical symptoms

- Excessive alertness, on the look-out for signs of danger
- Easily startled
- Fatigue/exhaustion
- Disturbed sleep
- General aches and pains
- Nausea/upset stomach/diarrhoea
- Dizziness
- Chest pain
- Rapid heartbeat

# Cognitive symptoms

- Intrusive thoughts and memories of the event
- Visual images of the event
- Nightmares
- Poor concentration and memory
- Disorientation
- Confusion
- Changes in world view or frame of reference

# Emotional symptoms

- Fear
- Numbness and detachment
- Depression
- Guilt
- Anger and irritability
- Anxiety and panic
- Cynicism
- Hopelessness
- Difficulty regulating emotions

# Behavioural signs

- Avoidance of places or activities that are reminders of the event
- Social withdrawal and isolation
- Loss of interest in normal activities
- Difficulty setting boundaries and separating work from personal life
- Feeling like you never have time or energy for yourself
- Increased conflict in relationships
- Inability to tolerate other's distressing stories because they seem overwhelming and incomprehensible
- Impulsivity
- An increase in alcohol or medication use

# A word on alcohol

- Alcohol in moderation can be enjoyable
- Some people use alcohol to cope
- Overuse of alcohol can develop quickly
- Overuse of alcohol can prevent/delay recovery
- Alcohol can create other health/work and social concerns
- Alcohol negatively impacts mental health

# It's not all bad...

## Resilience

- Overcoming difficult or stressful situations helps us build resilience
- 'Vicarious resilience' – the positive impact of witnessing trauma survivors' recovery

## Post Traumatic Growth (PTG)

- A significant positive psychological change following a major life crisis/trauma



# Self-care & getting help



# What do we mean by self-care and why is it important?

- Self-care is how you look after your own wellbeing
- Self-care looks different for different people – know what makes YOU feel good

## Why?

- Because we matter (quality of life)
- We often prioritize the needs of our organization or others over our own needs
- Without it, at risk of engaging in incompetent or unethical behaviour (unconsciously)
- Vicarious trauma and stress can be harmful to us, our loved ones, colleagues, and people we are dealing with



# Professional self-care strategies

- Know you need to achieve on the job
- Balance work and life
- Have realistic expectations of yourself and what you achieve
- Celebrate your strengths and achievements
- Know when to take time to gain a clearer perspective
- Be courageous and reach out for support if you need to get back on track

# Personal self-care strategies

- Prioritising sleep
- Healthy diet
- Exercise
- Regular medical/mental health/wellbeing check-ups
- Meditation/relaxation exercises
- Social engagement - belonging
- Enjoyable activities
- Taking leave/rest
- Spirituality based activities
- Finding meaning and purpose outside of work context

# Vicarious trauma self-management plan

1. Identify your personal / individual risk factors for vicarious trauma (e.g. personal factors, situational factors and the work cultural context).
2. Identify any vicarious trauma symptoms you may be experiencing (e.g. cognitive-changes to world view, physical, emotional & behavioural).
3. How can you counteract these symptoms by taking care of yourself?
4. How can you nurture a sense of meaning and hope (inside and outside of work)?
5. Set two goals to implement this week to work towards protecting against and or healing from the impact of vicarious trauma.
6. Know when to seek help

# Self-care plan

Consider your own self-care needs in each quadrant and record some positive strategies and activities you currently do, and some you could introduce. Putting these activities into your routine will help make them habits and protect your wellbeing. Review and adjust as necessary

## workplace

e.g.: eat away from your desk, take regular breaks, leave on time

## physical

e.g.: dance, eat well, regular sleep routine, walking, relaxation

## psychological

e.g.: keep a gratitude diary, journal writing, mindfulness, positive self-talk

## emotional

e.g.: talk with a friend, watch a feel-good movie, listen to music

What might get in the way of your self-care plan? How can you prepare for those potential barriers?

# For supervisors

- Encourage staff to create self-care plans – and create your own and share it with your team
- Provide opportunities for staff to come together as a team and do something fun – lunch time trivia or team walks
- Know your staff well so you can notice any change to their wellbeing
- Promote open and honest conversations about mental health
- Walk the talk – lead by example and model good self-care

# Avenues for support

## All staff

- Commanders, supervisors and peers
- New Access Program 1300 687 327
- Lifeline 13 11 14

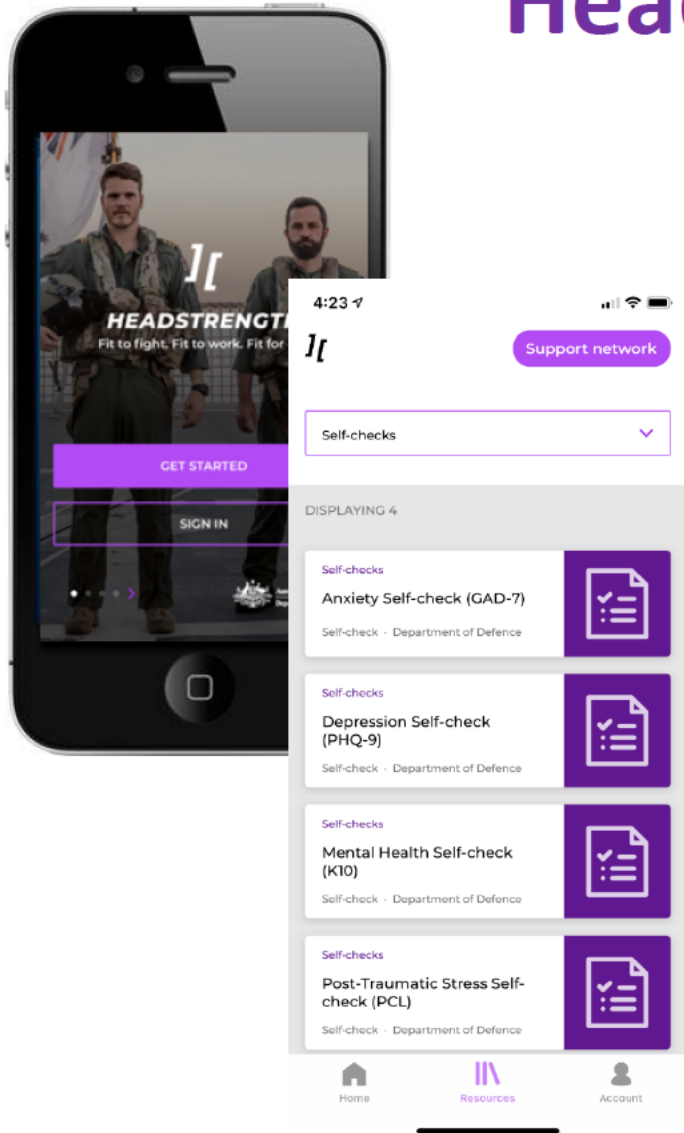
## Military staff

- Local Garrison Health Centre
- Mental Health & Psych – ACT: (02) 6265 9008 – press “1”
- All Hours Support Line (24/7): 1800 628 036
- Chaplaincy (24/7): 1300 333 362
- Open Arms (24/7): 1800 011 046
- Defence Member and Family Helpline (24/7): 1800 624 608

## Defence civilian staff

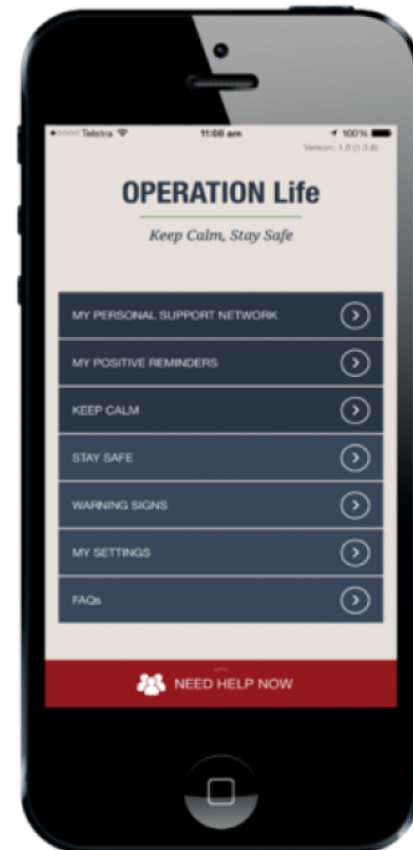
- Defence EAP – 1300 687 327
- Your GP – referrals via Medicare to Psych
- ACT Mental Health Access line (24/7): 1800 629 354
- NSW Mental Health Access Line (24/7): 1800 011 511

# Headstrength app



- Made for the Defence community
- Anonymous
- Your personal self-check links to resources and tools based on your current status
- Download via ForceNet

# DVA mobile apps





ANY  
QUESTIONS?

# Metadata and version control

Presentation / workshop length:	90 min
Target Audience (if applicable):	Staff in high risk groups (eg JMPU, IGADF, RC etc)
Resources required (if applicable):	Self care plan handout
Trainer qualification (if applicable):	Experienced at facilitating MH groups
Business Unit	ADFCMH
Author:	Programs Team ADFCMH
Approver:	
Version Number:	1.0
Date of Approval:	3/9/2021
Summary of last modification:	
Last Modified by (name and date)	
Approved by (name and date)	
Next review Date:	

See next slide for summary of changes

# Change history

Date	Changes	Modified by	Approved by

# Self-care plan

Consider your own self-care needs in each quadrant and record some positive strategies and activities you currently do, and some you could introduce. Putting these activities into your routine will help make them habits and protect your wellbeing. Review and adjust as necessary

**workplace**

e.g.: eat away from your desk, take regular breaks, leave on time

**physical**

e.g.: dance, eat well, regular sleep routine, walking, relaxation

**psychological**

e.g.: gratitude diary, journal writing, mindfulness, positive self-talk

**emotional**

e.g.: talk with a friend, watch a feel-good movie, listen to music

What might get in the way of your self-care plan? How can you prepare for those potential barriers?



## DEFENCE OPERATIONAL MENTAL HEALTH SCREENING CONTINUUM

- 1989 – Critical Incident Stress Debriefing (CISD) began in the Australian Defence Force (ADF); a group psychological debriefing system.
- 1990-1991 – Group psychological debriefing on operations in Namibia and the Middle East (OPERATION DESERT STORM). Debriefing on Return to Australia (RTA) from UN missions began.
- 1992-1994 – Increased debriefing due to increased deployments to UN missions. Pre-cursor questionnaires to Return to Australia Psychological Screen (RtAPS) developed to assist deployed members to gauge how they may be reacting to their experiences.
- 1995 - Psychological debriefing in Sinai and Rwanda on OP TAMAR during which the Kibeho massacre occurred. CISD still used due to positive effect with police, ambulance, emergency and fire services. Results variable in a military setting and one-on-one debriefing started to emerge at command request.
- 1999 - RtAPS and the concept of screening rather than debriefing commenced.
- 2000 – 2002 - RtAPS provided on OP TANAGER.
- 2003 – 2004 RtAPS provided on OP CITADEL. Continually rotating Force Extraction Teams (FET) in support of Middle East Area of Operations gave rise to the requirement of having an ‘embedded’ psych asset.
- 2006 – present - permanent Psychology Support Teams in the Middle East Area of Operations (MEAO), with fly-in/fly-out capability, supported by FETs for large rotations.

Operational mental health screening has been undertaken by the ADF since 1999. In its current format, the RtAPS and Post Operational Psychology Screen (POPS) have been conducted since 2003. Mental health screening aims to identify individuals who may require further assessment and support, and provides an opportunity for psychoeducation and other brief interventions to assist with managing emerging mental health concerns.

**RtAPS** is provided to all ADF members who are deployed outside of Australia. The screen is given just prior to the member returning to Australia. It includes measures of psychological distress (K10), post-traumatic stress symptoms (PCL-C), a checklist of potentially traumatic events experienced on the deployment, and a checklist of stressful events experienced on the deployment. The process includes:

- a psycho-educational brief (conducted as a group presentation and/or as part of the individuals screening interview)
- the administration of the RtAPS questionnaire
- a one-on-one interview with a mental health provider.

For personnel who deploy for fewer than 30 days, a risk-indicated RtAPS is conducted, meaning a POPS is only conducted if the person is determined to be at higher risk of mental health or reintegration issues as identified at RtAPS.

POPS is provided to all members who receive an RtAPS, within 3-6 months of them returning to Australia. The POPS includes the same mental health measures as the RtAPS with the addition of a measure of alcohol usage (the AUDIT). The process includes:

- the administration of the POPS questionnaire
- a one-on-one interview with a mental health provider.

In addition to operational mental health screening, the ADF mental health screening continuum includes a range of other screening time points.

The Mental Health and Wellbeing Questionnaire (MHWQ) is an adaptation of the RtAPS which is conducted annually for personnel deployed on Operation RESOLUTE, Australia's contribution to the effort to protect Australia's borders.

COMD-Requested mental health screen (C-Req) may also be conducted for groups within Defence who are considered at elevated risk, either serving in Australia or overseas. Some roles within the ADF are likely to have a higher exposure to sensitive or possibly distressing material as part of their usual work role. Command may request screening of these personnel at any time.

Critical Incident Mental Health Support (CIMHS) provides initial intervention following the exposure of Defence personnel to a critical incident or potentially traumatic event. In the garrison environment, the decision to conduct CIMHS and the nature of the support is negotiated between the relevant commander/manager and the regional Senior Mental Health Adviser (SMHA).

The Periodic Mental Health Screen (PMHS) was an enhancement to the mental health screening continuum implemented in 2019. PMHS ensures that Defence members who have not received a mental health screen, triggered by other activities in the previous 12 months, are provided with an opportunity to receive a risk-indicated mental health screen. The screen is administered opportunistically when a member books a routine medical officer (MO) appointment and has not participated in any other mental health screen in the previous 12 months.

With the emergence of COVID-19, online screening became a necessity. This online screening option has been specifically utilised for OP BUSHFIRE ASSIST 19-20 and OP COVID-19 ASSIST, with a dedicated cell raised to facilitate the follow-up of personnel from these two operations.

ADF mental health screening data, through mental health surveillance activities, is analysed to identify areas of risk and to monitor trends over time. This data is used in a variety of formats, such as operational reports or as data summaries to inform single Service of key themes and approaches to the mental wellbeing of the force.

## **AUSTRALIAN DEFENCE FORCE CENTRE FOR MENTAL HEALTH (ADFCMH) – PROGRAMS AND RESOURCES**

<b>Suicide awareness in the ADF presentation</b>	This 40-minute presentation provides ADF personnel with heightened awareness of the warning signs that someone may be at risk and considering suicide. All ADF personnel are required to undertake suicide awareness training every 12 months.
<b>Keep Your Mates Safe – Peer Support</b>	The program concentrates on providing Defence members, of all ranks, with practical skills and knowledge to assist family and friends who may be displaying early symptoms of a mental health concern.
<b>Applied Suicide Intervention Skills Training (ASIST) Program</b>	A two-day program targeted at junior leaders, commanders, managers, health professionals and champions, aimed at teaching participants to apply a suicide intervention model.
<b>Mental Health Risk Assessment Training</b>	This training equips Defence mental health professionals with the skills required to assess and manage members at risk of suicide, self-harm or harm to others within the Defence environment. It aims to equip participants with knowledge and skills required to complete a mental health risk assessment and undertake immediate management of identified risks in accordance with best practice and Defence policy and procedures.
<b>Resilience training through BattleSMART (Self-Management and Resilience Training)</b>	A program provided during initial training and at key career points to enhance individual resilience.
<b>RESET Program</b>	Six modules delivered over two days to support ADF members to build confidence and practical skills of self -management to enhance performance and quality of life.
<b>Defence Member and Family Support Branch (previously Defence Community Organisation)</b>	Offers a range of programs and services to help Defence members and their families manage the military way of life.



**Critical Incident Mental Health Support (CIMHS) Professional Training**

This course provides the background and skills for Critical Incident Mental Health Support professionals to conduct and participate in a critical incident response.

**Online Resources**

**ADF Health and Wellbeing Portal – Fighting Fit**

Provides ADF members with a single point-of-access to information on health, mental health and rehabilitation support services. The 'Mental Health Online' component of the portal contains specific information about Post -Traumatic Stress Disorder, suicide and alcohol.

**Engage – Supporting Those Who Serve website**

Provides current and former ADF personnel and their families a common access point to support and services from Government agencies, not-for-profit service providers and other service providers and charities. Defence has a range of mental health and wellbeing fact sheets available, both physically and online, including ones for traumatic stress and suicide.

**Mental health and wellbeing fact sheets**

Provides information on dealing with traumatic stress, suicide, depression, anxiety, alcohol, illicit and prohibited substances, performance and image enhancing drugs and supplements.

**HeadStrength mental health and wellbeing app**

An app purpose built for the Defence community that gives users the ability to anonymously self-check and instantly link to a range of tools and resources that are relevant and specific to their current levels of wellbeing.