



'Can Do' for Veterans

Alternate case story for

'Can Do' for Men in Rural Areas

John: Army Veteran (40yrs old)

Case story

The family don't need me, I've got no delusions about that. My wife's the organiser -she had to be with me always away. She's run the shop after a fashion and tried to keep ahead of the drought for the last seven years. And the kids do their own thing. They've got their school and their sport and I feel like I'm this extra person, this outsider.

It's been three years since I left the Service. When I first got back from Afghanistan, I tried to get things in order around the place and make it better. But it's push, push, push all the time. No-one will do what I want them to do and everyone's got a bloody opinion. Even the ten year old. And yes, it gets a bit out of control sometimes. It happens fast. It's like I go from 1 to 10, like that. I know a lot of it's the grog. It's easy to get drinking when you're by yourself all the time.

All my mates are a long way away and there's nobody much in this little town who understands what it's like. Maybe if I was working it would be better but there's no work here for a mechanic, I get in the way in the shop and even if there was work, I know I couldn't keep it going. I'd just be kidding myself. My kids have got a Dad on a pension and what sort of role model is that? I'm not doing anybody any good. I just want to find a way out.

Points for discussion

1. What are the important issues for John?
2. If John were telling you his story how could you and your service help?
3. What are the risks and what assessments might you make?
4. How would you prioritise the risks that John presents with?
5. What interventions might be useful at this consultation?
6. What other longer term strategies could be considered and how would you ensure effective follow up?
7. What could VVCS services add that your service cannot offer?
8. What support could other local health and community services offer at this point and how would you access them?

Facilitator's notes

Story Vignette – feedback session

- The points for discussion are to trigger group discussion.
- Use the whiteboard to write up main ideas.
- The facilitator's notes below are to direct discussion and prompt further explanation of important issues.
- Ensure only one participant speaks at a time and is heard by the entire group. Be aware of who is speaking and who is not.
- Invite participation from everyone.
- Reflect and if necessary rephrase the participant's comment to link its relevance to the topic.

Be sure to allow the different aspects of care on offer from the various service providers in the room. Encourage them to think about how these fit together. E.g. a youth service may be able to offer a number of services but how would they link up with a GP and put the family into contact with VVCS? Do they know what a GP can offer and how they can refer to specialist mental health services if necessary? Ask a GP participant to explain and to talk about the use of care plans and referral pathways when working with patients with mental health and substance use problems.

Facilitator's trigger questions

- Discuss John's story – what other history would participants need to obtain to get a full picture?
- There are a number of issues presented in this vignette – encourage participants to *prioritise* the risks that John faces and to develop short and longer term strategies to assist him.
- Talk about the isolation of coming home to a small town and the 'differences' John would have faced on his return home.
- Make it clear that John's situation cannot be sorted out in one consultation – he needs longer term support.
- Ask participants if they would engage with the family and if so how?
- Discuss the risks and effects of alcohol use on John's mental health?
- Consider the range of local services that may be able to support John and his family.
- Explore in particular the role and availability of VVCS services for John and his family.