



Australian Government

**VVCS – Veterans and Veterans Families  
Counselling Service**



**Veterans and Veterans Families Counselling Service**

A service founded by Vietnam veterans

newsletter

edition 6 • January 2011

## From the VVCS National Manager



First of all, I wish a Happy New Year to all our clients and stakeholders.

After joining VVCS in mid 2010 as National Manager, I have been impressed with the range of services VVCS offers, and the high quality of those services.

I am well aware that the Government heeded the call of Vietnam veterans, and in 1982 the Vietnam Veterans Counselling Service opened its first office in Adelaide.

Since then the service has expanded considerably. It now operates 15 centres across Australia, provides services through a range of outreach counsellors, has broadened its name and mandate to provide services to a wide range of counselling and group programs to Australian veterans, peacekeepers and their families, and also offers an after hours service, case management and other programs.

I have enjoyed getting to know VVCS staff, members of the National Advisory Committee and key stakeholders. I am keen that we progress continued improvements to ensure VVCS meets the needs of our clients and their families.

One activity currently nearing completion is the Service Mix Review, where independent consultants were appointed to provide advice on the appropriate service delivery model for VVCS to meet the changing needs of the veteran and defence communities and their families.

The consultants conducted focus groups with clients, staff and stakeholders, and received submissions from individuals and organisations.

VVCS is currently considering the consultants' report.

Another significant new activity for the VVCS is the introduction of services for F-111 Fuel Tank Maintenance Workers and their families.

These clients can access many of VVCS's current services, and this year will also be able to participate in a Lifestyle Program specially developed for F-111 workers and their partners.

As a psychologist and clinician I have a good understanding of client needs. For the six years prior to joining VVCS I worked in DVA, firstly as Director Health for NSW/ACT, then as a National Manager in Canberra managing mental health and community and social health based policies for the Department.

The National Survey of Mental Health and Wellbeing 2007 found that one in five (20%) Australian adults experience mental illness in any year. One in four of these people experience more than one mental disorder.

Based on these prevalence rates, over 3.2 million Australians had a mental disorder in the previous 12 months. These statistics highlight that veterans, peacekeepers and their families who experience mental health concerns are not alone, and should not feel any more worried about seeking help or advice than those seeking help for other conditions such as sore backs.

I encourage anyone who is aware of family members or friends who could benefit from support or advice, to encourage them to take the first step and seek help.

VVCS can be contacted on 1800 011 046 – this connects to a local VVCS office during business hours, and the Veterans Line after hours and on weekends.

Wayne Penniall

VVCS National Manager

## from the VVCS TOWNSVILLE DIRECTOR



My name is Belinda Hearne, and in December 2009 I was appointed as Director for VVCS for the far north Queensland region. Our office is located in Townsville where there is a terrific team of seven counsellors and two administrative staff who are dedicated and hard working.

Currently we have seven counsellors and two administration staff who work from the centre. We also have a range of contracted outreach counsellors who assist us in responding to the needs of Australian veterans, peacekeepers, eligible members of the Defence Force community and their families.

### What we do

VVCS provides individual, couple and family counselling as well as group work. The counselling is offered both at the centre and through counsellors located across Townsville and in centres such as Mackay, Cairns and Mount Isa.

The group work program includes a range of groups addressing heart health, relationships, sleep, dealing with anger, anxiety and depression. We also provide groups for people transitioning out of the defence force.

### Operation Life

Operation Life is a program to prevent suicide and promote mental health awareness. The program aims to provide training in first aid skills for veterans to support their mates at risk of suicide. Last year we ran a program in Townsville and one in Cairns. These programs are organised in partnership with ex-service organisations. If you are interested in joining the mission to support life, you can contact us on 1800 011 046.

### Reintegration briefings for returning veterans

This is a busy time of year as Townsville has a number of young veterans returning from overseas deployments to Timor and Afghanistan. As these young veterans return they are receiving presentations from a range of services prior to taking some well earned leave with their families.

The presentations include information regarding finances, DVA services, Defence Rehabilitation and the Defence Community Organisation. VVCS also attend to provide a brief presentation. We are ensuring that recently returning veterans are aware of their eligibility, veterans line, and where our sites are located nationally. We also provide information about the sorts of issues discussed with a counsellor.

As Veterans return from their overseas operations we remind them that family members are also entitled to access our services for issues arising from their partner's deployment. The briefings have been received with interest. It provides our staff the opportunity to welcome them home.

You can find us in Townsville at the Nathan Business Centre, 340 Ross River Road, Cranbrook; or call VVCS on 1800 011 046.

**Belinda Hearne**  
**Director**  
**VVCS Townsville**

# THE RIGHT MIX



## CHANGING THE MIX

Since 2001 members of the veteran community have had access to *The Right Mix – Your Health & Alcohol*, a suite of information and resources developed by the Department of Veterans' Affairs (DVA) to help people make informed lifestyle choices about drinking.

Alcohol use and abuse has emerged as a major social and health issue in Australia. According to the Perth-based National Drug Research Institute (NDRI), in the 10 years leading up to 2005, the availability of alcohol in Australia has dramatically increased. The NDRI estimates that more than 100,000 Australians end up in hospital each year due to the long-term impacts of drinking.

These impacts include cancers, other alcohol-related diseases and the more immediate effects of falls, assaults and alcohol dependence. Furthermore, higher risk alcohol consumption caused the death of approximately 33,000 Australians aged 15 and older between 1996 and 2005.

In 2009, the National Health and Medical Research Council (NHMRC) released the revised *Australian Alcohol Guidelines to Reduce Health Risks from Drinking Alcohol*.

A key recommendation from the revised guidelines is that men and women consume no more than two standard drinks each day to reduce the likelihood of long-term harm from disease or injury. Additionally, the guidelines outline that a maximum of four standard drinks on any one occasion reduce the likelihood of alcohol-related injury from that bout

of drinking. The revised changes have brought a significant reduction to the previous guidelines.

In line with the new 2009 guidelines, DVA has revised and updated the content of *The Right Mix – Your Health & Alcohol* resources and has redeveloped *The Right Mix* website: [www.therightmix.gov.au](http://www.therightmix.gov.au)

Veterans and members of the ex-service and Australian Defence Force (ADF) communities were consulted on this redevelopment with the aim of making the website more relevant and appealing to a wider audience. Included on the new website are interactive tools to help identify levels of drinking and assist with self-management of alcohol consumption.

While these resources are useful to members of the veteran and ADF communities, they are also useful to health care providers treating patients with alcohol-related conditions. Most of *The Right Mix* information and promotional resources can be ordered free of charge by providers directly from the website itself.

You may have seen *The Right Mix: Your Health & Alcohol* health promotion materials previously — now it's time to re-visit them and see what's new.

# OUTREACH CASE MANAGEMENT

## is now available across the country

**Case management services have been available from WVCS centres for over a year now and all centres are able to deliver a comprehensive case management service to eligible clients in need of assistance to manage complex and overwhelming situations. We are now in a strong position to extend the case management program to benefit clients in outlying, regional locations.**

Case management promotes social integration and assists clients to receive effective, coordinated support from appropriate community-based services. It is often more practical and sensible for clients who live in the country regions to be assisted by accessible case managers who are connected in the regional community and who have working knowledge of the formal and social support available.

Our outreach counsellors have that knowledge and can use their connections to swiftly gain the cooperation of local services for their WVCS clients. The concepts of 'coordination' and 'collaboration' which underpin the case management approach can be readily achieved when the person who is 'pulling the strings' is both known and respected in the local community.

Those outreach counsellors who are interested and who have some experience in the provision of case management services are being recruited and inducted into the WVCS approach. They can now extend their services to help particular WVCS clients to deal with very difficult situations.

This fictional case study reflects a typical level of complexity that some veterans and their families face: it illustrates the extent of what can be achieved using a case management approach.



### Sam D (27 years old)

Sam is an Army veteran. He served two tours of duty in Afghanistan: 8 months in 2008, then 6 months in 2009. Sam experienced some adjustment difficulties after the first deployment for which he received help from an army psychologist and medical officer. He responded well and was deemed medically fit for the second deployment.

Sam found it very hard to settle on his return from the second deployment. He became increasingly uncommunicative and withdrawn in those early weeks back at the base. He was neither reliable nor attentive at work and there were occasional outbursts of anger towards his workmates and he was known to be drinking heavily.

He was seen by a medical officer but he was resistant to any acknowledgement of his difficulties. The various attempts to help him in those first few months were unsuccessful and he was eventually categorised as unfit for operational duty. Sam sought voluntary discharge from the Army that had been his life since he was 17 years old. It was evident to everyone who witnessed the deterioration in his mental health that Sam felt that he had failed as a soldier.

Typically, the post-deployment emotional difficulties affected Sam's capacity to cope with his relationships and responsibilities at home. Sam has a wife Kelly (26) and two children: Tom (6) and Lucy (3 months). Sam distanced himself emotionally and took no responsibility for the care of the children. Often sleep-deprived, irritable and impatient, he would shout and storm out of the house. Kelly was very distressed and the children became quite frightened of him, about which he was contrite and upset after he calmed down. Following his discharge, Sam and Kelly decided to move to a regional city where Sam was assured of employment in the abattoirs. They hoped the move and change in lifestyle would be beneficial and that they could re-establish their family life. Kelly is prepared to do whatever is necessary to help Sam.



Normally a strong, capable person, Kelly did experience some post natal depressive episodes following the birth of Lucy but, with medication and the support from specialist services she was managing well. Critically, Kelly's parents (and some close friends) had been invaluable in providing emotional support and helping with the children.

The move to the country has separated her from these supports and Kelly is feeling vulnerable and socially isolated. There are financial pressures too: the job at the abattoirs is casual and there have been many expenses. Neither Sam nor Kelly exercise good financial management. Currently Sam is being performance-managed at the abattoirs because of alleged verbal aggression to some other workers, particularly the Afghan refugees. He is often absent after bouts of drinking and it has been made clear that he will lose his job unless he changes his attitude and behaviour.

Kelly is highly anxious and very resentful that Sam does not talk to her and is spending a great deal of time in the local RSL. There are many arguments. Kelly is not coping on her own, she feels unwell most of the time, Tom is refusing to go to school and the baby is fretful. The situation is deteriorating and it is evident that the family needs help.

A welfare officer (Tony) at the RSL visits Sam, Kelly and the children at home to offer his services. He is alarmed by the obvious distress and state of the home. With Sam's permission, Tony contacts WCS to discuss available services. Sam is contacted by the intake worker and the family is subsequently assessed and allocated to a WCS outreach case manager (Felicity) who practises in the local community. Felicity visits the family at home with Tony who Sam has asked to be present at the first meeting. Priorities and a working relationship are established. A range of strategies to address some of the problems are identified. Some early achievements include:

- Tony agrees to provide personal support to Sam – to make himself reliably available as a willing listener and source of encouragement. The support role is defined: Sam undertakes to meet Tony regularly (not at the RSL) and to pursue, with Tony's help, involvement in the local rugby club (Sam is apparently a very good rugby player).
- Felicity refers Sam and Kelly for financial management advice, provided by a local non-government welfare agency. She also uses her contacts to pursue alternative housing for them (their current private rental property is expensive and quite grotty). Kelly plans to invite her parents to visit once they move.
- Felicity sets up a meeting with Sam and the manager at the abattoirs. She pleads Sam's case and it is agreed that Sam will resume work on a 3-month trial basis, with certain conditions. Felicity and Sam identify specific changes he must make to avoid his previous response to certain triggers. A support person is allocated to assist and monitor Sam's work performance.
- Felicity recommends a particular GP for Kelly. She also advises Kelly of a young mothers' group which meets weekly at the local library. She assists Kelly to organise transport with a neighbour. Felicity and Kelly discuss how to overcome Tom's resistance to school. Kelly and Tom meet with his teacher and they devise a gradual attendance program. The teacher enlists Kelly's help in the classroom with another mother new to the school.

Felicity continues to monitor the situation and provide whatever support is needed to keep the plans on track. It is not long before Sam and Kelly begin to feel more in control. Sam agrees to attend counselling sessions with another outreach provider, specifically focusing on reducing the stress associated with active service and transition to civilian life. Sam's attendance at an anger management program will be integrated into this counselling program.

# SOUL THERAPY – the enduring benefits of the VVCS Lifestyle Program

In today's world of competing demands, rushing from one thing to another, what motivates people to stay in touch and spend time building up friendships? I was recently invited to find out first hand from a group of people who have been doing just that for the last 14 years.



The 1996 Lifestyle Group weekend retreat at Harrietville, Victoria.  
Back row left to right – Bill, Anne, Col, Maggie, Paul, Michael, Terry  
Front row left to right – Vic, Marg, Yvonne, Pete, Greta, Sue, AnnMaree

In June 1996 a group of Vietnam veterans and their partners met at Launching Place for one of the pioneer lifestyle programs run by Helga Erlanger (VVCS Victoria Director in 1996) and Nick Foggerill (VVCS Wodonga Counsellor in 1996). After 14 years, this group is still meeting twice a year, still caring for each other and still learning from the sessions that were presented at the original program that brought them together.

The group now meets in March and October each year for a weekend retreat at the Feathertop Chalet in the heart of the Victorian Alps in Harrietville. I was invited to come and meet with the group and naturally had many questions to ask. I was curious to learn how they managed to keep the group together for so long and what they had found to be so enduring from their Lifestyle Program experience, as well as what advice they would offer to younger veteran couples.

One of the key ingredients for members was that they felt that the group offered a real understanding of their stress levels and how it was affecting their relationships and their lives. For some members the program really pushed emotional buttons and they felt they were forced to face some pretty serious issues.

Members described what it felt like to be able to cry in front of each other, show frustration, being able to laugh at each other, finishing the program on an emotional high. The experience has sustained them over the years.

One member said they were motivated to keep the group together because *'we didn't want to lose it, something magical happened'*. Another commented that the program was like *'a stepping stone for my next point of life'* while for a third member the program helped *'remove the guilt I felt about my partner's problems, realising that I could neither fix my partner or prevent problems from occurring'*.

It was a privilege to meet the 1996 Lifestyle Group – they were a positive, optimistic and inspirational group of people. Thanks for the invitation and great feedback.

**Ann O'Kane**  
**Director**  
**VVCS Victoria**

# Recognising anger and aggression

**Anger is a normal, though often unpleasant, human emotion. Aggression is the behaviour that may stem from that emotion. Managing anger and understanding aggression can be a challenging task for individuals and their families.**

A few questions that are important to ask ourselves when recognising anger and aggression include:

**'Why do I get angry?'**

**'How do I stop getting angry?'**

**'Why do I get angry so often?'**

To answer these questions accordingly, the first step in the anger management process is to get to know your anger by recognising its various symptoms before seeking guidance. The following table provides you with signals your body sends you to alert you that an anger management strategy is needed.



**Do you....**

PHYSICAL	EMOTIONAL	BEHAVIOURAL
Grit your teeth	Feel like running away	Cry/yell/scream?
Get a headache?	Get depressed?	Use substances?
Get sweaty palms?	Feel guilty?	Get sarcastic?
Get dizzy?	Feel resentment?	Lose sense of humour?
Get red-faced?	Become anxious?	Become abusive?
Get a stomach ache?	Feel like lashing out?	Withdraw?
Clench your fist?		

Upon recognition of anger and aggression the next step is treatment, which WCS can provide.

The Doing Anger Differently Program can help you to recognise and manage your angry feelings and prevent aggressive behaviour. You will learn strategies to help you take responsibility for your anger and act in more appropriate ways.

- Topics covered in the program include:
- Understanding anger and aggression
- Learning strategies to reduce physiological arousal

Identifying triggers and trying new techniques to manage your feelings.

To register for the program or for further information, contact WCS during business hours or the Veterans Line after hours by calling 1800 011 046\*.

\*Free landline call.  
Calls from mobile phones and pay phones may incur charges.

## NEWS FLASH – Video Conferencing Counselling Program

VVCS counselling may be soon accessible closer to your home, with the use of video conferencing.

VVCS has an extensive Outreach program of contracted counsellors in rural and regional areas to provide services to veterans and their families. Whilst this program has been very successful, there are some areas in Australia where veteran communities still have difficulty in accessing community based counselling.

As part of improving our service delivery to veterans in these areas, VVCS has conducted a pilot program in which counselling, using high quality video conferencing equipment was provided to veterans and families who lived in regions where access to local counselling is problematic or non-existent.

The outcome of the pilot supports the expansion of the use of videoconference to provide counselling in remote areas where face to face counselling by skilled counsellors with military mental health knowledge is not available.

### What are the benefits?

- improved access for you and your family to mental health care and high quality counselling from the VVCS;
- the frequency and number of sessions will match your needs and not be compromised by the need to travel;
- the likelihood of you dropping out of care because of the travelling will lessen; and
- hours and costs to travel to major cities will reduce.

### Where to from here?

VVCS centres will shortly be ready to expand the provision and use of quality videoconferencing facilities to provide counselling to veterans and family members in more rural and remote areas.

To find out more about this exciting new initiative, contact the your local VVCS centre on 1800 011 046 and ask to be referred to the Intake counsellor.

## To contact VVCS

To contact your nearest VVCS centre during business hours and Veterans Line, after hours.

Call on our toll free number: **1800 011 046**

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## VVCS NATIONAL NEWSLETTER IS GOING GREEN

VVCS would like to encourage all readers with internet facilities to access our quarterly newsletter via our website

All you need to do is email [vvcnews@dva.gov.au](mailto:vvcnews@dva.gov.au) to contact your closest centre and ask to be put on the newsletter email distribution list. When the newsletter is published – you will be sent an email notification.

We will continue to print copies of the newsletter for those clients wishing to receive it this way.

### Contacting the VVCS News team

You can contact the VVCS News team by phone (02) 6225 4680 or email [vvcnews@dva.gov.au](mailto:vvcnews@dva.gov.au)

### Subscribing to the VVCS Newsletter

- If you would like to receive the VVCS newsletter electronically, contact the News Team by email [vvcnews@dva.gov.au](mailto:vvcnews@dva.gov.au)
- If you wish to update or be removed from the VVCS newsletter distribution list, contact the News Team [vvcnews@dva.gov.au](mailto:vvcnews@dva.gov.au) or (02) 6225 4680.

You can also download a copy of our newsletter from our website – [www.dva.gov.au/health/vvcs\\_and\\_wellbeinghealth\\_programs/vvcs/Pages/national\\_newsletters.aspx](http://www.dva.gov.au/health/vvcs_and_wellbeinghealth_programs/vvcs/Pages/national_newsletters.aspx)

VVCS Newsletter is published by VVCS – Veterans and Veterans Families Counselling Service, PO Box 21 Woden ACT 2606 as a free newsletter for Australia's veteran and defence communities