



What a difference a day
makes...

Explanation

- What is OVPP?
- Purpose, and Intended Outcome
- Structure
- How is it facilitated?
- Current demographic
- Changing needs
- Group planning
- Example of group topics
- Patient quote
- Progressing Outcomes
- Insights

What is OVPP?: Older Veterans Psychiatry Program

- 22 year history, located at the Heidelberg Repatriation Hospital.
- Instigated by 2 Nursing staff
- Original demographic of WW2 and Korean ADF veterans, men and women over the age of 60.
- Biopsychosocial model of care.
- Supportive and Educational mechanisms woven into the ongoing group format. Formerly included Carer Groups.
- Included community follow up, with regular Team Meetings to coordinate the care.

Purpose

- To gain a deeper understanding of veteran's health, through the lens of PTSD and related symptoms
- Offer a specific and structured approach toward support and education, potentially to ease symptoms and to normalise healthy ageing
- Utilise a collaborative approach, to include families and loved ones
- Explore necessities for change, derived from group narratives
- To blur the focus of the PTSD veteran stereotype, into a meaningful understanding of a bunch of symptoms and beliefs, and facilitate a better life.
- Share what we've learnt

Structure and Group Specifics

- Consists of a 5 hour day for patients
- Settle in, before feedback session commences at 10:00, which prompts recall of past weeks' (or more) events, related to mental, physical and social happenings
- Physiotherapy or gym at 11:00
- Lunch at 12:00
- PM group around 12:45, lasting for an hour, related to any of the Biopsychosocial categories
- Relaxation in group format, then home

How is it facilitated?

- Patient to meet admission criteria for the program
- Try to match in with the group dynamic
- Same person, same day, each week, break for Xmas
- Continuous Individual Mental Health monitoring
- Group feedback, and education, Monday thru to Friday
- Ongoing Case reviews, Treatment Plans and Risk Assessments
- Outcome measures, such as HoNOS, Basis 32, GDS, PCL-5
- MOCA, and referrals for neuropsych. testing
- Crisis, Relapse and Safety Planning, Heat Alerts, Grief Support

Current Demographic

31 members currently, mostly made up of Vietnam Veterans who are around 70 years of age. The rest are made up of older Korean, Malay, and WW2 veterans.

Most have PTSD, in varying degrees of recovery. Examples of altered startle response, nightmares and emotional numbing are still evident.

Many are overweight, and have medical comorbidities.

Long term alcohol abuse (and other substances, to a lesser degree).

Many are still driving, though their capabilities are deteriorating.

Changing needs

The Vietnam War collided with changing global attitudes, which changed the psychology of the soldier, the forces, and therefore, their needs.

Subsequently, OVPP needed to move with the times when this group “arrived.” They were different, which meant a new approach to their problems, and to the type of support, and group education.

It was time to put down the handout and information sheets, and just listen!

The usual PTSD symptoms and associated social issues were there, but they were demanding to be heard, a far cry from the more humble veterans of the past.

What followed has been a sometimes unpredictable discussion, smattered with anger, sadness, poor health and low self esteem, on a background of perceived entitlement and community isolation.

Group Planning

Group discussions were vital, to ascertain what they were actually wanting from the process, what we thought they needed, and, how we were going to adjust our program.

- New program instigated after team brain-storming
- Largely inclusive of veteran group members input
- Consisted largely of Health Ageing and lifestyle topics
- Always promoting independence and responsibility
- Challenge of embedded ideas
- Better realistic outcomes

Example of group topics

- Depression, Anxiety, Anger,
- Pharmacology, Physiotherapy, Dietary
- Communication styles: Assertive, Aggressive, Passive
- Empathy, Companionship, Loneliness, Love, Caring, Fear
- Technology, Money, Practical Management
- *Anatomical, Physiological, Psychological, Spirituality
- Racism, Sexism, Equality, Topical Social Challenges
- Relapse Prevention and Safety, Crisis intervention
- Advanced care Planning, Wills

Progressing outcomes

- Maintaining provision of a safe environment where veterans can express themselves happily
- Importance of group learning, and insights
- Learning trust
- Break down of fears and embedded beliefs
- Relearn some personal boundaries
- Importance of balancing camaraderie with education, to assist self esteem and independence
- Improved understanding of PTSD related issues, and demystifying the stereotyped veteran
- Continued stability in mental health
- Improved family input

Insights

- Degree of guilt and shame experienced by veterans
- Role of predisposing elements, such as upbringing, and family dynamics
- Past abuse
- Lack of healthy role models
- Importance of understanding their body
- Dilemma of personal apathy v. social conscience
- Insatiable need for acknowledgment
- Continuing need to be “protector”
- Potential to create new pathways

Recent quotes from a former patient

"...after a short period of time (patients) began to participate in discussions about their own personal problems. Some stating that they had not discussed these issues with their partners or anyone else."

"We do not immediately realise all the benefits given during each session, but over time all the dots join together and you do realise you're feeling good and look forward to the next session."



And finally...

“Many had considered suicide and have since stated that if it wasn't for OVPP, they would not be here today.”

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