

16 December 2016

Committee Secretary  
Senate Foreign Affairs, Defence and Trade References Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

By email to: [fadt.sen@aph.gov.au](mailto:fadt.sen@aph.gov.au)

Dear Senator Gallacher

**Re: Inquiry into the operation of the Australian Defence Force's resistance to interrogation training**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the Senate Foreign Affairs, Defence and Trade References Committee Inquiry into the Australian Defence Force's (ADF) resistance to interrogation (RTI) training (the Inquiry).

The RANZCP's response focuses on the Inquiry's term of reference (d): the ongoing mental health and wellbeing of personnel who have participated in RTI training.

Military service places distinct mental health demands on ADF personnel. As noted in the *Mental Health in the Australian Defence Force* report (ADF, 2010):

Mental health and wellbeing in a military environment is unique. The military is an occupation where personnel are selected, trained and prepared to face adverse, stressful and potentially traumatising situations. To meet these demands, an approach that focuses on strengthening resilience and enabling recovery is essential. (p150)

At the same time, mental health issues affect many ADF personnel. For instance, 2010 research showed that 1 in 5 ADF members met the criteria for a mental disorder in the previous 12 months and the most common mental disorders in the ADF were anxiety disorders – in particular, post-traumatic stress disorder (PTSD) and affective (mood) disorders such as depressive episodes. The prevalence of suicidal ideation and making a suicide plan was also significantly higher among ADF personnel compared to the rest of the Australian community (ADF, 2010). This research suggests that 'despite the fact that the ADF is a selected and trained population that generally has better access to health care, this population bares a burden of psychiatric morbidity related to the nature of their work' (Van Hooff et al., 2014).

Given the unique demands of military service, the RANZCP considers that it is essential that there are strategies to promote and support the mental health and well-being of current and former ADF personnel as well as services that provide them with quality mental health care. This includes current and former ADF personnel who have undertaken RTI training.

However, there is currently limited information available on the impact of RTI training on current and former ADF personnel and it is therefore an important area that requires further research.

The RANZCP also notes that stigma of mental illness is a major barrier for current and former ADF personnel seeking assistance with mental health problems. For instance, stigma attached to mental illness among military veterans may lead to denials and delays in care seeking, resulting in unnecessary suffering, self-medication, substance abuse and self-isolation (Sher and Braquehais, 2014).

Another related issue of concern is the particular perception among some ADF personnel that asking for help with mental health issues may impact detrimentally on their military careers. This is illustrated by the *Mental Health in the Australian Defence Force* report which interviewed up to 49% of ADF members and reported that within a 12-month period:

- 27.6% were concerned that reporting a mental disorder might result in being treated differently
- 26.9% feared their career might be harmed
- 36.9% stated the main barrier to them seeking help was their concern that doing so would reduce the likelihood of them being deployed (ADF, 2010).

Therefore, the RANZCP welcomed the 11 June 2015 announcement that, following Phoenix Australia's review of ADF mental health screening processes, the ADF would be introducing new mental health screening tools. These included providing an anonymous online self-screening mental health tool for serving members to access plus developing a mental health screening process, which will be used during routine medical appointments.

While these are welcome initiatives, the RANZCP remains concerned that the issue of stigma means that ADF personnel may not utilise these resources or, if they do, will understate any issues with their mental health. We consider systematic screening to be particularly important in identifying mental health issues, including those that might potentially arise due to ADF personnel's experiences with RTI. We therefore believe that it is crucial that the ADF implement an annual mental health survey during the time of ADF members' service and every 2 to 3 years after their service.

If you would like to discuss any of the issues raised in this submission, please contact Rosie Forster, Senior Department Manager, Practice, Policy and Partnerships via [rosie.forster@ranzcp.org](mailto:rosie.forster@ranzcp.org) or by phone on (03) 9601 4943.

Yours sincerely

Professor Malcolm Hopwood  
**President**

Ref: 0564o

## References

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