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SPECIALISING IN ASSESSMENT, OPINION & SECONDARY CONSULTATION

Friday, April 24, 2015

**SENATE ENQUIRY ON MENTAL HEALTH OF ADF SERVING PERSONNEL
Department of the Senate
PO Box 6100
Parliament House Canberra ACT 2600
fadt.sen@aph.gov.au**

Dear Sir or Madam,

This line appeared in The Australian online shortly after the Four Corners program re suicides in the ADF:

"Mr Robert supported claims by Rear Admiral Walker that rates of PTSD and suicide were very low in the ADF."

I have been treating Veterans with Post Traumatic Stress Disorder in significant numbers since 1996 and have been a Psychiatrist since 1989. I now have a part-time practice and assess and treat exclusively Veterans. I have seen thousands of Veterans over the last 20yrs and have thought about how to prevent or minimise the incidence of Post Traumatic Stress Disorder throughout my career.

I have witnessed the claims process as administered by DVA become ever more adversarial and the impact of that process on Veterans become increasingly toxic. The cutbacks in DVA staffing (DVA Annual Reports) has led to a reshuffle of responsibilities that defies logic and necessitates duplication and delays in processing claims. I am dealing with increasingly angry Veterans and I have had to dissuade some from using lethal means to take out their rage and frustration out on DVA staff. This is one disturbing aspect of Veteran dissatisfaction that you probably never see up close. I do.

Veterans relate to me extremely well and at 57yrs of age and being well read historically and politically, as well as having an intimate, personal knowledge and understanding of Post Traumatic Stress Disorder, I am able to rapidly establish rapport. Veterans greatly mistrust authority and keep their emotions (apart from rage) to themselves. This fact greatly complicates the DVA process of using so called Independent Medical Examiners to assess claim applicants. These practitioners are extremely biased against Veterans and frequently spend only 30-45 minutes assessing Veterans who are very reluctant to open up to them. Reports from several "IME's" are frequently shallow and severely lacking in describing the Veterans' traumatic experiences. Many cases fail at the primary level because of these inadequate reports. A significant proportion of Veterans' homicidal and suicidal thinking is directed at or involves these doctors and I am not infrequently left to field calls and calm shattered nerves.

In my view, Post Traumatic Stress Disorder in the ADF is little different in incidence than in any other Western military forces and research has demonstrated again and again that there are common factors that increase the likelihood of defence personnel developing Post Traumatic Stress Disorder. I would be happy to share my expertise and ideas with your Enquiry. There are several measures that could be implemented easily and at little cost but I'm afraid that you are unlikely to hear about these practical interventions from my academic colleagues. I guess it all depends on how one defines "expert". As a sufferer of Post Traumatic Stress Disorder myself, I have been struck by how far

from reality, most psychiatrists are in their thinking re Post Traumatic Stress Disorder. I can describe how Post Traumatic Stress Disorder intrudes on the majority of activities of daily living and how the Psychiatric Classification fails to describe the secondary symptoms that cause so much of the disability associated with the condition. Even the way Post Traumatic Stress Disorder is conceived and perceived needs to be better explained and I would be happy to provide your Enquiry with the sort of practical explanations that I provide all my Veterans with Post Traumatic Stress Disorder and that I know works.

The condition is well described from an official, diagnostic classification viewpoint but the everyday impact of Post Traumatic Stress Disorder on the demands and tasks of daily life, are very poorly described in the psychiatric literature. The degree of impairment that I frequently see, far exceeds what the textbooks describe and I think my long term management of so many impaired Veterans over so many years, has given me a unique insight into what this condition really is and how (the mechanism) it cripples people.

If you feel like I might have information that you haven't heard before, or you might appreciate hearing from a straight shooting, coal face clinician who is respected by Veterans, Advocates and their organisations and who gladly goes the extra mile for these brave men, please feel free to call me so we might get a chance to discuss these matters. It would be time well spent.

The U.S. has spent a fortune on Post Traumatic Stress Disorder mitigation but suicides are currently running at 22/day.....how shocking and horrific! Clearly, the advice they are getting from their "experts" is not proving very helpful. Perhaps the advice is not really as "expert" as they imagine.

Yours Sincerely,

Jerry GELB