

Mental health and wellbeing

4.1 The Committee enquired into a range of mental health issues including screening at recruitment, the culture towards mental health in the ADF, the transition from service to being a veteran, and non-liability health care. These matters were also dealt with exhaustively in the Committee's inquiry into the care of ADF personnel wounded and injured on operations, which reported in the 43rd Parliament.

Other inquiries and reports

4.2 The Senate Foreign Affairs, Defence and Trade References Committee is currently undertaking an inquiry into the mental health of serving ADF personnel. It is due to report by 19 February 2016.

4.3 In July 2014, the Australian Centre for Posttraumatic Mental Health (now Phoenix Australia) released a report entitled *The Australian Defence Force Mental Health Screening Continuum Framework*. This was aimed at developing:

An enhanced mental health screening framework that is able to respond to changes in operational tempo and take into account the demands of operational and non-operational environments for maritime, land, and air forces.¹

In response to this report, in June 2015, Defence announced it would overhaul mental health screening of the ADF.

4.4 The *Review of Mental Health Care in the ADF and Transition Through Discharge* was released in January 2009. This report compared mental

1 Australian Centre for Posttraumatic Mental Health, *The Australian Defence Force Mental Health Screening Continuum Framework*, 11 July 2014, p. 9.

health care support in the ADF with the world's best practice and assessed the extent to which mental health needs of serving and transitioning ADF members were being met. The review highlighted successes and gaps in the delivery of mental health programs and transition services and made 52 recommendations to improve the delivery of those services. This review instituted the beginning of the ADF Mental Health Reform Program.²

4.5 Other Defence guidance includes:

- *The ADF Mental Health and Wellbeing Plan 2012-2015*; and
- *Capability through mental fitness: 2011 Australian Defence Force mental health and wellbeing strategy*.

Recruitment

4.6 The Committee sought information on the recruitment and training processes of the ADF in relation to the identification of mental resilience and the likelihood of developing Post-Traumatic Stress Disorder (PTSD).

4.7 Defence informed the Committee that a psychological assessment is a part of Defence Force recruitment and that it aims to identify risks to a person's mental health. Defence described the assessment:

... if you are a candidate who is going to an officer recruiting board, a psychologist would sit on that recruiting board and make part of the assessment of that board. A psychologist interview is a very important part of the recruiting process ...³

4.8 Defence discussed the introduction of the LASER⁴-Resilience study, a longitudinal assessment of resilience. This study aims to:

... identify people who will do well in the military, as opposed to people who might not do well, and then look at them to see if you can determine what makes someone more likely to succeed and do well versus someone who may not.⁵

2 Department of Defence, 'ADF Mental Health Reform Program', <<http://www.defence.gov.au/Health/DMH/MentalHealthReformProgram.asp>> viewed 8 October 2015.

3 Air Vice-Marshal Needham, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 7.

4 Longitudinal ADF Study Evaluating Resilience

5 Rear Admiral Robyn Walker, Commander Joint Health Command, Department of Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 6.

Defence further stated that the study has begun, however a collection of data is not yet complete.⁶

Mental health and the ADF

- 4.9 The Committee discussed the culture of the Defence forces towards mental health conditions with Defence witnesses.
- 4.10 The Chief of Army stated that ‘what we are trying to do culturally is to see issues of mental wellbeing as understood and accepted as a normal component of human health and human support needs to our force’.⁷
- 4.11 He further stated:
- Culturally, we want it to be understood and not to be seen as something that is isolating or something that is not spoken about or something that people avoid acknowledging because it is automatically assumed to be the end of their career – or because it is assumed it will not be understood – and so forth.⁸
- 4.12 The Committee questioned Defence about the progress being made in cultural change regarding mental health, and specifically, the persistence of the perception that revealing a mental health issue will damage a career.
- 4.13 The Head of Joint Health Command responded by raising the difficulties in dealing with people with mental health conditions. Rear Admiral Walker stated that ‘many people do not present as though they have a mental health condition and they will certainly not admit to you they have got a mental health condition’.⁹
- 4.14 Rear Admiral Walker said:
- I can assure you most of them do not turn up and say: ‘Hello, I have a mental health problem, I need some help’. It is often: ‘I am not sleeping well’ or ‘I have got trouble at home’ or ‘I am not performing at work’, and you have to tease it out. It is actually quite a difficult thing to do.¹⁰
- 4.15 Rear Admiral Walker further stated:

6 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 6.

7 Lieutenant General Campbell, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 1.

8 Lieutenant General Campbell, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 2.

9 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 3.

10 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 3.

It is often difficult to persuade high-performing individuals in the military, who are tough, that they might need some help. ... It is really difficult getting people to admit they might have a depression. ... With PTSD, it is often really difficult getting people to put that on the table.¹¹

- 4.16 Defence used the analogy of a broken bone, saying a broken bone is easy to identify and has a linear, well-understood treatment pathway. They contrasted this with mental health conditions, which can be very difficult to identify and have no defined pathway to rehabilitation.¹²
- 4.17 The Chief of Army acknowledged that 'there are circumstance[s] where individuals will need to transition, will need to actually leave the service in order to get well'.¹³

Mental health conditions in the ADF

- 4.18 Defence gave the following statistics for the approximate 57,000 personnel in the full time, permanent Defence force:
- There were a total of 4,592 rehabilitation cases from July 2013 to June 2014.
 - 3,359 had a physical condition as the primary diagnosis and there was a 75 per cent successful return to work. 'Physical' was defined as a trauma injury including injuries to knees, backs and arms.
 - 420 had a medical condition as the primary diagnosis and there was a 76 per cent successful return to work. 'Medical' includes heart attack, pneumonia or something gastrointestinal.
 - 813 had a mental health condition as the primary diagnosis and there was a 52 per cent successful return to work.¹⁴
- 4.19 Defence said that this final statistic was 'fantastic, but not good enough'; stating that the ADF has come a very long way but the 'journey is going to continue', and that the 'learning and education about mental health has to be a continuing experience'.¹⁵
- 4.20 The Committee sought a comparison between the ADF and the general population or similar organisation regarding the prevalence of mental health.

11 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 3.

12 Lieutenant General Campbell, Defence, *Committee Hansard*, Canberra, 16 June 2015, pp. 2, 4.

13 Lieutenant General Campbell, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 2.

14 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 3.

15 Lieutenant General Campbell, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 2.

- 4.21 Defence responded that ‘about one in five ADF members, at the time of that research, were expected to have a mental health condition. So that is about 20 per cent, 22 per cent’. Defence further stated that ‘we reflect the civilian population’ to be the same.¹⁶

Transitioning out of the Service

- 4.22 On 5 February 2013 Defence and the Department of Veterans’ Affairs signed a Memorandum of Understanding (MOU) that recognised that the responsibility for the delivery of care and support is shared across both departments. This MOU introduced the idea of the ‘Support Continuum’, the structure of systems across the two departments that aims to deliver seamless care and support.¹⁷ The MOU also defined the role of each department; Defence has the lead in caring for and supporting current serving members, while DVA has the lead for caring for and supporting ex-service members, eligible widows and widowers, and dependants.¹⁸
- 4.23 Defence and DVA are also jointly implementing the Support for Wounded, Injured or Ill Program to develop a whole-of-life framework for the care of wounded, injured or ill ADF members.
- 4.24 The Committee raised concerns about the transition from military service to civilian life as veterans.
- 4.25 The DVA observed:
- In the process of transition from successful military career ... you lose a great deal. You lose a sense of identity, you lost a sense of purpose, you lose a sense of orientation, and a number of our young men and women feel that.¹⁹
- 4.26 DVA went on to state:
- In the process of transition, what a lot of people underestimate is not only the mental dislocation going from serving in a unit – in a wing, on a ship or in a military unit, an army unit, somewhere – but also in moving towards their final destination of a stable

16 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 7.

17 Minister for Defence and Minister for Defence Science and Personnel, ‘Defence and DVA forge closer ties to support ADF members’, *Media Release*, 6 February 2013, <<http://www.minister.defence.gov.au/2013/02/06/minister-for-defence-and-minister-for-defence-science-and-personnel-joint-media-release-defence-and-dva-forge-closer-ties-to-support-adf-members-2/>> viewed 30 July 2015.

18 *Department of Veterans’ Affairs Annual Reports 2013-14*, p. 15.

19 Mr Craig Orme, Department of Veterans’ Affairs, *Committee Hansard*, Canberra, 16 June 2015, p. 5.

second life. There is a physical dislocation in that as well as the mental dislocation. If you are physically unwell or mentally unwell, that dislocation is exacerbated.²⁰

- 4.27 Veterans' Affairs said that they are attempting to address this by providing people with the opportunity to engage while they are still in Defence to prepare them for their transition.
- 4.28 One part of this was 'to get greater integration of DVA officers onto the bases to get closer to the point of contact' as 'it was only in 2010 that we did not have a DVA presence on bases'. DVA stated that now the On Base Advisory Service (OBAS) 'is on about 43 bases around Australia, and we have attempted to co-locate those DVA officers as closely as we can to the health providers and the rehabilitation providers on bases'.²¹ The OBAS is a key initiative under the Support for Wounded, Injured or Ill Program.²²
- 4.29 DVA characterised this program as:
- ... a great success so far, not only engaging with those who are transitioning but also being able to provide awareness information and lectures to people, engaging with commanders and seeing the people around from DVA as part of the fabric of military service.²³
- 4.30 Defence raised another program aimed at assisting people transition from military service in which all members leaving the ADF have their details automatically passed onto DVA - unless they opt out. In addition, Defence runs transition seminars around the country in which they are given a transition handbook that includes a transition checklist and contacts with DVA and other external support organisation that can help them.²⁴
- 4.31 According to Defence, the percentage of ADF members consenting to have their details provided to the DVA is around 70 per cent.²⁵

Department of Veterans' Affairs

- 4.32 DVA currently has a client base of 320,000 people. This includes families of veterans. DVA categorised their clients as follows:
- Stable and mature clients who have been clients of DVA for a long time and are in a state of fairly stable relationship with DVA.

20 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 5.

21 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 7.

22 *Department of Veterans' Affairs Annual Reports 2013-14*, p. 15.

23 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 7.

24 Air Vice-Marshal Needham, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 8.

25 Air Vice-Marshal Needham, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 8.

- Clients who are entering the system and getting to the level of maturity in their relationship with DVA.
 - People who are not yet clients of DVA but are serving with the ADF, or have served and left.²⁶
- 4.33 The Committee enquired into the proportion of veterans who are clients of DVA.
- 4.34 DVA responded that the exact proportion is unknown as someone can become a client in a number of ways; they can be a current or ex-serving member, a partner, spouse or widow of a veteran, or a child of a veteran. A person does not necessarily have to be a veteran to be a client of DVA.²⁷
- 4.35 DVA provided information on notice regarding the proportion of veterans who are clients:
- Of the around 450,000 personnel who have served in the Australian Defence Force since the start of the Vietnam War, it is estimated that a third have made a claim with DVA. This estimate includes personnel who are not currently receiving any services or benefits from DVA, for example, deceased veterans who were DVA clients, individuals who no longer require support from DVA, and individuals whose claims were rejected.²⁸
- 4.36 The Committee then enquired into the proportion of veterans who are clients and have a mental health condition. DVA advised:
- From post-1999 conflicts, we estimate that around 58,100 have served until March of this year. Of those 58,100, we have 8,817 [15.1%] with one or more accepted disabilities and we have 3,355 [5.7%] with one or more accepted mental health disabilities. So that is 3,355 of the 58,100. For PTSD and other stress disorders, we have 2,540 [4.3%].²⁹
- 4.37 DVA provided the following data regarding veterans with mental health conditions, as at 27 March 2015. In this context, DVA classified a 'veteran' as any former or current member of the ADF with a claim accepted by DVA.

26 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 8.

27 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 8.

28 Department of Veterans' Affairs, *Question on Notice No. 2*, 16 June 2015.

29 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, pp. 8-9.

Table 2 Veterans with mental health conditions accepted by DVA

Number of veterans with:	Related to service (liability)	For any cause (non-liability)	Net total
One or more accepted disabilities	143,652	34,451	147,318
One or more accepted mental health disabilities	45,953	15,526	49,668
PTSD and other stress disorders	28,875	11,705	31,501
Depression or dysthymia	11,649	4,102	13,976
Alcohol & other substance use disorders	13,273	322	13,532
Anxiety	10,406	2,214	11,932
Adjustment disorder	1,911	N/A	1,911
NOTE Some veterans are counted multiple times if they have more than one condition			

Source: Department of Veterans' Affairs, Question on Notice No. 1, 16 June 2015.

4.38 Note the estimated current population below does not represent all DVA clients but an estimation of the number of veterans who are alive as at 27 March 2015.

Table 3 Accepted service related conditions for veterans

	Older veterans including World War II	Veterans of Vietnam War	Veterans of conflicts from East Timor onwards (Post-1999)
Estimated current population	59,600	44,400	58,100
With at least one accepted condition related to service	32,572	35,984	8,877
With at least one accepted mental health condition related to service	9,076	25,910	3,355
With PTSD or other stress disorder	3,137	20,161	2,655

Source: Department of Veterans' Affairs, Question on Notice No. 1, 16 June 2015.

4.39 A particular concern for the Committee was the nature of liability and non-liability health care and the identification of the context in which PTSD has arisen.

4.40 The DVA website describes non-liability health care as where 'DVA pays for the treatment for certain mental and physical conditions without the need for the conditions to be accepted as related to service'.³⁰

30 Department of Veterans' Affairs, 'Treatment of your health conditions', <<http://www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions>> viewed 30 July 2015.

4.41 DVA stated:

One of the critical issues for our department is establishing the liability. There is no doubt we have a veteran and there is no doubt that they have a condition, but there is a legislative requirement to understand that the condition and their service are related. In some cases they are not.³¹

4.42 Defence stated:

... we have never tried, with someone in the military who has PTSD, to abandon them and say it is because of their early childhood or their family experiences. But we do have very good data that shows that, for some people, one exposure to a traumatic event might result in PTSD while, for another part of the population with PTSD, it is very clear it is the result of cumulative episodes of what we call traumatic events.³²

4.43 Defence went on to state:

... we have never intimated that we are blaming people's childhood for post-traumatic stress disorder in veterans.

...

But it is not always as a result of being in the military. We are here to provide that treatment. We provide treatment whatever the cause is. When it comes [to] the DVA, they will determine whether it is related to service. We provide that treatment to everybody in service and we never abandon our people.³³

Committee comment

4.44 The Committee notes the significant inquiry completed in June 2013 on the care of ADF personnel wounded and injured on operations. The Committee understands that outcomes of this inquiry are still being developed and implemented.

4.45 The Committee acknowledges the work being done by the Departments of Defence and Veterans' Affairs in dealing with mental health issues in both serving ADF members and veterans. Specifically, the Committee is assured by the attitude of the senior Defence leadership on the culture developing around mental health conditions in the ADF. However, these

31 Mr Orme, DVA, *Committee Hansard*, Canberra, 16 June 2015, p. 5.

32 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 6.

33 Rear Admiral Walker, Defence, *Committee Hansard*, Canberra, 16 June 2015, p. 6.

broad improvements in Defence culture contrast with the lived experience of some current serving members, which indicates that this attitude is not yet pervasive. In the coming months and years this attitude needs to be fostered in the middle leadership on bases, and indeed the lower ranks, so that a positive and productive culture around mental health in the ADF is embraced.

- 4.46 The Committee recommends the Departments of Defence and Veterans' Affairs produce statistics to illustrate the progress and results of their mental health programs. In particular, the Committee recommends that the results of the LASER-Resilience Study be published as they become known.
- 4.47 The Committee welcomes the transitioning program and On Base Advisory Service. It is important to have a Department of Veterans' Affairs presence on bases. As the OBAS is a relatively new program, it will be important to continue to develop and refine it so that it best meets the needs of ADF personnel as they transition to civilian life. The Committee looks forward to seeing the results of these initiatives.

Recommendations

Recommendation 5

The Committee recommends that the Departments of Defence and Veterans' Affairs report the progress and results of their mental health programs, including the LASER-Resilience Study.

Recommendation 6

The Committee recommends that the Department of Defence develop methods to collect and collate data on the On Base Advisory Service to measure its effectiveness.