

Supporting at-risk veterans impacted by COVID-19

Infectious disease outbreaks, like coronavirus (COVID-19), and their related public health measures, can have acute as well as lasting psychological impacts on the community. There are also likely to be particular vulnerabilities for veterans and their family members which heightens the importance of having sound practices for identifying and managing risk in the current environment. This tip sheet provides practitioners with considerations around psychological risk when supporting veterans during this challenging time.

Potential impacts of COVID-19

There are a wide range of stressors and impacts that veterans and their families may experience. For example, a high risk of unemployment and consequent financial stress, and the loneliness and sense of isolation due to physical distancing measures may create the 'perfect storm' of factors to then negatively impact the mental health of veterans. This is likely to be especially true of those with pre-existing mental health issues.

Some veterans may find current conditions triggering, for example, strict control measures imposed by the government which limit the sense of personal control, as well as media exposure to graphic content and images. Many veterans may also have heightened anxiety due to the fear that they or their loved ones are at higher risk of experiencing severe COVID-19 due to age or existing medical conditions. Increased anxiety may be expressed through problematic sleep. For veterans with PTSD, isolation may result in increased unhealthy avoidance behaviours and depression.

Recently, the Australian Defence Force established Operation COVID-19 Assist, and called upon reservists to support its efforts. The role of the ADF and reservists in this operation is emerging, however, many will likely have been recently involved in operations related to the unprecedented bushfires over summer. The cumulative impact of COVID-19 and the recent bushfires are an additional challenge for many veterans, families and practitioners to navigate. Psychological impacts of the bushfires are still emerging.

Most veterans requiring mental health care are likely now receiving it via telehealth by phone or video. While there may be a period of adjustment to this new mode of delivery for both practitioners and veterans, studies using telehealth show good outcomes for clients. The transition to telehealth is likely to be smoother for those with existing practitioner-client relationships, than for veterans who are new to the practitioner or to psychological treatment more generally. In these cases, ensure more time is allowed for engagement and assessment. There are many good resources related to moving to telehealth practices; contact your professional society for more information.

Identifying and managing risks

Importantly, the foundations of identifying and managing risks are the same whether the mental health care be delivered face-to-face or using telehealth. Consider the following in addition to your usual risk assessment protocols.

- Social connection is a key predictor of recovery for veterans and others who have experienced trauma. With the current physical distancing public health measures, it will be critical that regular assessment of social support is conducted, and veterans are supported to connect socially in a variety of ways. For example, using video platforms (such as Zoom or Whatsapp) to connect with extended family and their usual community groups.
- Reports are emerging of an increase in the sales of firearms since the start of the pandemic. It is therefore recommended that access to firearms be assessed regularly.
- An increase in the number of calls to family violence helplines has occurred since social distancing and isolation measures began. Increased isolation can increase conflict, interpersonal difficulties and anger, potentially leading to higher levels of domestic violence. Additionally, veterans with school-aged and younger children may experience reduced patience and increased irritability. Practitioners should ensure that levels of alcohol and substance use, anger, aggression, and risk to others are routinely assessed.

There are, however, some additional procedures for telehealth risk mitigation that are recommended for all clients, even those without identified risk issues.

- At the commencement of therapy, seek agreement and document with the veteran the steps to be followed in case of communication issues. Ask the veteran to provide a backup phone number as an alternative contact at each telehealth session. This phone number will be used in case the video-conference connection is lost.
- Ask the veteran to provide their address and location at the commencement of each telehealth session.
- Ask the veteran to provide contact details for at least two people known to and in close contact with them, including email, phone number and address.
- Where possible use video-based telehealth options so you can consider visual cues from the veteran when assessing risk.
- When working with identified at-risk veterans, as a safety mechanism, where possible have an identified person present at the veteran's location during the consultation.
- Maximise the benefits that the increased flexibility of telehealth allows by 'checking-in' with at-risk veterans more regularly than in face-to-face appointments.
- Provide the veteran with contact details for local crisis services, as well as their local emergency department and public mental health services (inpatient admissions are, in the current environment, considered a last resort).
- If indicated, assist the veteran to access their local area mental health crisis assessment and treatment team or hospital-in-the-home service.

Further resources

- Phoenix Australia Coronavirus (COVID-19) [mental health resources](#)
- Phoenix Australia Coronavirus (COVID-19) [Practitioner self-care tip sheet](#)
- [Bob Woodruff Foundation - Veterans and COVID-19](#)