

Men's Health

PEER EDUCATION

THE DEPARTMENT OF VETERANS' AFFAIRS
promoting healthy lifestyles for Australia's veterans



POSITIVE AND ACTIVE AGEING ISSUE

FREE



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OLDER, STRONGER.... WISER?

Australians have been living progressively longer. The traditional expectation that we worked until 60-something and then conveniently passed on after a short and rather dull retirement is no longer usual. Not only do we now have an extended “third age”, but social commentators speak of new careers, a “new life” and a fourth or even fifth age after leaving our primary occupation.

INSIDE THIS ISSUE

WHAT IS POSITIVE AGEING?

Positive ageing is a term used to describe the process of maintaining a positive attitude, feeling good about yourself, keeping fit and healthy, and engaging fully in life as you age. Ageing is often associated with many rewarding experiences. It is however also a time when significant changes might occur. For example, some people experience changes in physical functioning, social networks and employment. Bereavement can become more common. Keeping a positive attitude toward ageing is particularly important as it allows you to continue to feel good and have a sense of control as you face another part of the life cycle.

SOCIAL PLANNING FOR RETIREMENT

The average Australian will spend approximately 20 years, one quarter of their life, retired. Research reveals that many have not planned financially and that fewer have planned how they will spend their time. Google ‘Retirement Planning’ and you will find dozens of sites suggesting ways to financially prepare for your post-employment decades, but few providing a framework for social planning.



FIVE PROVEN FACTORS FOR A LONGER AND HEALTHIER LIFE

Many of us would have heard the old joke about the doctor who advised the patient to give up a number of bad lifestyle behaviours. When the patient asked the doctor whether they would live any longer, the doctor said he wasn't sure, but it would certainly feel longer. The question is, do healthy behaviours really make any difference to disease onset and life expectancy, and if so, by how much?

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editorial



Naomi Mulcahy

WELCOME TO THE POSITIVE & ACTIVE AGEING ISSUE

As I approach the end of another decade, I've been thinking more frequently about how to age well. This is probably due to an emerging pattern of behaviour that involves greater use of my health fund, more chats with my GP, monthly lunches with my 'older' siblings, a different sleep routine (more time for thinking) and a disturbing awareness that based on my genes, I probably have fewer years ahead of me than what I've already lived. I find this last point rather sobering and it induces a period of reflection. You can keep living life the same way or you take stock and decide that change is required.



LETTERS TO THE EDITOR

What we're looking for ...
Letters should be no more than 100 words and relate to articles or topics discussed in the magazine or regarding men's health generally

PLEASE SEND YOUR LETTERS TO THE EDITOR

menshealth@dva.gov.au or
c/ - Department of Veterans' Affairs Men's Health Peer Education magazine
GPO Box 9998, Brisbane
QLD 4001

Naomi Mulcahy National Coordinator Men's Health Peer Education

If we want to age well, how do we do it? The current advice is that we need to consider both active and positive ageing. Maintaining a positive attitude, feeling good about yourself, keeping fit and healthy and engaging fully in life is considered positive ageing. Optimising opportunities so individuals can engage in life, extend their life expectancy and have an improved quality of life is considered active ageing.

Someone once told me that good health in old age is like having an investment account. If throughout your life you've exercised regularly, eaten well, looked after your mental health, established meaningful social connections and developed a purpose in life, you have the personal resources available to enjoy a positive old age. But don't despair if you haven't been making regular deposits into your health

investment. Health professionals advise that making lifestyle changes (even in mid-life) is better for our health than doing nothing. Unless you've won the health lottery, start making changes that support a healthier and happier older age.

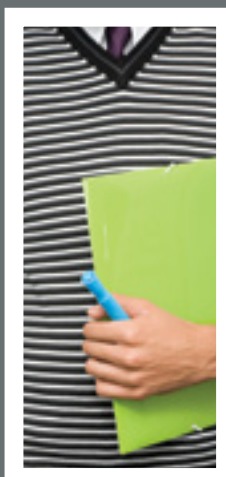
Living in Australia maximises the possibilities for us to engage in active ageing. Participation in social, economic, cultural, spiritual and civic affairs is possible throughout the course of our lives. With an increasing digital environment, I'd like to think that the possibilities expand even further for us as we age. We're a country of early adopters and we use our digital devices to stay connected, informed and socially engaged with family and friends regardless of location.

In addition to the main theme of positive and active ageing, we've

included a secondary theme on life after military service. Leaving the services can bring new opportunities but also some challenging situations. A successful transition and adjusting well to civilian life will be important factors in ageing well.

I would like to thank those who contributed personal stories to this issue. Your stories are wonderful examples of positive and active ageing. I'd also like to congratulate Tony Ireland, one of our regular contributors, who after many years of hard work received his PhD last year (an outstanding example of positive ageing).

We hope you enjoy reading the articles in this issue and that they assist you towards ageing well.



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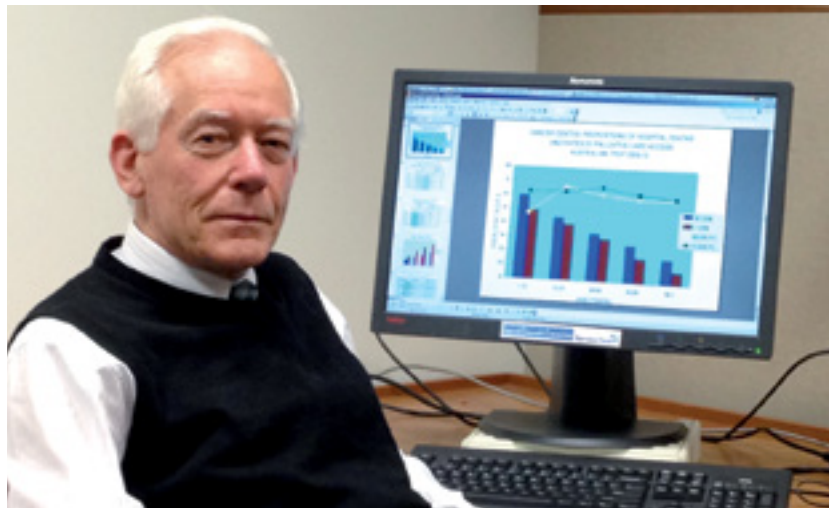
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OLDER, STRONGER.... wiser?



Dr Tony Ireland, PhD
DVA Medical Adviser

Australians have been living progressively longer. The traditional expectation that we worked until 60-something and then conveniently passed on after a short and rather dull retirement is no longer usual. Not only do we now have an extended “third age”, but social commentators speak of new careers, a “new life” and a fourth or even fifth age after leaving our primary occupation.

The figures below do not quite justify the claim that “80 is the new 60” but certainly show an extra 6 to 10 years for all middle-aged people compared with 40-odd years ago. The numbers are still creeping upward, and if you look carefully you can see that the blokes are steadily gaining on the ladies.

LIFE EXPECTANCY OVER TIME. AUSTRALIAN MEN AND WOMEN AT DEFINED AGES

DATE	MEN		WOMEN	
	45 years	65 years	45 years	65 years
1970-72	27.1*	12.2	32.6	15.9
1990-92	32.0	15.4	37.0	19.3
2010-12	36.7	19.1	40.4	22.0

* Average years of projected survival .

Data from Australian Historical Population Statistics. Australian Bureau of Statistics, 2015

So, what are we going to do with these bonus years? Do we just mope about because we cannot do all the same things we did in earlier times? Pommy poet TS Eliot seemed to think so: “Between the conception and the creation.... Falls the Shadow, Life is very long”. What a miserable sod!

I much prefer the (slightly edited) whimsy and wisdom of Margaret Atwood, celebrated Canadian writer and inventor: “... everyone else my age is... getting old... whereas I am merely in disguise.”

And now there is hard core science which supports the advantages of positivity in our grown-up years. Prof Steven Cole of UCLA School of Medicine describes the reactions of two sets of our genes to lifestyle and attitude changes. One part of this ‘societal genome’ (look for it in a nerd factory near you) activates the inflammatory reactions which help to start and progress most of the popular chronic diseases. The other set of genes protects us against viruses. In a life situation which we perceive as bad for us (even if we are actually rich, healthy and famous!) the bad genes are switched on and the good guys go on strike. A lot of this research has studied persons who were persistently lonely and who displayed both the gene changes as above and poor levels of physical and mental health.

However, Prof C also tells us that there is good news in his story. Even after prolonged bad times such as living in war zones, or long bouts of the dark blues, we can take steps to return these gene groups to their protective and health-sustaining functions. We can hope not just to survive but to survive in the best shape possible within our personal genetic potentials.

How can we do this? Many readers of this magazine will have guessed that the greatest benefits flow from maintaining our social contacts and practising new ones if possible. As members of the veteran family we might have a flying start here. None other than Shakespeare endorsed this with a soldier’s advice to Hamlet: “Those friends thou hast and their affection tried, grapple them to thy soul with hoops of steel”. Or, more simply-“Stand by your mates”.

Seeking and finding purpose and identity in what fills our days also works well. And practising being happy and hopeful more often. Whatever turns us on, can also turn on the good guys in our societal genome. Two and a bit thousand years ago a smart bloke called Plato had worked this out : “He who is of a calm and happy nature will hardly feel the pressure of age”

Enjoy.

WHAT IS 'ACTIVE AGEING'?



Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.

Active ageing allows people to realise their potential for physical, social and mental well-being throughout the course of their life, encouraging people to participate in society, while providing them with adequate protection, security and care should they need it.

The word 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work, who are ill or live with disabilities can remain active contributors to their families, peers and communities. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age.

'Health' refers to physical, mental and social well-being as expressed in the World Health Organisation definition of health. Maintaining autonomy and independence for older people is a key goal in the policy framework for active ageing.

Ageing takes place within the context of friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity are important tenets of active ageing.

ACTIVE AGEING: A Policy Framework
www.who.int/ageing/active_ageing/en/

The ABC provides some interesting stories and advice from centenarians on how to live a long life. View at:

www.abc.net.au/news/2017-01-14/a-centenarians-secret-to-long-life-dont-worry-so-much/8180114

For an inspirational story on how to age well, consider Frenchman Robert Marchand, who at 105 years of age, recently set a new cycling record for his age group!

<http://mashable.com/2017/01/04/robert-marchand-cycling/#FbD21ET1cOqr>

ROCKIN' WITH THE OLD 45s

When I retired from the full-time workforce and was approached to become the President of the Tuggeranong 55 Plus Club, the seniors' club in my beloved Tuggeranong Valley in the ACT, I accepted on one specific condition: the club was to be about activity. It was not to be a baby-sitting service for old wrinklies.

So, the club embarked on a number of activity based programs and grew in number from about 100 to over 400 members. Showing that people over the age of 55 don't see themselves as 'past it' or 'over the hill'. We still have a contribution to make to our community and have years of enjoyment left without the need to spend our days in the workhouse.



But words are cheap. I decided to put the high jump bar up and encourage others to match it. I had joined a covers band, the Old 45s, only a year earlier to retirement and thought that this activity would be a good example of how we can resist the stereotype of sitting in the sun with a chequered blanket on the lap, dozing quietly.

No way José! The band does paid gigs; I play the rhythm guitar, ukulele, tambourine and get the crowds whipped up. Some of our gigs have meant getting home at 2am, with a sleep in next day fixes that. All the guys are over 60 and all of us can cut it with anyone half our age.

My favourite quote is "growing old is mandatory but growing up is optional!" I have no intention of growing up and have found the secret of eternal youth. I play in two bands my Old 45s and a ukulele band, I teach ukulele, I write for an on-line newspaper and travel, cook and enjoy fine dining. The secret of avoiding the Grim Reaper is to stay out of his way. Stay active, stay alive, stay interested and stay interesting.

John Hargreaves

HOW COTA SUPPORTS AGEING WELL

Whether we are talking about 'positive' or 'active' or 'healthy' ageing, we are really saying the same thing. As we age we want to be able to make our own choices about how we live our lives, participate in the things that are important to us and be valued by those around us and the society we live in. There can be a number of barriers facing us as we aim for this. There can be physical or mental health problems; or a lack of resources; or social isolation; or negative social stereotypes about older people and ageing that diminishes our value in society.

This is where COTA Australia can come in.

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues and our mission is to promote, improve and protect the circumstances and wellbeing of older people in Australia as citizens and consumers; and to be recognised by government, the general community and media as representing, advocating for and serving all older Australians.

We work on issues affecting older people across the spectrum, but we place a special priority on three key areas which are essential for positive ageing: health care; retirement incomes; and aged care. In each of these we advocate for the rights and needs of older people. Here are some examples of issues we are very active on at the moment.

In health care, we recognise that a strong universal health system (Medicare) is essential for older people, whose health care needs tend to be greater than at earlier life stages and whose financial resources are often very limited. We press for the protection of that system and access to it for older Australians.

Two particular areas we are very active on are mental health services and oral health care (including dentistry). Older people are neglected in both types of care, and the resulting health problems can dramatically reduce wellbeing and increase social isolation and suffering.

In retirement incomes we work to protect the Age Pension as an essential safety net for older people. Staying as healthy as you can and engaging with the world around you requires a basic income. We also are very active on reforming the way government supports the superannuation system so that it is fairer, more sustainable and gives people the best chance in their working lives to build some extra resources for retirement.

In aged care, we are deeply committed to more choice and control for older people over their lives and the care they receive. We are a leading voice for reform of the aged care system to ensure that the quality and availability of care for those who need it supports good lives.

The COTAs in each of the States and Territories also work on these and other issues relevant to their location. As well as working on the government and industry policies that affect the lives of older people, they often run programs specifically aimed at supporting older people to live healthy, active and participatory lives.

If you are interested in learning more about COTA or joining us, you could look at our website: www.cota.org.au You will find links there to the COTA in your State or Territory as well. Join with us to promote ageing well.



By Susan McGrath
National Policy Manager
COTA Australia

SOCIAL PLANNING FOR RETIREMENT



The average Australian will spend approximately 20 years, one quarter of their life, retired. Research reveals that many have not planned financially and that fewer have planned how they will spend their time. Google 'Retirement Planning' and you will find dozens of sites suggesting ways to financially prepare for your post-employment decades, but few providing a framework for social planning.

'Time with the children/grandchildren' is often the notion, but they too move on. A British study determined that strong social networks led to more satisfying retirement than having children or grandchildren around. Those in a long-term relationship were also more satisfied than single retirees. The message for retirement planning? For most people, ensuring community participation is important in lieu of work, and it is probably a good idea to involve your partner in your planning to ensure s/he is happy to have you around!

Social planning for retirement mirrors financial planning: Set and prioritise goals, determine a path to get there, minimise risks and maximise returns. Some will have more control over their decisions than others, but a satisfying retirement won't just 'happen'. Consider:

- **What is your perception of retirement?** If it is simply to sit on the couch watching TV, it is likely to be a shorter retirement. Or more likely, do you see an opportunity?
- **Are there aspects of work that you will miss, including income?** Do you want to retire abruptly, or transition gradually through part-time, job-share or casual work? You may not have (or want) to give up all contact. Is there a social group at work (or alumni) to maintain relationships? Until you have a clear plan of how you will spend your time, it can be difficult to determine what your financial needs will be.
- **Who is the 'new' you, and what do you want to be** (like when you left school, but with decades of wisdom to guide)? What attributes, experiences and strengths do you have? Write them down. Identify your weaknesses honestly and how you might address them or minimise their impact.
- **Set your goals in realistic and achievable terms, but don't be afraid to extend yourself and take a risk. Will you be very different socially? Has the inner musician, student, artist, walker, traveller, actor, genealogist, gardener, entrepreneur, business owner or volunteer been trapped in the workplace? Plan ahead if you can envision this and structure your transition to maximise the chance of success.**
- **Will you miss the structure of the working day?** If yes, maintain a clear routine, and even a 'working' week. If not, enjoy the flexibility and consider how you will achieve your

goals with a little less certainty. You may have an extra 50 hours available each week - use them well.

- **Many retirees 'downsize' or opt for a sea/tree change.** There are social losses that occur with such a decision, as friends and neighbours are further away. Some find value in renting and/or joining social groups in their chosen area ahead of the move in order to better inform their decision.
- **The MHPE messages of physical activity, sound nutrition, social engagement and mental stimulation become even *more* important.**
- **What does your spouse/partner think about your retirement plans? Will you get underfoot or complement each other? This is the most important discussion of all.**

If you choose to pass on something to the children following such planning, regardless of the inheritance, it will be a happy, stimulated and engaged retiree who the grandchildren will always remember as someone they wanted to be with.

Try this quiz:

www.yourlifechoices.com.au/retirement/timing-your-retirement/are-you-ready-to-retire-quiz

Tony Hoare, DVA National Health Adviser

GET GOOD ADVICE BEFORE HAVING

In recent months, I have been contacted by middle-aged veterans worried about the very common, lifelong implications of their planned surgery for prostate cancer.

These men are fit, well and sexually active and, while wanting to be treated for their prostate cancer, were very concerned about the risks of surgery, including the almost unavoidable side effects of permanent impotence and long-term urinary incontinence.

In every case, I asked the veteran whether they had fully discussed **all** the treatment options with their GP, and whether they had obtained an **independent** second opinion from an appropriate specialist, such as a radiation oncologist, who had no financial interest in them having surgery.

Alarming, very few had been told of any of treatment options other than immediate surgery. And in the rare case where the veteran had asked the urological surgeon to whom they'd been referred about other options, such as localised radiation treatment, they reported that they'd been told in effect that 'if you have radiation treatment then you won't be able to subsequently have surgery'. This statement is 100 per cent wrong!

In most men, prostate cancer is a very slow-growing condition that is strongly associated with age. There are many causes of prostate cancer including: certain genetic factors such as the BRCA2 gene (the same gene associated with breast cancer); family history; alcohol consumption; cigarette-smoking; obesity; high animal fat

consumption and exposure to some chemicals such as dioxins.

Many prostate cancers do not need active treatment. In fact, 'watchful waiting' has five-year clinical outcomes that are just as good as many active treatments for men with cancer that remains within the prostate gland.

However, there are more aggressive prostate cancers that definitely DO need active treatment. Treatments can include: hormonal treatment (such as androgen deprivation therapy); definitive external beam radiotherapy; brachytherapy (locally implanted 'seed' pellets of radiation); and of course surgery for the removal of the prostate.

But prior to embarking on **any** of these treatments, I would strongly recommend that men and the people who love them ensure they get excellent clinical advice regarding **all** the options from their GP and that they get at least two specialist opinions – including from a non-surgical specialist. Only then will the veteran and his partner be able to make a fully informed decision as to what treatment (if any) is right for him at that time.

In addition to the issue of treatment is that of diagnosis. The PSA blood test is a commonly used method of detecting the possible presence of cancer in the prostate. However, it is not entirely reliable. I encourage you to discuss with your GP the various additional means of diagnosing the condition. A magnetic resonance imaging (MRI) scan, for instance, is an effective way of identifying whether and precisely where cancer is present. This information can also be of use for subsequent biopsies as well as treatments.



Dr Ian R Gardner
DVA Principal Medical Adviser

There are some excellent evidence-based Internet resources that may help veterans research all their treatment options and ensure they ask the right questions of their treating doctors.

Australian websites include: eviQ Cancer Treatments Online (www.eviq.org.au). Full access to this site requires free registration, and includes information for treatment providers, patients and carers. However, an excellent two-page pamphlet entitled 'Prostate Cancer Treatment Options' can be downloaded from this website without registration.

Another very good cancer information site is the NSW Cancer Institute (www.cancerinstitute.org.au).

There's also the Faculty of Radiation Oncology's 'Targeting Cancer' website (www.targetingcancer.com.au), which includes information about treatment of a variety of cancers (including

PROSTATE CANCER SURGERY

prostate) with radiation. Most of the radiation oncology services in Australia are provided through the public health system, so there's little direct financial benefit to these specialists.

See also the Prostate Cancer Foundation of Australia website, (www.prostate.org.au/) which focuses mainly on the surgical treatment of prostate cancer.

Finally, it may be difficult in some parts of Australia to find treating specialists who will accept a DVA Health Card in full payment for prostate cancer treatment. Most specialists will take a DVA Health Card so it is important to ask around. The fees charged for prostate surgery in Australia vary from about \$3,500 to nearly \$25,000! There is no evidence

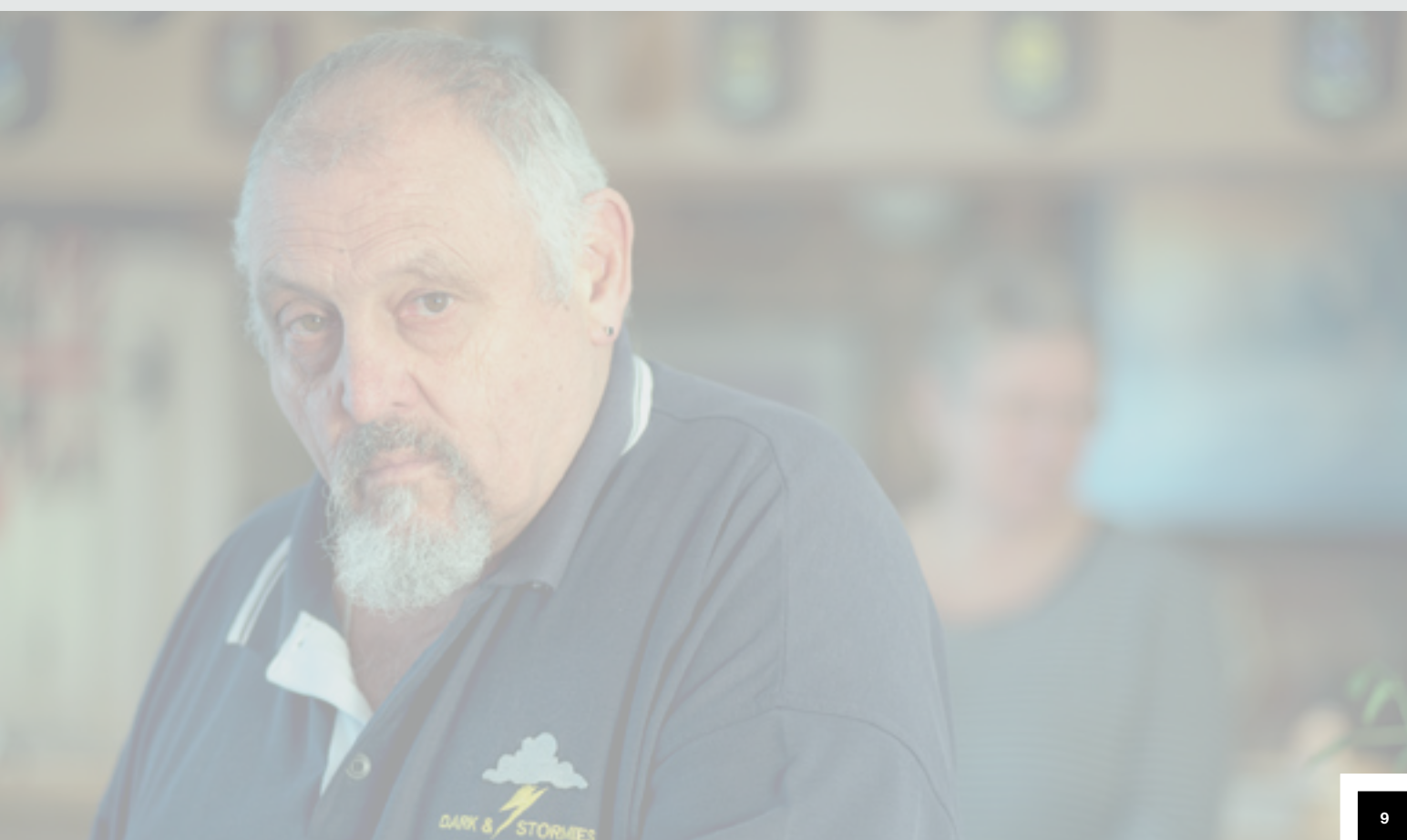
that paying a higher fee will result in better surgery or outcomes for prostate surgery.

It is critically important to find out well in advance of any planned surgical treatment whether your treatment provider will accept your DVA Health Card in full payment for the proposed surgery, otherwise you may be significantly out of pocket. DVA does have limited scope to consider higher than usual fees through our Prior Approval process, but this is uncommon and dependent on there being additional clinical needs that justify the higher fees.

The relevant form is D1328, which your treatment-provider should complete and submit to DVA. They can access it on the DVA website (using the search engine).

Note that DVA can also arrange free transport to the nearest appropriate treatment-provider if one isn't available to you locally.

In summary, prior to undergoing any major surgery such as prostate cancer surgery, make sure that you discuss fully with your treating doctor **all** of the possible treatment options to identify the best treatment for your needs. It is your right to ask for a second, independent specialist opinion – and make sure that the person providing this opinion is completely independent and has no direct financial interests in the proposed treatment.



ACTIVE AGEING: participation through volunteering

Active ageing involves enhancing opportunities for social, physical, cultural, economic and community participation as a means of staying healthy and well throughout life. Some aspects of ageing, particularly where health issues arise, can affect the desire or ability to participate. DVA continues to provide a range of health and wellbeing programs for the veteran and ex-service communities. This includes population-level programs and individual entitlements.

Many of these programs are outlined in DVA's Social Health Strategy 2015-2023, which is geared towards increasing opportunities for physical, vocational and social participation aimed at improving health and wellbeing outcomes. Engaging actively with other people is an important component of health at all stages of life. Positive social relationships are related to health and wellbeing indicators such as reducing the risk of premature death.

One social health program outlined in the Strategy is 'volunteering'. Volunteering is one way of keeping socially connected and engaged across each phase of life. In Australia (in 2010) 37% of men and 40% of women did volunteer work. According to data in a Volunteering Australia report from 2015, volunteering is associated with greater health and happiness. This may be because of the greater sense of self-worth that can be attained by playing a meaningful social role.

However, the rate of social participation declines with advancing age. This would be particularly true of Veterans as they have an older age profile than the general population. In 2010, the rate of participation in social groups in Australia (general population) was between 60% and 65% for those between 18 and 74 years of age. This declines to 56% for those aged 75-84 years and down to 47% for those aged 85 years and over. Similarly, social activity in general decreases with age according to the available Australian population data. Those who visited or were visited by a friend, or went out with or met with a group of friends (for indoor or outdoor activities) progressively decreased with age.

People lacking social relationships are more likely to report poor health. The reverse is true too, as social



relationships are associated with good mental health and feelings of positive wellbeing. For example, having social support can act as a 'buffer' during times of stress.

Volunteering is one way of keeping socially connected and engaged across each phase of your life. For information on volunteering, visit the Volunteering Australia website www.volunteeringaustralia.org

Dimitri Batras, DVA National Health Promotion Adviser

HOW BEING POSITIVE IMPROVES YOUR HEALTH

A growing body of evidence confirms that feeling happy is linked with better physical and psychological health.

In a 2003 landmark study, researchers assessed a group of 334 people aged 18 to 54 for their tendency to experience positive emotions like happiness, pleasure and relaxation along with negative emotions like anxiety, hostility and depression. Participants were then injected with nasal drops containing the common cold.

People who expressed more positive emotions were less likely to develop the common cold. The relationship was so strong that it held across age, gender, education, race, body mass and even season.

Following this study, psychologists have continued to probe the link between feeling good and being well in a new field of research called 'positive psychology'. Importantly, this new discipline extends beyond disease models of health, such as whether we have a cold. It seeks to define what it means to be healthy in positive terms.

Positive psychology encompasses a variety of techniques that encourage us to identify and develop positive emotions.

When it comes to health, positive psychology goes beyond the idea that wellness is simply the absence of illness and instead examines the body as a complete system. Along with being disease-free, research shows that being optimistic is linked to improved heart health. Positive health is defined by less frequent and briefer ailments, greater recuperative ability and rapid wound healing. What's more, people who experience positive emotions are more likely to live longer than people who are less happy (but not depressed).



BOOST YOUR MOOD

If you're keen to improve your health with positivity, try these mood-boosting strategies.

- **FIGHT THE NEGATIVITY BIAS.** Thanks to an evolutionary hangover, when positive and negative things happen we're more likely to pay attention to the negative things so it's important to make a deliberate effort to balance that out by devoting attention to positive things. Try counting acts of kindness or savouring a beautiful sunset.
- **EXPRESS GRATITUDE.** Keep a journal or talk to friends and family about how grateful you are for the things in your life that make you feel happy.
- **PRACTICE A LOVING-KINDNESS MEDITATION.** Direct good vibes towards other people, including people you like, people you neither like nor dislike and people you don't like.
- **DEVELOP GOOD QUALITY RELATIONSHIPS.** And remember to hug those special people in your life.

By Associate Professor Dianne Vella-Brodrick MAPS. Associate Professor and Deputy Director at the Centre for Positive Psychology at the Melbourne Graduate School of Education at the University of Melbourne

<https://psychopaedia.org/health/how-being-positive-improves-your-health/>

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FIVE PROVEN FACTORS FOR A LONGER AND HEALTHIER LIFE



Dr Warren Harrex
DVA Senior Medical Advisor

Many of us would have heard the old joke about the doctor who advised the patient to give up a number of bad lifestyle behaviours. When the patient asked the doctor whether he would live any longer, the doctor said he wasn't sure, but it would certainly feel longer.

The question is, do healthy behaviours really make any difference to disease onset and life expectancy, and if so, by how much? These were questions that were asked by the UK Professor Peter Elwood when the Caerphilly Heart Disease Study commenced in 1979.

Caerphilly is a town in Wales with a population of around 30,000. It was chosen as it was considered representative of the UK population with respect to age and socioeconomic factors. About 2500 men aged between 45 and 59, representing almost 90 per cent of the eligible population, were recruited to the study and re-examined every five years.

One of the areas studied was the relationship between lifestyle choices and health. Five healthy factors were identified: no smoking, low body weight, a diet of fruit and vegetables, regular exercise and a low alcohol consumption.

In 2014, the researchers reported that men who followed four or five of the healthy behaviours during the 30 years of follow up halved their chances of developing diabetes, heart disease, stroke and dementia. They had about a third of the chance of developing cancer (attributed to non-smoking alone). This is better than can be achieved with any current available medication.

For those who are interested in the details, the specific figures were a 64% reduction in cognitive impairment and dementia, a 73% reduction in diabetes, a 67% reduction in cardiac and vascular disease and a 35% reduction in cancer.

If a disease did develop, its onset was usually delayed. Dementia was delayed by six years and heart disease and stroke by 13 years.

The good news is now there is proof that leading a healthy lifestyle does significantly increase your chances of living a longer and a healthier life. The five factors include no smoking, maintaining a BMI between 18-25, a good diet consisting of low fat, plenty of fruit and vegetables, regular exercise (at least 30 minutes walking five days a week) and moderate alcohol consumption (less than 14 standard drinks a week).

The sad news is that many Welsh men did not follow all these healthy recommendations. However, it has been calculated that if they had been urged to take up just one additional healthy behaviour, and if only half of them did this, then over the next 30 years there would have been 12% less diabetes; 6% less heart attacks and strokes, and 13% less dementia; and there would have been 5% fewer deaths. Although the evidence supports adopting all five of these healthy lifestyle recommendations, starting with any one will improve your overall health and decrease the likelihood of obtaining a serious disease.

And who doesn't want to live longer and healthier?

INDIGENOUS APPROACH TO POSITIVE AND ACTIVE AGEING

Elderly people play a vital role in both the Aboriginal and Torres Strait Islander communities and cultures. They are seen as the leaders, teachers, guides, information keepers, historians and healers of families and communities.

Although historical events and discriminative practices over many generations have had an enormous negative impact on the Aboriginal and Torres Strait Islander peoples and cultures, it is the elderly who have continued to keep families and communities together.

Like the broader Australian community, contemporary life has made it difficult for the younger generation to stay connected or have an interest in what they consider to be the 'old ways'. Under Aboriginal Lore and Island Custom, the elderly are the foundation of family and culture. They play a major role in teaching cultural practices such as language, song, dance, art, genealogy and history.

The active life of the elderly is often not based on physical activity, such as going to the gym or exercising, but often based on being a part of the internal family circle and community. Part of this contribution includes helping guide their children and raise their grandchildren in addition to assisting with children of their extended family.

Placing the elderly in homes for others to care for has never been part of Aboriginal Lore or Island Custom. This has always been frowned upon. The practice of having them live with family and help raise

children keeps the elderly feel included and active, giving them a sense of purpose and belonging.

In contemporary society local Aboriginal and Torres Strait Islander Medical Services also plays an important role in the health and wellbeing of the elderly. It provides access to a range of community based activities that help keep them active and socially connected.

The health messages aimed at the elderly are more successful today because they have a positive message and are not based on negativity or fear. For example, a health message in the past would have stated: *Because you are of Aboriginal and/or Torres Strait Islander heritage you are more likely to die earlier than other Australians.* This type of message would not only make individuals fearful, but led many to developed the attitude of, what's the point of seeking medical help or exercising because I am going to get sick and die young anyway.

Today, health messages have a more supportive and positive approach, such as: *Strong communities need strong Elders so stay healthy and seek support from your local Aboriginal Medical Service.* Family and community involvement and positive health messages have gone a long way to changing the attitudes and level of physical activity of the elderly within Indigenous communities.

Leith Dewis

National Indigenous Liaison Officer, DVA

Did you know that there is a Serving Country Aboriginal and Torres Strait Islander Portrait Series? Serving Country provides a platform for sharing stories that exposes the real experiences of Aboriginal and Torres Strait Islander servicemen and women, and acknowledges the positive roles they play in the community. The series has nearly 200 digital images, personal stories and quotes. The portraits are available to any ex-service organisation wishing to hold an exhibition.

If you would like any further information about Serving Country, or wish to hold an exhibition, please contact Catherine.spooner@DVA.gov.au.

WHAT IS POSITIVE AGEING?

Positive ageing is a term used to describe the process of maintaining a positive attitude, feeling good about yourself, keeping fit and healthy, and engaging fully in life as you age.

Ageing is often associated with many rewarding experiences. It is however also a time when significant changes might occur. For example, some people experience changes in physical functioning, social networks and employment. Bereavement can become more common. Keeping a positive attitude toward ageing is particularly important as it allows you to continue to feel good and have a sense of control as you face another part of the life cycle. As people age it is natural for them to move in and out of periods of positive ageing. Those who age positively live longer and healthier lives, and enjoy a good quality of life.

A survey conducted by the Australian Psychological Society (APS) found there are many common challenges experienced by older people. In our sample of older Australians the common difficulties were around:

- **Maintaining health and fitness**
- **Maintaining social networks and activities**
- **Feelings of sadness and loss**
- **Ensuring financial security**
- **Decreases in mobility, and**
- **An increased reliance on others**

STRATEGIES TO ACHIEVE POSITIVE AGEING

There are a number of ways to prevent, delay or manage some of the physical, psychological, social and personal challenges people face as they age:

MAINTAINING A POSITIVE ATTITUDE

The way you feel about yourself and the ageing process can affect how you view life and the extent to which you are involved in activities and the opportunities life offers. If you can make choices and have control over important aspects of your life, and take part in and enjoy activities, you are more likely to feel good about yourself and get more out of life.

STAYING CONNECTED

Social interaction and relationships with others are associated with positive ageing and feeling optimistic about life. Maintaining social networks through membership of clubs, engaging in voluntary work and keeping in touch with family and friends encourages interaction with others, prevents isolation and promotes good mental health and physical activity.

KEEPING THE BRAIN ACTIVE

Keeping the brain active, alert and flexible can promote good mental health and positive ageing throughout the lifespan. Having an active mind can be as simple as reading a book, learning a new hobby or problem solving (as well as crosswords, try some new online games or apps, such as '2048'). Learning new skills is exercise for the brain and makes it work a little harder.

MANAGING STRESS

Stress is a natural part of life. While a little stress can be beneficial, when things become too much and usual methods of coping fail, stress may become unhealthy. Some good ways to manage stress and cope with daily hassles include:

- Thinking positively. Stay focused on the positives and use strategies that have worked in the past to relieve stress such as problem solving or goal setting.
- Looking after yourself. Do some physical activity, get quality rest and eat well.
- Seeking support. Share your thoughts with a friend or family member, they may be able to help you develop coping strategies.
- Being calm. Take some deep breaths. Use meditation and relaxation techniques to relax your body and clear your mind.

VOLUNTEERING OR SEEKING PART-TIME EMPLOYMENT

Many older people find part-time employment or voluntary work rewarding and a chance to give something back to the community. Any type of work can help to keep your mind sharp and can provide a social network outside of the home and family.

LOOKING AFTER YOUR BODY

- Engaging in physical activity
- Having regular medical check-ups
- Eating a healthy diet

RESOURCES TO ASSIST POSITIVE AGEING

There are many resources and organisations that can help support people to achieve positive ageing.

The Australian Government provides a phone and internet service which is a single point of access to government and non-government resources for Australians over 50 years of age. This service provides information on a range of topics including health, finances, work, volunteering, lifestyle, events and discussion forums.

WEBSITE: www.seniors.gov.au

PHONE: 1800 500 853 (Aged and Community Care Infoline)



Counsellors at the Veterans and Veterans Families Counselling Service (VVCS) have an understanding of military culture, and can work with clients to find effective solutions for improved mental health and wellbeing.
Ph: 1800 011 046 or visit the www.vvcs.gov.au

At Ease is DVA's portal to online mental health information. It provides self-help tools and information to support mental health and wellbeing and is a gateway to websites and free mobile apps about stress, PTSD, alcohol management, resilience and suicide awareness and prevention.
<http://at-ease.dva.gov.au/>

SEEKING PSYCHOLOGICAL HELP

If you find it difficult to change your diet, cut down alcohol consumption, stop smoking or motivate yourself to exercise more and get out for social activities, a psychologist can help. Psychologists are trained to help people manage emotional stress and adjust to difficult life circumstances, as well as treat psychological disorders such as depression and anxiety.

Psychologists can also support a person to maintain healthy behaviours, such as exercise, and change risky behaviours, such as smoking. Other health professionals, such as exercise physiologists, occupational therapists and accredited mental health social workers, are also helpful.

To consult a psychologist, ask your GP for a referral or contact the APS 'Find a Psychologist' referral service by phone on 1800 333 497 or online at www.psychology.org.au/FindaPsychologist/

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THE GOOD LIFE?

I would like to say that getting older is a great experience but of course for many, quite frankly, it is not. Ageing is one of the realities of life and a challenge we all face. Some do it well, see the positives and seize the opportunities. Alas for others, ageing can sometimes be about negative reflection, a dreary feeling of emptiness and a struggle to find a reason to smile. Don't make this your lot. Life is much better than that.

Positive and active ageing, like your health, is largely in your own hands and reflects both mental and physical challenges. In a physical way it's about that gnawing backache that keeps you awake at night or the old legs that don't move so easily. However, more importantly, it's about having a reason to get up in the morning, to feel you are important to someone or something. It could be your partner, your grandchild, your mates and even your poor, old, sleepy and faithful dog.

We can anticipate the times when we will face the biggest challenges in life. For serving members and their families, it is about leaving the ADF and entering civilian life. It is when the children leave the family home and live elsewhere. The home seems so empty and the noise we objected to, we now miss so much. It is leaving work for so called retirement. For a few it is when we lose mobility and the ability to self-care and move into residential care. However in anticipation at all stages of our life, we need to prepare and make the most of what is on offer.

To deal with the challenges of life and ageing in particular, I asked a group of 70 year olds to give me their 10 secrets of positive ageing and the good life, and in no particular order they are:

- **Laugh life a teenager**
- **Do good things**
- **Have a dream**
- **Mix with young people**
- **Have a loving partner**
- **Have a pet**
- **Have a good relationship with your doctor**
- **Have a good accountant**
- **Make time to appreciate your surroundings and walk on the sand**
- **Spend and enjoy your wealth and don't leave it to the kids**

The list goes on and I would particularly like to hear your 10 secrets of positive ageing. Your thoughtful and even humorous suggestions may even help others.

Finally do not regret getting older: Some, particularly in the service community are denied the privilege.

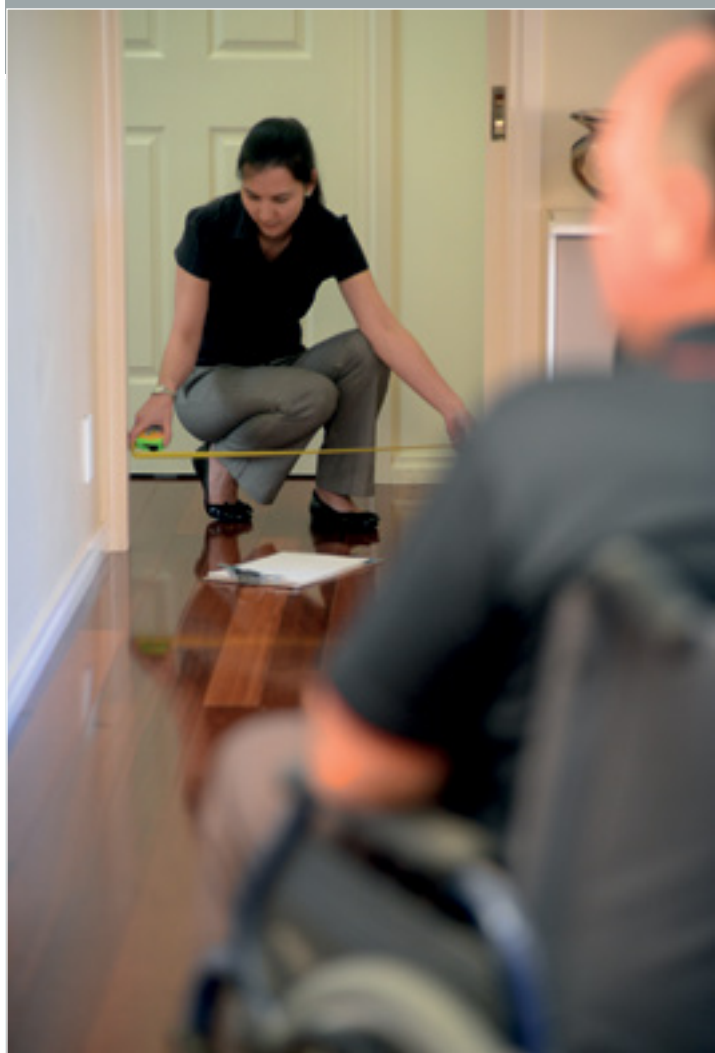
Lest we forget.



Dr Graeme Killer AO
DVA Medical Adviser



CARERS SANDWICHED IN THE MIDDLE



The year my mother had her stroke I worked full-time, had children in high school (one close to the end of schooling) and was supporting other immediate family members during their pregnancies.

My siblings lived interstate and so any 'on the ground' care for our mother such as shopping, hospital visitations and other immediate needs were left to me. This story is replicated thousands of times around Australia.

The reality is that at some point many of us will find ourselves sandwiched between the demands of childcare, needs of ageing parents, family members or close friends - this is referred to as 'the sandwich generation'.

It can be challenging to negotiate the extensive tasks facing us each day. At a time in our lives when we might be expecting to enjoy financial security and leisure time, we are now facing increased demands on our time and resources.

Carers Australia report there may be up to 2.6 million people in unpaid caring roles throughout the country. These 'sandwich carers' juggle many responsibilities including having to make employment choices and redirect financial resources to facilitate additional caring responsibilities.

Current figures show the single largest group of primary carers are women aged between 45 and 54. Many of these women live without the support of a partner which in-turn impacts their level of financial security as they age. It is expected that between 2006 and 2031 the number of women living alone will increase from one million to between 1.7 and 1.8 million.

An additional area of caring for men and women are those sandwiched between the care needs of a child, people in our family with a disability and care needs for ageing parents, family members or close friends. Some adult children may have high-care needs or require additional support related to accommodation, transport and family support due to crisis events.

Caring is a physically, emotionally and financially demanding role for many carers. It is important for carers to also look after their own physical and emotional health setting aside time to:

- **eat well**
- **sleep well**
- **exercise**
- **maintain social friendships/relationships**
- **meditate, and**
- **talk with a counsellor.**

Counsellors at the Veterans and Veterans Families Counselling Service (VVCS) have seen the diverse and complex lives of current and ex-serving personnel with caring responsibilities - this situation impacts on the physical and mental health of everyone in the family. Finding ways to support carers is critical to maintaining health and well-being such as organising respite opportunities with other people and organisations. Valuable information about the range of services available to carers can be accessed on the following website:

www.dva.gov.au/about-dva/publications/health-publications/carers-booklet#carers including:

- **Veterans' Home Care**
- **Respite Care**
- **Convalescent Care**
- **Community Nursing**
- **Recreational Transport Allowance**
- **Veterans and Veterans Families Counselling Service (VVCS)**
- **Commonwealth Home Support Program**
- **Commonwealth Respite and Carelink Centres, and**
- **Carer Allowance.**

A range of resources and apps to assist you in remaining resilient while being a carer are available from **<https://at-ease.dva.gov.au>**

Further carer information is available by phoning 1800 242 636 or accessing **www.carersaustralia.com.au**

Margaret Bennett, VVCS

OUR JOURNEY *through breast cancer*

In March 2014, I wrote a light hearted article, encouraging men to have prostate checks whilst their partners were having physical breast checks by their doctors.

I should have known better than to tempt fate like that!

With a family history of breast cancer, I had reached the age of 65 unscathed, fit, healthy, happy and caring for my husband of 46 years, a Vietnam veteran with severe PTSD. I also had two healthy adult children, one adorable granddaughter and another due soon.

I had been leading a fairly busy life as a MHPE volunteer since 2001, a Legatee and running two light exercise groups for over 50s each week, as well as coping with the demands of a PTSD sufferer, so I immediately cancelled a few activities to give myself a better chance of recovery.

I had a partial mastectomy on December 9th 2015, which was originally to be followed by just six weeks of radiotherapy, but unfortunately my pathology results let me down with a diagnosis of a 15mm grade 3 tumour, which was HER2+. This meant the full works, chemo and Herceptin, radiotherapy and years of hormone therapy, made worse by the fact that we lived in a fairly remote rural area 130km from Adelaide. This meant I had to travel to all appointments, and because the radiotherapy was daily for six weeks, this meant staying in Adelaide for that time, mostly by myself as Ray got pneumonia half way through. My next challenge is genetic testing to see if there are any nasty genes hanging around that the family need to know about.

Having been wed to PTSD for 46 years, I knew that I wasn't going to be mollycoddled by my partner, so

there were never any offers of "what would you like me to cook?" or "what can I do to help you?" And living in a rural area, there were no takeaway shops and the nearest pub was 9kms down the road. There was no time for 'poor me'. Instead I just had to get on with it and hope that everything turned out okay. My extended family are all interstate, so were unable to help.

All the documentation for cancer tells you to get plenty of exercise, but location meant that walking was my only option. I was unable to take advantage of all of the offers from the Cancer Council for free make up lessons or free exercise sessions, massages or even just time out. After my first chemo session, I organised with a friend to shave my head as I didn't want to wait for my hair to fall out. Unbeknown to me, friends had rallied and organised a fundraising 'head shave' with about 50 people turning up and a lot of laughs, whilst \$200 was raised for the Cancer Council.

Having no hair has been quite a liberating experience and I honestly never worried about it as I didn't have great hair to start with and NO, it hasn't come back curly or blonde, just the same straight grey hair I had before...ripped off big time!

The wonderful McGrath Breast Care nurse was always on the end of the phone (because of distance) if I needed anything and many a tear was shed in the privacy of the shower, but honestly I have managed to come through the other end, relatively well and no sign of any other problems.

We have now moved back into Adelaide, so that I can access gyms etc, to keep myself as fit as possible and to be nearer our children. The absolute hardest part of the journey

was when our second granddaughter was born, one week after the surgery and because of the toxicity of my treatment, I was unable to have any cuddles with her. Sure, it would be great to have a partner who didn't have so many problems himself, but I'm still here. My close friends were fantastic at boosting my morale whenever I got down, always ready with a laugh.

I have now given up some of my extracurricular activities, slowed down on some for a time and am now enjoying 'me time' in our new home. I still have a number of doses of Herceptin ahead of me (given every three weeks) but life's pretty good I think, so I'm going to stick around a bit longer to enjoy those grandkids!

Kathy Behrendt
SA MHPE volunteer



Cancer Australia was established by the Australian Government in 2006 to benefit all Australians affected by cancer, and their families and carers. Cancer Australia aims to reduce the impact of cancer, address disparities and improve outcomes for people affected by cancer by leading and coordinating national, evidence-based interventions across the continuum of care.

Cancer Australia works collaboratively and liaises with a wide range of groups, including those affected by cancer, key stakeholders and service providers with an interest in cancer control. The agency also focuses on populations who experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

As the lead national cancer control agency, Cancer Australia also makes recommendations to the Australian Government about cancer policy and priorities.

For information about the types and symptoms of breast cancer, diagnosis, treatment and support options visit the following website:

<https://canceraustralia.gov.au/affected-cancer/cancer-types/breast-cancer>

RAY'S STORY

After Kathy's mammogram in October 2015, I remember her saying that it hurt more than normal, but not really taking much notice or understanding the process.

November 12th 2015 will always stand out in my memory, as the day our lives changed, the day Breast Screen SA rang and told her she needed to return for another mammogram and biopsy. Several days later she received her diagnosis.

The waiting for results of tests, scans and x-rays was awful, but once we saw the breast surgeon, things moved relatively quickly.

Being a bloke with depression, anxiety and PTSD, I didn't know what to say or do to help her, my emotions aren't easy to discuss, I tried to do and say the right things, but didn't always succeed and found it easier to pretend that things were 'normal'. Talking to my psychiatrist and GP helped a lot, but still there were tears and mistakes made by me. I just didn't know how to express myself and was living in denial about how serious her situation was. We had been married 46 years and Kathy was always the strong one.

Finally in December 2016, 12 months on from diagnosis, we got the good news that there is no sign of any cancer, although treatment will go on for many years yet.

Could I have done things any differently or any better? Absolutely YES, but hopefully I now have a better understanding of what she was going through.

Ray Behrendt

ACTIVELY MANAGING WEIGHT WITH AGEING



You know the messages: Exercise more, sit less, eat more vegetables and lose weight. You do it all and yet the pants seem a little tighter through middle age and beyond. Your weight has crept up a few kilograms. Your grandson gets taller and compares your heights: you're shorter than when you last checked 20 years ago! So your Body Mass Index (BMI) has increased.

BMI is one measure of healthy weight range when looking at populations. Calculate yours by dividing your weight (kgs) by your height (in metres) squared – or check at www.healthdirect.gov.au/bmi-calculator. The normal range is considered 18.5-25, overweight is 25-30, and obese greater than 30.

Many changes occur with ageing: hormonal, muscle shrinkage, loss of incidental activity of work, perhaps less vigorous exercise. Should our expectations and approach to weight and activity also alter? A study of mortality risk in nearly 200,000 over-65s for an average of 12 years found that mortality was *higher* in people with BMIs less than 22 or more than 33, and the lowest risk was if the BMI was about 27.5. Perhaps a

little more weight is in some way protective in old age?

As we age an important *loss* of weight that occurs is in our muscles, which lose strength and quality; this is called sarcopenia. Such changes can increase the risk of falls and fractures, and the risk is exacerbated if osteoporosis is present. Protein present in muscles is also important for many other body functions.

What does this mean for active ageing and weight? The intent of physical activity should not just be about being lean, although any weight we put on should preferably not be fat around the waist. Finding ways to decrease muscle loss, and maintain strength are essential to ward off frailty.

Take a long term view, and start an exercise regime that you enjoy and can carry through your life. The exercise you choose should be weight-bearing (swimming is good for other reasons) and involve some resistance-think gym, fast walking, basketball, climbing stairs, tennis, in fact, anything that requires you to work against gravity. Don't forget you have upper body muscles as well; activities should also include

weights, resistance bands, push-ups or similar exercise. Isometric (resistance) exercises with no equipment can even be done in the car!

Keeping muscles sound requires plenty of protein in your meals. If you are looking to lose some of that waist, but keeping or building muscle bulk, maintain your intake of your fish, lean meat, eggs or legumes. These protein sources are the building blocks of your muscles. Adequate vitamin D (sunlight, especially in winter) and calcium are also important for good health of bones and muscles.

Healthy ageing starts early. Talk to your GP, dietitian and exercise physiologist. Lifestyle decisions established when younger can set the pattern. Look around at people the age *you* will be one day, and decide the activity and lifestyle you want to aim for, and make a choice now.

Tony Hoare

DVA National Health Adviser

Love him or hate him, TV commentator, author, ex-footballer and journalist Peter Fitzsimons has demonstrated the capacity for substantial weight loss in middle age and described it in a candid book. An inkling of how he succeeded can be gleaned in his witty interview with Ben Jobbie.

www.abc.net.au/news/2016-12-18/peter-fitzsimons'-weight-loss-tips-for-blokes/8115114



GETTING SOCIAL AND ACTIVE IN THE LEAD UP TO VETERANS' HEALTH WEEK



Veterans' Health Week 2016 was a great success with approximately 15,000 people attending more than 300 events across Australia. The theme for 2016 was 'Social Connection'. The focus was on the influence that relationships have on health and wellbeing.

Each year, Veterans' Health Week promotes one of four themes, along with social inclusion, the other themes include: physical activity, nutrition and mental wellbeing.

The purpose of Veterans' Health Week is to encourage current and former service personnel to find out more about healthy lifestyle options, including information on ways to actively participate in veteran community programs, organisations and resources that promote good health and wellbeing.

Veterans' Health Week 2016 was also enjoyed by families and friends across a variety of events. Some of the events included, family fun days, social outdoor activities, come 'n try health events, art exhibitions and workshops, health information sessions, sleep-outs in aid of people who are homeless, health and wellbeing expos, community fairs and many others.

Social connection fosters a sense of belonging, the happiness of sharing in good times and trust in others who can be a support during difficult times. The theme seemed to resonate with many who took to social media to keep the conversation going to share their thoughts and experiences.

The success of Veterans' Health Week 2016 was due to the ongoing efforts of people who embraced the social connection theme and made an effort to be welcoming and inclusive all year round. The Department of Veterans' Affairs encouraged event organisers to use the week as an opportunity to reach out to people who often miss out on

the benefits of engaging with their local veteran and ex-service community groups.

Men's Health Peer Education and ex-service organisation volunteers were central to the planning and implementation of many events. Volunteers worked in partnership with Department of Veterans' Affairs personnel throughout 2016 to engage with service providers, community organisations and former and current serving Australian Defence Force personnel.

Veterans' Health Week 2017 will be held from 21-29 October. Planning is already underway and the Department of Veterans' Affairs may provide some funding for events. The Week will emphasise the physical, mental and social health benefits of physical activity. While strenuous physical activity is not suitable for all, even the smallest amount is beneficial. There will be available a wide variety of sports, hobbies and recreation activities suited to all ability levels.

Now is the time to get creative with physical activity options for you and members of your community. Veterans' Health Week 2017 is a good way to promote what you've been doing to get active, to celebrate your success and to encourage others to join in.

For more information on Veterans' Health Week, or to start planning your event for 2017, contact DVA on 133 254 (or 1800 555 254 from regional Australia), email vhw@dva.gov.au or visit www.dva.gov.au/veterans-health-week

Dimitri Batras

DVA National Health Promotion Adviser

What's next?

LIFE AFTER THE ADF

After serving in the Australian Army as a Combat Engineer for 12 years I had decided that it was time to move on. I enjoyed a varied and rewarding career, including operational service, made a lot great mates who I still have contact with regularly.

My reasons for leaving were mainly due to the desire to settle down, and also due to some significant injuries sustained during my service which were making the physical aspect of the job a lot harder on my body.

Around mid-year in 2015 after reaching this decision point I started to plan for my transition from the ADF. The first point of call was to arrange attendance at an ADF Transition Seminar which covered a range of topics related to transition from the ADF to civilian life over two consecutive days. I found this event to be most informative and gave me a good view of what to expect in civilian life and also the services that the ADF and other Ex-Service organisations offer to those members throughout the discharge process and beyond.

At this time I started looking for employment and happened to come across a role in the Australian Public Service (APS) that suited me well, which I subsequently applied for. The recruitment process was lengthy and had some challenges along the way – the biggest was trying to organise referee reports and correspondence with the contact officer whilst on an exercise overseas, with little to no access to internet and telephone communications!

By September 2015 I received the phone call with the offer of employment and began the discharge process. The ADF Transition Staff were immensely helpful during this time, considering my planned date out was only a month later.

Since I had previously completed lodgement of all my injury claims with the Department of Veterans' Affairs (DVA) this was one less administrative

burden I had to deal with during the process. I finished up my career in the permanent ADF and moved straight into my new career in the APS. There was certainly a bit of a learning curve, however I adjusted reasonably well and within a couple of months I was comfortable in my new role which I am still enjoying now over 12 months on.

Although my experience was successful, others may not have such an easy time of separating from the ADF. The following are some points that I would recommend for consideration when planning to leave the Service:

- **First and foremost: Come up with a plan! Lodging your discharge paperwork before you know what your employment or financial future is going to look like is probably not going to end well.**
- **Register to attend an ADF Transition Seminar in your locale whenever possible (even if you aren't considering leaving in the near future this could be a good idea to get informed about what services are available to you to make the experience a lot smoother).**
- **Consider how your ADF qualifications and skills translate to in the civilian world, eg. Recognition of Prior Learning, trade qualifications / diplomas / degrees that can be attained and even transferrable skills like written and verbal communication, management skills or instructor qualifications. There are definitely a lot more roles out there that would suit you that aren't specific to your military trade and often there is no civilian equivalent so think outside the box. Also, consider work in the APS as in some circumstances there are entitlements due to recognition of prior service (e.g. Long service carry-over)**



- **If you have sustained any significant injuries during your career then arrange a meeting with DVA if you haven't already done so. When you are a civilian there will be no free health coverage and having those injuries recognised means you won't be struggling to pay hefty medical bills should treatment or surgery be required in the future which is one less thing to be worried about.**

I would recommend transferring into the Active Reserves should your circumstances allow. You should do this for three reasons:

1. This allows you to maintain a link to your former service and hopefully your mates,
2. The process will be a lot easier if you decide to re-join the ADF, and;
3. Doing your minimum requirement of service days as a reservist continues your 'effective service' which effects a number of things including Defence Home Ownership Assistance Scheme entitlements.

35 YEARS OF MENTAL HEALTH SUPPORT FOR VETERANS



This is particularly important if you are using this service or plan to in the future.

- Stay in contact with your ADF mates! Some of the best friends I have are fellow soldiers and they have all experienced the same or similar to me, and besides it's always fun to catch up for a beer and a yarn on ANZAC Day or any other day of the year for that matter.

Jason Carr, DVA

The Veterans and Veterans Families Counselling Service (VVCS) celebrated its 35th birthday on 29 January 2017.

VVCS, known originally as the Vietnam Veterans' Counselling Service, provides free mental health counselling and support to those who have served our nation. It has provided more than 1.6 million counselling sessions to more than 300,000 veterans and family members since the first office opened in Adelaide on 29 January 1982.

The program is the legacy of our Vietnam veterans, who recognised a need for mental health services specifically for those who had served in the military.

VVCS now provides services to more than 27,000 clients a year, with centres throughout Australia and a strong network of outreach counsellors in regional and rural areas.



Support for service-related issues such as anger, anxiety, depression, post-traumatic stress disorder and sleep disturbance is provided by the program.

VVCS clinicians work with couples and families on relationship issues that arise from the unique demands of military life, and run a range of group programs including free suicide prevention workshops for members of the veteran community.

VVCS' commitment to providing support to serving and ex-serving personnel and their families remains as strong as ever.

For more information about the program visit the VVCS website (www.vvcs.gov.au) and follow VVCS on Facebook and Twitter.

35 YEARS OF SUPPORT		
	1982	2017
CLIENTS	3,000	27,000
SESSIONS	15,000	98,000
COUNSELLORS	21	1,200
CENTRES	7	26
VETERANS & VETERANS FAMILIES COUNSELLING SERVICE (VVCS)		
CALL 1800 011 046 (24/7)		

DVA AND DEFENCE **WORKING TOGETHER** TO ASSIST THOSE LEAVING THE ADF



Improving the process for members of the Australian Defence Force (ADF) transitioning to civilian life was one of the Australian Government's election commitments, so the Department of Veterans' Affairs (DVA) and the Department of Defence (Defence) have been working together to make this happen.

Understanding the experiences of those leaving the ADF is a crucial first step in working out the changes that would be necessary to ensure a quick and easy transition to productive and successful civilian lives. From our work in this area, it is clear that some ADF members, especially those with health concerns, experience difficulty with the transition from ADF to civilian life. This is particularly true when navigating the DVA claims process and civilian health care arrangements. General personal needs, such as securing employment and developing post-ADF social connections, can prove to be challenging for some.

Making sure that all transitioning ADF members have their responsibilities, such as health care and financial support or employment, sorted out before they separate is a really important step in the transition process. To help achieve this, a Discharge with Documentation Policy is being put in place to replace the current system where members can leave the ADF without the necessary documents they need to claim benefits from government agencies such as DVA and Centrelink.

DVA, Defence and the Commonwealth Superannuation Corporation have also established a Transition Taskforce that will advise the Defence and Veterans' Affairs ministers on the barriers to effective transition and options to remove them.

Another initiative in this space was recently announced by the Prime Minister. The Veterans' Employment Program has been set up to encourage industry to recognise the unique and valuable skills and experience of ADF personnel, including by embedding veterans' employment strategies in their recruitment practices.

In addition to this, employment coaching services will be provided for separating ADF members, and work is underway to make it easier for veterans to seek jobs in the Australian Public Service.

These new initiatives complement the work that Defence and DVA have already done to improve the support available for transitioning members in recent years. This includes DVA's

ongoing work to make its claims process easier to navigate.

This work includes the establishment of the On Base Advisory Service in 2011, which provides in-person services at more than 40 ADF bases to help smooth the transition process for separating members. An 'Early Engagement Model' to establish a relationship between ADF members and DVA from the time they join the ADF has also been put in place. This initiative will also assist ongoing work to improve information sharing between Defence and DVA.

If you or someone you know is looking to leave the ADF, there are helpful resources available to make this process easier:

- DVA has information on the services available to those leaving the ADF at **www.dva.gov.au/i-am/current-or-transitioning-adf-member** or you can contact 133 254 (1800 555 254 in regional areas) to discuss your transition with a DVA staff member.
- Information from Defence, including the 'ADF Transition Handbook' is available at **www.defence.gov.au/DCO/Transitions/**

KEEPING **AIR** IN THE TYRE



For more information on DVA Rehabilitation services go to <http://www.dva.gov.au/health-and-wellbeing/rehabilitation> or contact DVA on 133 254 (metro) or 1800 555 254 (from regional Australia)

I enrolled in the Army Reserves in Adelaide in 1980 whilst still in high school. After completing my recruit training in 1981 I joined the transport squadron here in Adelaide. I served until 1989, just short of ten years service. The majority of my service was full time, which was a huge commitment. When I discharged it was for family reasons as I wanted to start a family.

I sustained a significant knee injury during my service, doctors told me originally that the knee would eventually require repairing/replacing. I battled instability of my knee over the years, damages were limited to skinned knees and ruined clothing (so I thought), but I was unaware that it battered my confidence and ego. While walking to work my knee went out from under me and I fell, injuring myself again, this time damaging my shoulder. It wasn't until attending a physiotherapy appointment, that the physiotherapist made a connection between the fall and the previous injury to my leg. Under investigation it was determined that I had no ligament in my left knee, which was a surprise as this was the knee that was injured and repaired when I served in the Army, so I went to the Department of Veterans' Affairs (DVA) for advice.

When doctors did their assessment they made the connection to the original leg injury I suffered in service 35 years earlier, therefore, DVA were able to accept liability for both my leg and shoulder injury. They were able to make the decision then to reconstruct both joints and rehabilitate both injuries. I am just tapering out of rehabilitation now.

I cannot stress enough how much the support I received impacted my life. When you have been "broken" for so long it is incredible how you slowly deteriorate both physically and mentally. DVA has helped me reclaim some dignity, almost

the biggest thing that they could have offered me. Through my rehabilitation counsellor, DVA was also able to recognise where I was mentally, not just physically. They didn't just treat my knee and shoulder injuries, they embraced a "complete person" approach that helped fix me and get me back on track.

I've had my knee injury for 35 years and I know it's not going anywhere, it is part of me, I've accepted that. Sometimes I get tired of it and frustrated by it. My physio who knows I like to cycle, likens it to having a slow leak in a tyre. If I don't maintain and put air in that tyre, I'm going to want to use it one day and it will be flat. It's the same with my knee and now my shoulder, but as long as I keep on top of it, it's not going to get any better than it is, I've just got to make sure it doesn't get any worse. I'm doing all the right things and it's just a matter of trying to maintain it.

My advice to others in my position is to accept the injury and make it your own, don't allow it to own you. Support from my family and friends is great and I owe them a lot, however, letting someone in and allowing a relationship to develop where I was able to achieve a strong sense of trust was hard, but with them, my DVA rehabilitation coordinator and my rehabilitation service provider, I have been able to achieve so much more, and look forward to a happier life with my loved ones.

Roylene Glasgow

HELP IS AVAILABLE

if you suffered ABUSE IN THE ADF

The Royal Commission into Institutional Responses to Child Sexual Abuse held a public hearing in June 2016 to examine the experiences of men and women who were sexually abused as children in the Australian Defence Force (ADF). Specifically, the Royal Commission inquired into the experiences of survivors of child sexual abuse at HMAS Leeuwin in the period 1960 to 1980, the Army Apprentice School at Balcombe in the period 1970 to 1980 and in the ADF Cadets from 2000 to the present.

In response to the hearing, the Department of Veterans' Affairs (DVA) undertook to examine the matters raised. As a consequence, the Repatriation Commission and Military Rehabilitation and Compensation Commission have agreed to changes to guidelines and procedures for handling claims relating to sexual and physical abuse of minors, including the broader use of survivor statutory declarations as evidence to establish that an incident of sexual and/or physical abuse occurred.

DVA is assessing claims involving sexual or physical abuse of children that have been held in abeyance pending the outcome of the Royal Commission. The next step will be to assess claims involving the sexual or physical abuse of children that have been previously rejected by DVA (where these cases can be identified), to determine whether they may benefit from changed policies.



IMMEDIATE SUPPORT

The Veterans and Veterans Families Counselling Service (VVCS) is a specialist service that provides free, confidential counselling, case management and group programs to around 20,000 current and former ADF members and their families each year.

Importantly, VVCS is available Australia-wide and accessible 24/7 on **1800 011 046**.

Current and former ADF members who may be distressed by abuse-related matters or by the Royal Commission are encouraged to contact VVCS for immediate support.

COMPENSATION

DVA takes the issue of child sexual abuse very seriously and has put in place arrangements to make sure claims for such abuse are managed with sensitivity. DVA has a dedicated team that manages all new claims relating to sexual and other forms of abuse. Members of this team have been trained by Phoenix Australia - Centre for Post-traumatic Mental Health. A social worker provides advice and acts as a single point of contact between clients and claims assessors, where this is the client's preference.

To apply for compensation, call 133254 (or 1800 555 254 for regional callers), or fill out an online claim form at **www.dva.gov.au/online-services/oscf/aboutClaim.html**

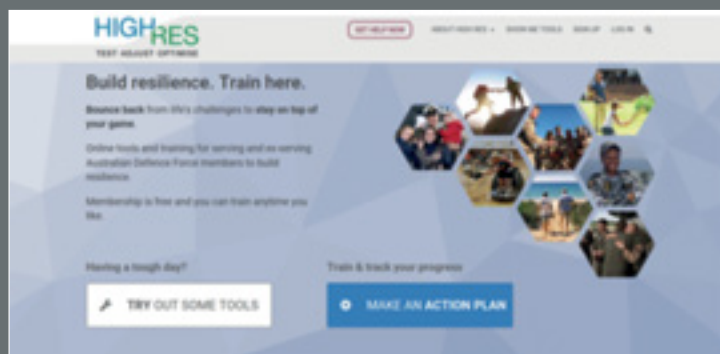
TREATMENT FOR MENTAL HEALTH CONDITIONS

DVA can pay for the treatment of five particular mental health conditions under non-liability health care (NLHC) arrangements, irrespective of whether the conditions were caused by ADF service. Anyone who has ever served in the full-time ADF may receive treatment for these conditions, regardless of when they served, for how long, or the nature of their service. This is separate to any compensation claim process.

To access mental health support call 133254 (or 1800 555 254 for regional callers), email **NLHC@dva.gov.au**, or visit **www.dva.gov.au/factsheet-hsv109-non-liability-health-care**

A diagnosis is no longer required prior to being approved for NLHC treatment. Instead, a formal diagnosis must be provided to DVA only within six months of approval, allowing time for a thorough assessment and diagnosis process, and to allow treatment to commence. Once a diagnosis of one of the five NLHC conditions is provided, treatment approval becomes permanent.

TRAIN YOUR BRAIN – HOW TO MANAGE STRESS



Australians are increasingly seeking digital support and the Department of Veterans' Affairs is meeting this growing need through a range of mental health websites and apps.

Training your brain, like training your body, is an excellent way to help manage stress. A refresh of the *High Res* website has made building your mental fitness easier than going to the gym.

High Res has been updated to address feedback received from users and is now simpler and much easier to use, with clearer instructions on how to effectively use the self-help tools.

Improvements to the website include a simple step-by-step guide to developing an Action Plan. It also includes self-help tools on controlled breathing, muscle relaxation, managing negative or distracting thoughts and emotions, and tips for better sleep.

High Res is available 24/7 and can help current serving or former members of the ADF and their families stay on top of life's challenges.

The *High Res* website can be accessed through DVA's At Ease portal at

<https://at-ease.dva.gov.au/highres/>

The companion *High Res* app is free from the iOS App Store and Android Google Play.

MEN'S HEALTH WEEK 2017

Men's Health Week will be held from
June 12 – 18, 2017

This year's theme **"HEALTHY BODY – HEALTHY MIND: KEEPING THE BALANCE"** explores the different ways to keep healthy, physically and emotionally, in a busy and sometimes challenging world.

For information on the theme and assistance with holding an event, please visit:

www.menshealthweek.org.au/En/Default.aspx
www.andrologyaustralia.org/mens-health-week/



WE'VE LOST MY PROSTATE, **MATE!** ... **AND LIFE GOES ON**

Being diagnosed with prostate cancer once in a lifetime is bad enough. In 2011, after my yearly check-up, it was discovered that I was facing a second round with this life-threatening disease.

With my many years' experience as a natural health practitioner and counsellor, these skills helped me and my wife, Fiona, to make the choice that no man really wants to make - surgical removal of the prostate gland - and then recover, physically and emotionally.

Having been physically active since my teens with various sports, while in the Air Force and beyond, I knew I needed to maintain my physical and mental health, to handle the changes that I was going to face. I knew from past experience that keeping active had helped me through some tough times, and that included seeking counselling through VVCS.

Following surgery to remove the prostate in February 2011, I realised that I had to recover some level of fitness, albeit slowly at first, starting with walks. That also meant dealing with wearing pull-up pads to handle the incontinence, later moving to pads that inserted in my jocks. I eventually got back to swimming, some running and bike riding.

I was seeing the incontinence physiotherapist regularly to keep track of my pelvic floor exercises, and I was experiencing gradual improvement. Over the following months, I could reduce my use of the pads, eventually doing without them, and that was a great feeling.

I continued my volunteer activities including MHPE involvement, but eventually realised that I had gone back into several such activities too soon, that I had spread myself too much and needed to create a balance and allow time for healing. This meant

giving myself time out, catching up for coffee with friends, going to movies or just going for a walk; the only person pushing myself was me!

Towards the end of 2011, I knew that I wasn't travelling too well mentally, so I took myself off to VVCS to sort out what was going on for me.

I realised that the operation had impacted on me emotionally and physically, and that there was a transition for me. I had to work out what defined my sense of manhood. Sort of re-inventing myself, and our relationship, not only emotionally but sexually.

I had to ensure I talked to Fiona about what was going on for me, on all levels, and in doing so that brought us closer emotionally and in our intimacy. I fell back on what training and knowledge I had, and this meant keeping the meditation up, and using Reiki as well, along with using other strategies and other health professionals to assist my healing journey.

The good part is that the cancer is gone with no other treatment required, and regular blood tests show no sign of the prostate cancer returning.

Alan White, DVA VIC MHPE
Volunteer Representative

A PARTNER'S PERSPECTIVE FROM FIONA

We are lucky to have emerged from Alan's prostate cancer journey with Alan in good health and our relationship alive and kicking.

Life-threatening illness definitely brings a different perspective to everyday living. We both went through a tough ordeal, but our relationship is probably stronger now. Overall, I would say that communication with your partner is essential. Compassion, patience, strength, and humour are also vital to a good outcome. Remember to look after yourself as well as your partner – if you fall apart, how will that help the situation? Whenever you need help, make sure you get it. And don't forget that full healing does take time.

Fiona White

WE'VE LOST OUR PROSTATE MATE... AND LIFE GOES ON

One man's story
and practical
survival guide
for Prostate
Cancer



WE'VE LOST MY PROSTATE MATE... AND LIFE GOES ON – BOOK REVIEW

Only someone who has been through the prostate journey could provide such insight. Frank, funny and informed, this book covers active surveillance, decision making, surgery and clinical alternatives, communication with professionals, complementary health, and the complex aftermath of surgery. It pulls no punches in topics such as continence and erectile dysfunction. Alan's partner Fiona adds her own honest and reflective insights to ensure the book is relevant to partners, and the pair embody the benefits of living actively and well. Every man and couple facing decisions regarding prostate cancer should read this book as part of their decision making.

See www.theprostatezone.com for more information.

Tony Hoare, DVA Health Promotion Adviser

If you would like to share your story visit <http://tomorrowcounts.com.au/> The aim of the website is to provide a voice for those impacted by prostate cancer and to give hope to those affected by the condition.

Facing the Tiger: A Guide for Men with Prostate Cancer and the People Who Love Them by Professor Suzanne Chambers, provides practical strategies to help cope with the emotional and psychological stress of living with prostate cancer.

HOW FAR TO WALK THE DOG?



Dogs quite like being owned by older people, because they may forget they have already taken them for a walk and do it again – just a thought.

Back in the days of yore - 'yore' youth and mine that is, gentlemen such as uncles over the age of fifty seemed to be installed on sofas, having long since lost any significant power of movement.

I recall my father, who had been athletic in his youth, attempting to kick my football in his early forties. He missed it, over-balanced, trod on it trying to recover, fell over, and broke his leg. I was disgusted rather than sympathetic. My Dad can't even kick a football? How long will I have a body that works?

These days we watch those in their nineties in the Masters Games sprinting – well, doing a respectably fast shuffle – over 100 metres. But because lots of us see the same images on TV we have the impression that there are hordes of them doing it all over the place. Their numbers are probably really quite small, but I salute them. I too plan to be able to move usefully fast in my nineties, if I reach them. Especially if I see that bloke with the scythe coming up behind.

There seem to be several philosophies to this. One is that we should use our bodies up, and collapse into the coffin totally stuffed after squeezing every ounce of capability out of them. "They lived life to the max!" we comment admiringly, watching them hobble or crawl towards their end - constitutions ravaged by diseases caught in global adventuring, spines wrecked by sky-

diving, knees replaced after contact sports, extremities lost to frostbite on Everest.

Others more moderately want to prove that they still have it, and think you have to use it or lose it. There is something in this, but they tend to get carried away. For three months they get into triathlon, with all the gear, and look great, bouncing with fitness. Then they overdo it and get a sports injury. After three months of denial they consult, wait another three for an operation, then three to six recuperating. Never quite back to where they were, they gain weight, lose condition and age five years.

I had colleagues who treated vehicles rough when we were roving all over WA in 4WDs. They drove at rocks, dented brake and fuel lines, parked in sea-water, winched themselves out of bogs, thrashed the engines, ripped the tyres and limped back to base looking like they had really been somewhere.

My approach was to ensure that whatever I got myself into, the vehicle remained in the best condition to get me out. After my first thankfully solo trip the organisation got a post-service letter from the dealer saying they had never seen one used for those trips in such good condition.

Recently I met a cheetah at the zoo. On my enquiry about appropriate space for them, the keeper explained that they don't do their 0 – 100 kph in 3 seconds except when actually hunting. They just remain able to.

So my idea is to remain capable of running, lifting weights, or other useful life functions as long as possible, but not by over-exercising and risking injury. I'm not sure I have the balance right, I suspect I am still erring a little on the lazy side of the equation. But I can at 67 really run for a bus at full stride, do heavy gardening etc. and I am not carrying any injuries, incipient arthritis or rheumatism, or any other impediment, though I may just be lucky so far.

And I do sometimes at the end of a walk decide to forget I've had one and go round again, just because I enjoyed it!

Chris Clarke, DVA



KEEPING YOUR MIND ACTIVE

Challenging your brain with puzzles and games can keep your brain active and improve its physiological functioning.

WHAT WORD?

Can you guess what ONE word is being described from the clues?

EXAMPLE:

Clue: Display the animal hair

“Literal” Answer: Show Fur

End Answer: Chauffeur

Get it??

CLUES:

1. Bake the 5th letters
2. Your “ticker”, nation
3. Golf ball holder, mug
4. Off opposite, bird home
5. Ruined, 360°
6. Above neck, musical group
7. House, nauseous
8. Startle the 5th letter
9. 18th letter, I
10. Turn round and round, what you scratch

MATHS CHALLENGE

Use the numbers 1 through 16 to complete the equations.

Each number is only used once.

Each row is a math equation. Work from left to right.

Each column is a math equation. Work from top to bottom.

	X		-		/		4
-		-		+		/	
	+		-		+		9
-		+		+		-	
	+		+		/		2
-		-		-		-	
	+		X		+		91
-9		3		15		-12	

Source: www.wuzzlesandpuzzles.com



Get the best from
your medicines

www.veteransmates.net.au




PAUSING TO REVIEW YOUR MEDICINE ROUTINE

Taking a number of different medicines can be complicated. Medicines come in many different forms, often with different instructions, and you might need to take them at different times. A Home Medicines Review with your doctor and pharmacist can help make your medicine routine less complicated, easier to manage, and better fit in with day-to-day life.

Answer the questions in this brochure and talk to your doctor to see whether you might benefit from having a Home Medicines Review:

A Home Medicines Review is a service funded by the Australian Government to help you get the best from your medicines. At a Home Medicines Review, the pharmacist asks you to walk them through your day and talk about each medicine you use and how you take it. After the Home Medicines Review, your doctor will talk with you about any changes that might be of benefit to you.

 Do you understand why you have been prescribed each of your medicines?

☐ Yes ☐ No

The pharmacist can help clarify why you are taking each of your medicines and identify whether any might require review. Some medicines are meant to be taken only for a set length of time or for a specific symptom.

- ?** Do you take your medicines three or more times a day e.g. do you take medicines in the morning, at midday, and before bed?

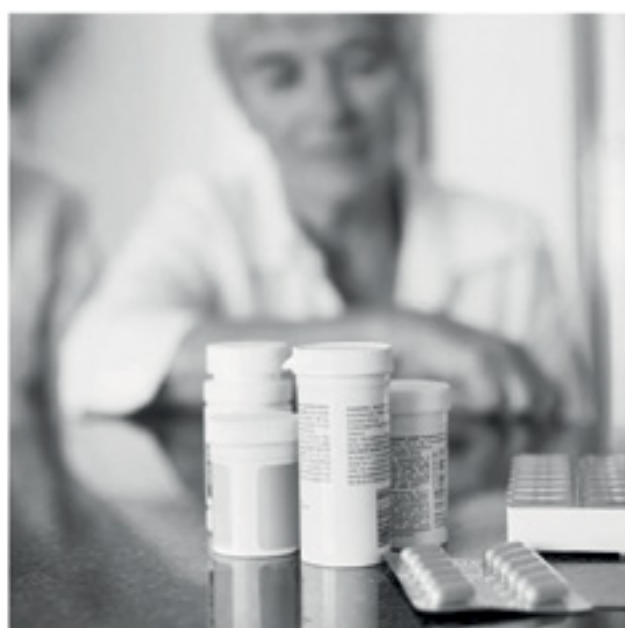
☐ Yes ☐ No

The pharmacist can help you work out whether your medicine routine can be made less complicated or fit in with your lifestyle better. In most cases, medicines can be taken on two occasions per day. A complicated medicine routine can make it hard to remember to take all of your medicines.

- ?** Do you have a complete list of your medicines?

☐ Yes ☐ No

Often a complete list of your medicines is not available to your doctor and everyone involved in your health care. At the Home Medicines Review the pharmacist can help create a list of all your medicines. Bring this list to your appointments. For further information visit: www.nps.org.au/topics/how-to-be-medicinewise/managing-your-medicines/medicines-list



- ?** Do you cut any of your tablets e.g. in halves or quarters?

☐ Yes ☐ No

The pharmacist can give you advice about whether the medicine is suitable for cutting or if other options are available. A tablet may be available in a different form or if you have to cut a tablet, a cutting device can help.

- ?** Do you have your medicines stored in multiple places e.g. in the bathroom cabinet, on the bedside table, in your handbag, or in the car console?

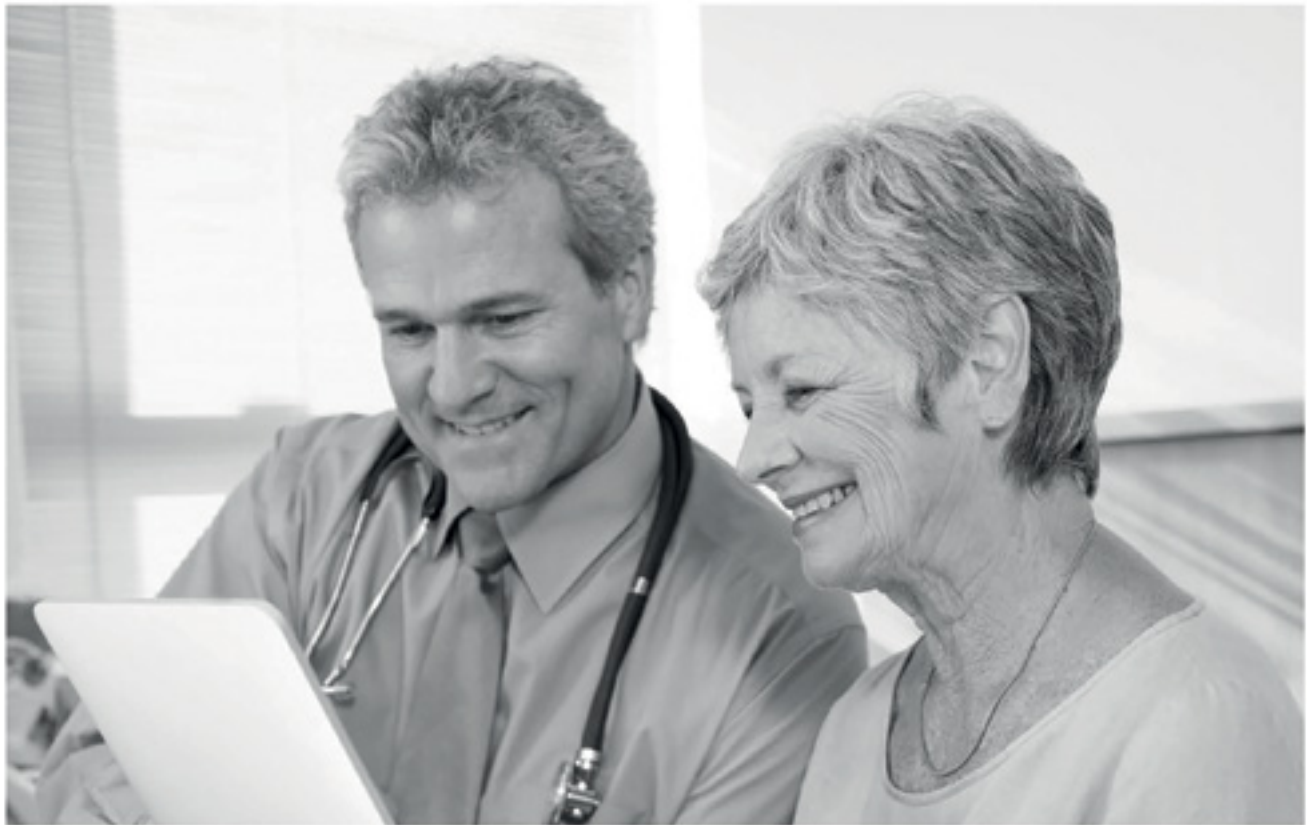
☐ Yes ☐ No

The pharmacist can let you know whether any of your medicines have particular storage requirements. Some medicines need to be kept in a secure place and out of the reach of children. Some medicines need to be kept at a certain temperature or in their original packaging for the ingredient to remain effective. For example thyroxine needs to be kept in the fridge and in the original blister strip.

- ?** Do you use non-prescription medicines e.g. bought from the supermarket, pharmacy, health food store or online?

☐ Yes ☐ No

At the Home Medicines Review, the pharmacist will note down all the medicines you use and inform your doctor. Your doctor and everyone involved in your health care team need to know about **all** the medicines you are taking (such as vitamins, creams, eye drops, laxatives and medicines, even if you don't use them every day). Some of these can interact with your prescribed medicines.



? Are there any of your currently prescribed medicines that you would prefer not to use?

☐ Yes ☐ No

The pharmacist can highlight to your doctor any medicines that you would prefer not to use. Over time, what is most important to you about your health, treatment or medicines might have changed. *Always talk to your doctor before stopping, starting or changing any of your medicines.*

List these here:

? Are the directions for taking any of your medicines confusing?

☐ Yes ☐ No

The pharmacist can help clarify the directions for each of your medicines. Each medicine can have a different direction, which can make it confusing to know when and how to take it.

Answer the questions in this brochure and bring it with you to your next doctor's appointment. Talk to your doctor about whether you might benefit from having a Home Medicines Review.

The pharmacist can go through each of these questions with you at their visit.

Having a Home Medicines Review – What to expect?



Step 1

You, a family member, carer, nurse, pharmacist or your doctor may suggest a Home Medicines Review.



Step 2

If you and your doctor agree to a Home Medicines Review, your doctor writes a referral to a specially trained pharmacist (known as an accredited pharmacist). Your usual community pharmacist could have this training; otherwise another pharmacist can conduct the review.



Step 3

The pharmacist contacts you to organise a suitable time and place for the Home Medicines Review (usually your home). There is no cost to you for the service.



Step 4

At the Home Medicines Review you and the pharmacist discuss all the medicines you are taking. If you wish, please have a family member, friend or carer present. Answer the questions in this brochure and ask the pharmacist to go through them at their visit.



Step 5

Following the visit the pharmacist sends a summary with suggested changes to your doctor.



Step 6

Make a specific appointment with your doctor to discuss the Home Medicines Review. You and your doctor will discuss whether any changes could be of benefit to you. Your doctor can give you a written Medication Management Plan.



SPIDERS' WEBS AND BOOKWORMS

JO WAGNER, DVA LIBRARIAN

WEBSITES

NATIONAL AGEING RESEARCH INSTITUTE

NARI is recognised as a leading research institute in ageing including falls and balance, pain, dementia, physical activity, healthy ageing, public and preventive health, and health systems evaluation. NARI also conducts a broad range of other clinical and psychosocial research including research into cognitive decline and music therapy, and older women's health. A recent grant to their MARC initiative will help provide more solutions for Australians to age actively and well in their own homes. They provide a range of resources for the public including an online healthy ageing quiz.

<http://nari.net.au/>

ACTIVE LIVING / HEART FOUNDATION

The Heart Foundation recommends regular physical activity for heart health. This site provides tips to keep you heart healthy and provides healthy meal recipes that your heart will love.

<https://heartfoundation.org.au/active-living>

UNIVERSITY OF THE THIRD AGE / EXERCISE YOUR BRAIN WITH THE UNIVERSITY OF THE THIRD AGE

This online resource offers useful resources and short courses covering a range of interests for older people who want to study online.

www.u3aonline.org.au/

DEPARTMENT OF HEALTH

Australia's Physical Activity and Sedentary Behaviour Guidelines including links to brochures, a summary fact sheet for each of the guidelines, tips and ideas for how to be physically active, as well as evidence review reports.

<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>

ONLINE REPORTS AND RESOURCES

OLDER AUSTRALIA AT A GLANCE / AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

This report provides insights into older Australian: who they are, how they are changing, how healthy they are and the services they are using.

<http://www.aihw.gov.au/ageing/older-australia-at-a-glance/>

WORLD REPORT ON AGEING AND HEALTH / WORLD HEALTH ORGANIZATION

The "World Report on Ageing and Health" outlines a framework for action to foster Healthy Ageing built around the new concept of functional ability. This will require a transformation of health systems away from disease based curative models and towards the provision of older-person-centered and integrated care. It will require a coordinated response from many sectors and multiple levels of government that gives older people the freedom to live lives that previous generations might never have imagined.

www.who.int/ageing/events/world-report-2015-launch/en/

BOOKS

EAT TO CHEAT AGEING: WHAT YOU EAT HELPS MAKE 60 'THE NEW 50' AND 80 'THE NEW 70' / NGAIRE HOBBS

Dietitian, Ngaire Hobbs has seen too many older people struggle with cognitive decline, become less physically active and independent and suffer debilitating frailty – particularly after illness or surgery – when something as simple as a change in diet may have helped them continue to lead active and productive lives. Eat to Cheat Ageing is based on the science of nutrition for ageing but written for the everyday reader as well as health professionals. It is not a fad diet. It's about going back to basics: eating and enjoying real food, being active at a level that works for you and being able to live life to the full. Learn how to fight illness and infection, repair bumps and bruises, combat Type 2 Diabetes, and keep your brain adequately fuelled and your mind firing as you'd like it to.

Northbridge, 2015
RRP \$24.99 ebook \$11.00

FAST LIVING, SLOW AGEING: HOW TO AGE LESS, LOOK GREAT, LIVE LONGER, GET MORE / KATE MARIE

This book looks at some of the practical ways to apply slow to the ageing process. The authors empower you to live your life in peak physical and emotional health and with more zest. Discover what really works to slow the ageing process; read the latest science so you can learn what to do and when to do it. Apply the 'slow ageing' principles to best navigate your choices, not just for 12 weeks, but for the rest of your life.

Exisle, 2013
RRP \$31.50 ebook 9.99

IN PRAISE OF AGEING / PATRICIA EDGAR

Retirement is not the time to cut all ties and head off to live in a warm climate but rather to ask: Who do I want to be near? How will my relationships be reaffirmed? What do I care about? What can I create and contribute to the world? In Praise of Ageing tells the stories of eight people who have lived well into their nineties and beyond. These people will inspire you, entertain you and motivate you to be connected, interested, risk-taking and inventive. They will challenge your preconceptions. And they will convince you that fifty is now the start of the second half of life and not the beginning of the end.

Random House, 2013
RRP \$32.99 ebook \$17.99

LIVE HAPPIER, LIVE LONGER: YOUR GUIDE TO POSITIVE AGEING AND MAKING MOST OF LIFE / DR TIMOTHY SHARP

Timothy Sharp focuses on the key things people can do to increase their happiness and wellbeing as they get older, from emphasising the importance of positive thinking and the benefits of physical activity, sleep and relaxation to the practical benefits of continuing to strive towards motivating goals.

Allen & Unwin, 2014
RRP \$24.99 ebook \$11.00

A MAN'S GUIDE TO HEALTHY AGING: STAY SMART, STRONG, AND ACTIVE / EDWARD H. THOMPSON

Authors Edward Thompson Jr. and Lenard Kaye examine "what's next" after middle age, and offer a man's perspective on healthy aging. In this book the authors offer information on the actions men can take to stay healthy, including how to eat well, reduce stress, stay active better for overall health and shows the importance of interacting with family and friends.

Johns Hopkins, 2013
RRP \$45.00 ebook \$16.99

THE TELOMERE EFFECT : A REVOLUTIONARY APPROACH TO LIVING YOUNGER, HEALTHIER, LONGER / DR. ELIZABETH BLACKBURN

Have you wondered why some 60-year olds look and feel like 40-year-olds and why some 40-year-olds look and feel like 60-year-olds? While many factors contribute to aging and illness, Nobel Prize-winning Doctor Elizabeth Blackburn discovered biological markers, called telomerase, the enzyme that replenishes telomeres, which protect our DNA. Dr. Blackburn discovered that the length and health of one's telomeres provides a biological basis for the long hypothesized mind-body connection. This book includes information on how sleep, exercise, and diet profoundly affect our telomeres, and how chronic stress can eat away at our telomeres. Included are lists of which foods are healthy for our telomeres; how aging begins in utero: mothers who are highly stressed during pregnancy have children with shorter telomeres, and how thinking you are young and vital helps keep you that way!

Angus & Robertson, 2017
RRP \$44.99 ebook \$16.99

MHPE NATIONAL ROUND-UP

MHPE volunteers participate in a range of activities to encourage members of the veteran community to look after their health and wellbeing. The MHPE National Round-up provides a snapshot of volunteer activities and plans for the year ahead.

MHPE VIC

Following a very successful Veterans' Health Week (VHW) in 2016 with 124 registered events, MHPE volunteers from Victoria have already started planning many exciting health and wellbeing initiatives for 2017, including continuous promotion in the veteran and wider community.

This has been driven from our MHPE volunteers looking for new opportunities to engage with veterans from "non-traditional" groups or organisations. The results of this have eventuated in potential ongoing programs such as a the Cooking for One or Two at the Melbourne Men's Shed and Photography Projects with the Geelong Veteran Camera Club run out of the Geelong RSL.

Both of these initiatives are good examples of activities our MHPE volunteers initiated from an identified need or interest that provide continual opportunities for the veteran community to participate in socially inclusive activities.

Other examples of activity from our MHPE volunteers include engagement with their local community health centres; planning of a Pit stop event and continued participation in an existing veteran-specific exercise program to promote valuable MHPE messages, particularly around healthy eating/cooking, social connection and physical activity.

MHPE NSW & ACT

Coffs Harbour

MHPE volunteers in the Coffs Harbour area held an information stand at The Living Well Expo which was held at the Coffs Harbour Ex-Service Club on 17 August.

On 21 September the Nambucca and Macleay Pension and Welfare Network held their annual information day at Macksville Ex-Service Club which attracted around 100 veteran community members with 17 stalls set up. MHPE volunteer Wayne Mason was the MC for the event.

Wally Sweet our MHPE Regional Rep also set up an information stand at a Men's Health & Wellbeing event at Coffs Harbour on 19 November. These are all annual events which attract large numbers and provide MHPE volunteers with an excellent opportunity to reach out to the veteran community's in the area.

NSW Mid North Coast

Rob Fry from the Northern Rivers MHPE volunteer team linked in with veteran organisations in his area. Rob contributed to VHW "Social Connection" themed events and also presented an info session on the MHPE program.

NSW & ACT held several volunteer recall training days throughout 2016. Recall training provides an opportunity for volunteers to network, share experiences, learn new health information and develop skills to help them in their volunteer role.



(R-L) Steve Cook- East Timor Veteran and Gordon Traill- Iraq Veteran and MHPE Volunteer in Training from the Geelong Veteran Camera Club.



Mid-North Coast recall training; (L-R) Wayne Mason, Adrian Button, John Macartney (State Rep), Lyne Mooney, Cindi Ulstrup (DHS/DVA Community Engagement Officer), Robert Crust & Wayne Tucker (DVA) - Roger Horton (not pictured) also attended the training.



60+ Veterans Luncheon in partnership with VVAA NT Sub-branch & DVA held at the Humpty Doo Golf Club

MHPE NT

The Vietnam Veterans Association of Australia (NT branch), in conjunction with DVA, held a luncheon for 65+ year veterans living in rural areas. Approximately 20 veterans attended and enjoyed lunch at the Humpty Doo golf course, whilst listening to guest speakers on a range of topics. Along with a speaker on pain management and a speaker from the local Men's Shed, attendees benefitted from our very own MHPE volunteer representative, Ron Blanchard, speaking on men's breast cancer.

MHPE SA

RSL Care SA

In January 2016 Margie Gutteridge (Community Support Manager) and Neil Davies (Community Support Adviser) met with Sue Thomson of RSL Care SA at Myrtle Bank War Veterans' Home to discuss opportunities for RSL Care SA and DVA to work in collaboration. After very enthusiastic discussions Margie and Neil thought it would be of great benefit for Sue to come along to the February and March 2016 'Recall training' sessions to present information about the current RSL Care social activities program and to meet with MHPE volunteers.

The recall training sessions went very well with a number of volunteers expressing interest in visiting the War Veterans' Home to deliver a MHPE presentation. Since the first presentation, five MHPE volunteers have been involved in the weekly program and they also organised a mini-Pit Stop event at the War Veterans' Home during VHW. Further activity includes participating in a stall at a Community Day at another one of RSL Care's homes at Angle Park. The partnership is going extremely well with both the MHPE volunteers and veterans expressing positive feedback and enthusiastically planning for the future.



Richard Kirkman on guitar (far left) playing to an audience at the War Veterans' Home

RSL Women's Symposium

In November 2016, DVA VAN Community Support team were invited to an event organised by RSL SA – Women's Sub-Branch to present on DVA Mental & Social Health Strategy and programs. As part of the DVA presentation Kathy Behrendt (MHPE volunteer) provided a fantastic overview of the MHPE program and her involvement in the role. Current and former female veterans listened intently to her unique role in the MHPE program and were impressed in hearing about her being the first female MHPE volunteer representative in the program (she held this position for four years up until recently standing down but remaining as a MHPE volunteer).

Plans for early 2017

Early in the year, MHPE volunteer Tich Tyson and Volunteer Rep Richard Kirkman attended the DCO Community Welcome Day at Adelaide Zoo to provide ADF members and their families with information about DVA and MHPE programs. This event will be a great opportunity to inform families newly posted to South Australia about various programs and to make connections. Other plans for early 2017 for MHPE SA volunteers include, attending a Physical Activity themed Recall training day, planning for Men's Health Week events / activities and networking with potential VHW event organisers for 2017.

MHPE Initial training

South Australia's VAN Community Support team are looking forward to hosting initial training in May 2017 inviting along three new MHPE volunteers-in-training from SA and many others from interstate. Dave Laing, Mick Loeckenhoff and John Hunter have already proactively engaged as volunteers-in-training and the SA team are very pleased to have them join the program. We look forward to introducing all new volunteers on completion of their training.

VOLUNTEER REPS' CORNER

MHPE Volunteer Representatives are responsible for leading and providing assistance to volunteers in their region. They also work closely with their DVA MHPE team to support and promote the program in their state or territory. Several Volunteer Representatives have stepped down from the role after long periods of service. I would like to thank them for their dedication, hard work and for their faithful service to the MHPE program. There is no doubt that the program and many volunteers have prospered under their guidance and enthusiasm.

Sean O'Mara OAM: North Queensland,

Ian Dainer: South Queensland

Kathy Behrendt: South Australia,

Gary Treeve: Regional Victoria

Malcolm (Tiny) Small: Western Australia

I would like to thank the following volunteers who have taken on the role of Volunteer Representative:

Alan White: Victoria (reappointed)

John Macartney: NSW & ACT (reappointed)

Kevin Moss: Queensland

Richard Kirkman: South Australia,

John Sharp: Western Australia

We've included a short profile of Richard, John and Kevin in this issue.

RICHARD KIRKMAN, SA MHPE VOLUNTEER REPRESENTATIVE



I served in the RAN, as a Birdie (FAA), for 21 years, joining in 1964 and returning to Civvy Street in 1985. I saw operational service on the Melbourne in 1965 during the Malaya Conflict and Vietnam, and again in 1967 on the Vung Tau Ferry. During my naval career I was an avionics technician and then a technical instructor. I commenced my teaching qualifications while I was still serving and completed them in South Australia.

I easily slipped into the TAFE system as a Lecturer, Electronic Engineering, and as an Educational Manager. In 2002, I completed a M.Ed. and left TAFE the following year to follow one of my dreams, to be an ESL Teacher. I then started work at the University of Adelaide teaching Academic English to international students and retired in 2013. I now tutor students on a part-time basis, which keeps my brain active, and from my perspective, keeps me young at heart as my students are generally much younger than me.

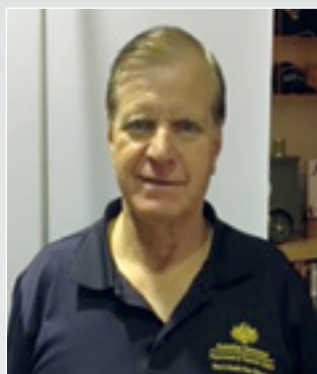
I became interested in MHPE in 2009 and went along to a VHW event. I thought yes, I could get involved in this, but I needed to get my act together first. Like many of us I was going through some personal health and mental problems and was attending counselling at VVCS. Well, it took a couple of years before I felt I was ready and able to serve and be an active member of the MHPE program.

My involvement with MHPE began in 2012 when I was invited to attend their recall training. I felt I had arrived and signed up. I wasn't able to formally participate in MHPE events, but went along as a helper/observer. I completed my training the following year in Melbourne and have been an active volunteer ever since.

Being both physically and mentally fit is an on-going goal for me. I participate in an outdoor fitness group three times a week, what I refer to as 'Boot Camp for Baby Boomers' and see my exercise physiologist twice a week. Mindfulness has helped me cope with the day-to-day pressures of life, and to deal with the tough times that confront us all.

I have recently been appointed SA MHPE Volunteer Rep., and look forward to this role and the opportunity to work with and meet so many interesting people across the broader veteran community.

JOHN SHARP, WA MHPE VOLUNTEER REPRESENTATIVE



I was called up in 1968 for national service, selected to attend officer training and on graduation, allocated to the Signal Corps. I signed on at the end of the two years and subsequently served in a number of command, staff and training roles in the Army. My specialties

included command and control and communications and intelligence systems and their application to the battle field. I was privileged to attend the Australian Command and Staff College in 1983 and retired in 1990 after 22 years' service.

After I left the Army I worked for several companies providing training and computer application services to corporate sector clients throughout WA. I then took a major change of direction in life and for 12 years managed a not-for-profit welfare organisation providing job search, recruitment and training services for long term unemployed people. Since I retired, I have been on a number of tours with my wife to Europe including visits to the WW1 Western Front areas, and I have also been able to enjoy more time with my family including twelve grandchildren.

I discovered MHPE in 2013 when I visited the Forrestfield shopping centre. I'd been considering how I could volunteer to assist people in the local community and this seemed a good fit. I now enjoy my time as a volunteer serving at the Forrestfield shop each week, working with other volunteers and assisting the veterans who attend there.

I have been troubled by ongoing bouts of diverticulitis over the past six years which have been quite severe at times resulting in hospitalisation. This has caused me to not only have empathy for those suffering physical and mental health problems but also to appreciate the need to pursue a healthy life style. I look forward to making a contribution in the role of the WA MHPE Volunteer Rep and meeting and sharing ideas with the other volunteer representatives and DVA.

KEVIN MOSS, QLD MHPE VOLUNTEER REPRESENTATIVE



I spent 23 years in the military (Sth Vietnam 69-70) and know well the physical and mental health impacts that are part of service life. My 16 year commitment to the MHPE program stemmed from working with veterans for many years as a volunteer pensions and welfare officer. It was from conducting repatriation claims interviews that I became increasingly aware and

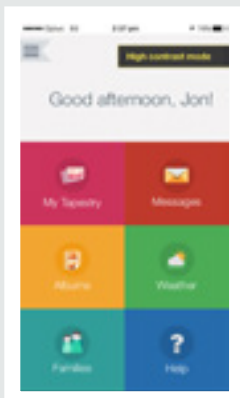
concerned for the poor physical and mental health of many of my veteran clients.

As a nation we tend to be coastline community focused and as such I have a special interest in the health and welfare of rural and remote veterans who are disadvantaged by being geographically isolated. In 1998 I established Vet-Treks Australia that in 2011 'morphed' into a 'mobile shed', which was my camper van fitted out for static presentations. In 2012 I toured western Queensland giving talks on men's health at mostly men's sheds along the way. In 2014 the Vet-Treks camper van was pensioned off and replaced by a 23ft caravan which, during 2016, travelled 23,000km on a round Australia trip. Along the way we conducted a Veterans' Health Week 2016 activity at Shark Bay Western Australia. We expect to do another 10,000km (January to May 17) to complete our anti-clockwise trip.

I look forward to networking, supporting and mentoring the Queensland MHPE volunteers during my representative tenure. I am motivated in my own health awareness by my two married children who have blessed me with four beautiful grand-children. I love them all dearly and hope to be part of their lives for as long as possible. They are my main incentive for looking after my health which will reflect in my own longevity - I hope to enjoy my family as long as possible.

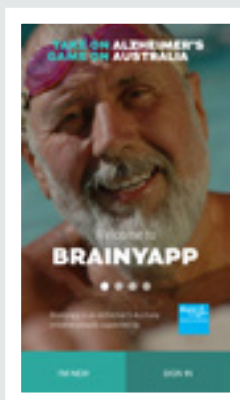
HEALTH TECHNOLOGY

JOHN HALL, DVA



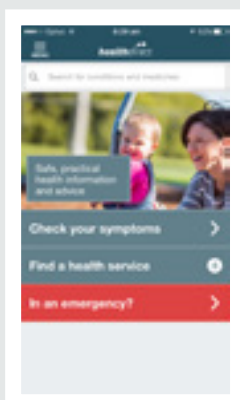
TAPESTRY (FREE, APPLE AND ANDROID):

As we age it is easy for us to loose connections between family members and friends. Tapestry is a convenient way to stay connected across multiple generations, via a unique and private social network. It is especially easy to use for 'seniors' (their word, not mine!) no matter how familiar any family members are with technology. The app allows those in the network (which you can create and control) to share photos and message each other, no matter what device they may be using. For example, you can share photos from your Facebook with others, even if they don't use this tool. You can also create a family Noticeboard, enhance the contrast mode (if you have vision problems) and even turn on reminders for your medication schedule. There shouldn't be any excuses now that you can't stay connected with your loved ones.



BRAINYAPP (FREE, APPLE AND ANDROID):

Developed by Alzheimer's Australia, BrainyApp's aim is to reduce the possible risk of developing dementia in later life by taking 'care' of your brain health through activities and strategies across five lifestyle categories. With this app you can track your progress and achievements with taking care of your heart, undertaking some physical activities, mentally challenging your brain, following a healthy diet and engaging in social activities. You will take an initial brain health survey which will provide an initial brain health score. By undertaking the suggested activities in each category you will see your health score change (hopefully increase!). Using BrainyApp will remind you that our brain health is as important as our heart and physical health.



HEALTHDIRECT (FREE, APPLE AND ANDROID):

This is a Commonwealth Government-funded app developed in conjunction with all Australian State and Territory government health services that will allow users to make informed decisions about their health. With healthdirect you can:

- check any symptoms to see what actions you should take (either self-care or to seek professional help);
- find a health service (in any location within Australia), including contact details and directions; and
- search for health-related information from a range of trusted health organisations.

As well, in an emergency it can display your location (latitude and longitude) which will guide emergency services to your exact location if needed. So, as part of your positive ageing regime, take charge of your health with this app.



2048 (FREE, APPLE AND ANDROID):

Okay, I usually don't review game apps, but this one is an exception and is purely to keep your brain active and engaged! 2048 is one that I've used for some time, and always find it challenging and stimulating. The aim, like so many other games, is simple but achieving it is easier said than done. The aim is to get the 2048 tile, which is no easy feat. When two tiles with the same number touch, they merge into one. More tiles appear, and by swiping them to merge into others, you need to keep an eye on things to see if you can obtain the 2048 tile. A small confession – I've never got the 2048 tile, but I can guarantee this app won't let your brain get too lazy!

MHPE VOLUNTEERS What do they do?

MHPE volunteers share health information. For example: one-on-one chats; health week events; working with Men's Sheds; distributing health information; running a stand at a community expo, or giving a talk at a local community group or ex-service organisation meeting.

To talk to a volunteer, please contact the relevant MHPE State/Territory Volunteer Representative below:

NAME	STATE/TERRITORY	PHONE NUMBER	EMAIL ADDRESS
Kevin Moss	Queensland	0418 734 899	kevin.moss04@gmail.com
Alan White	Victoria	(03) 9598 1007 or 0407 617 800	askypilot@bigpond.com
Ron Blanchard	Northern Territory	08 8927 5638 or 0476 145 303	aileron@bigpond.com
Richard Kirkman	South Australia	08 8336 7082 or 0413 816 437	bkandrc@tpg.com.au
Laurie Harrison	Tasmania	(03) 6263 7038 or 0428 626 370	trout.2@bigpond.com
John Macartney	New South Wales & ACT	(02) 6657 4165 or 0427 787 296	jrmaca@bigpond.com
John Sharp	Western Australia	08 9291 9214 or 0419 663 246	rosssharp@inet.net.au

KEEPING YOUR MIND ACTIVE ANSWERS

WHAT WORD?

1. Cookie
2. Heartland
3. Teacup
4. Honest
5. Rectangle
6. Headband
7. Homesick
8. Scary
9. Army
10. Spinach

5	X	13	-	9	/	14	4
-		-		+		/	
10	+	12	-	15	+	2	9
-		+		+		-	
3	+	6	+	7	/	8	2
-		-		-		-	
1	+	4	X	16	+	11	91
-9		3		15		-12	



YOUR 50s:

This can still be an extremely busy time as you continue to work and support family as they become more independent and move into further education and away from home.

Health risks increase in your 50s especially if you have neglected to take care of your own health in the past.

This is a great time to take action – eat healthy nutritious food, lose weight and start to undertake more activity.

Ageing may start to affect your physical strength, energy and libido and sense of masculinity.

There may be added risks with family history of prostate or bowel cancer discuss this with your GP while having your annual health check.



- Keep fit by exercising at least three times each week for 30 minutes – try a brisk walk or try cycling
- Time Out – enjoy your friends and family
- Drink moderately; are you having at least three-alcohol free days each week?
- Laugh lots and loud
- Talk about any problems or concerns you may have with your friends or family or talk to a GP or counsellor.

50'S HEALTH CHECK

- ✓ Weight and waist measurement
- ✓ Blood pressure
- ✓ Cholesterol and glucose levels
- ✓ Eye Checks
- ✓ Bowel cancer screening
- ✓ Tetanus booster each 10 years
- ✓ Blood tests for kidney and liver function.
- ✓ Mental health - talk about any issues or concerns, your GP or a counsellor will assist
- ✓ Hearing check
- ✓ Sexually transmitted diseases



Your 60s

Foundation **49**
Men's Health

DIY TIPS

YOUR 60s:

This is a decade of major change – most men have plans for life outside the workforce into the future.

The importance of good health is realised and there can be room for improvement. Good health can provide an opportunity to enjoy retirement, travel and spend time with family.

Have an annual health check and discuss any health issues that may be bothersome with your GP – for example waterworks issues.

- Keep physically and mentally active – play golf, tennis, undertake brisk walking or try cycling. Do Sudoku puzzles, crossword puzzles, play cards with your friends or sign up to learn something new, like learning a language, yoga or woodwork
- Challenge yourself often and keep on learning new things
- Drink moderately; are you having at least three alcohol-free days each week?
- Socialise as much as possible – Laugh lots and loud
- Have a problem? Talk about it – your GP or counsellor will be able to assist you



60'S HEALTH CHECK

- ✓ *Weight and waist measurement*
- ✓ *Blood pressure*
- ✓ *Cholesterol and glucose levels*
- ✓ *Eye check - especially for glaucoma and cataracts*
- ✓ *Bowel cancer screening*
- ✓ *Flu and Pneumonia shots*
- ✓ *Blood tests for kidney and liver function*
- ✓ *Check bone density*
- ✓ *Mental health - talk to your GP about any concerns*

The **Men's Health Peer Education (MHPE)** program aims to raise the veteran community's awareness of men's health issues and to encourage men in managing their own health and wellbeing.

MHPE volunteers share health information in a variety of ways. For example: having one-on-one chats; holding a health week event; working with Men's

Sheds; distributing health information; running a stand at a community expo, or giving a talk at a local community group or ex-service organisation meeting.

For information about the MHPE program, visit our website www.dva.gov.au/mhpe.htm or contact the relevant DVA MHPE Coordinator below:

NAME	LOCATION	PHONE NUMBER	EMAIL ADDRESS
DVA QLD MHPE Coordinator	Queensland	07 3223 8715	MHPEQLD@dva.gov.au
DVA WA MHPE Coordinator	Western Australia	08 9366 8359	MHPEWA@dva.gov.au
DVA VIC MHPE Coordinator	Victoria	03 9284 6682	MHPEVIC@dva.gov.au
DVA NT MHPE Coordinator	Northern Territory	08 8935 1415	MHPENT@dva.gov.au
DVA SA MHPE Coordinator	South Australia	08 8290 0375	MHPESA@dva.gov.au
DVA TAS MHPE Coordinator	Tasmania	03 6221 6711	MHPETAS@dva.gov.au
DVA NSW & ACT MHPE Coordinator	NSW & ACT	02 9213 7661	MHPENSW@dva.gov.au



NEXT ISSUE VOLUME 16. NO. 2. 2017
THEME: **PHYSICAL ACTIVITY:**
VETERANS' HEALTH WEEK ISSUE

DEADLINE FOR ARTICLES IS 2 JUNE 2017

If you'd like to share your story with our readers or have an idea for an article, we'd like to hear from you. You can email the Editor at menshealth@dva.gov.au or call 1800 555 254 (regional) or 133 254 (metro) and ask for the MHPE National Coordinator.



Australian Government
Department of Veterans' Affairs

Men's Health Peer Education

Produced by

Editor

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The Department of Veterans' Affairs

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www.dva.gov.au/mhpe.htm

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