



Australian Government

Department of Defence

**Senate Standing Committee on Foreign Affairs,
Defence and Trade Inquiry into Suicide by
Veterans and Ex-Service Personnel**

**Department of Defence
Supplementary Submission**

February 2017

INTRODUCTION

This submission outlines the recruitment process and assessment methodology as it relates to medical and psychological suitability for entry into the Australian Defence Force. It should be read in conjunction with *submission 124 Department of Defence to the Senate Standing Committee Foreign Affairs, Defence and Trade Inquiry into Suicide by Veterans and Ex-Service Personnel*.

Defence Force Recruiting (DFR) is responsible for recruiting the right people in the right numbers at the right time for the Australian Defence Force (ADF) to build and sustain Defence capability. The ADF comprises approximately 80, 000 (full and part time) personnel, with annual recruiting targets for Permanent (full-time) and Reserve (part-time) forces averaging around 8000 per year.

RECRUITING PROCESS

The actual Recruiting Process comprises four key steps:

- a. The process commences with an expression of interest through the lodgement of an Application. This can occur on-line (the majority), at a Career Promotions Activity, over the phone, or at the front counter of a Defence Force Recruiting Centre (DFRC) in cities across Australia;
- b. A ‘*Your Opportunities Unlimited (YOU) Session*’ - an initial screening session normally held at a DFRC used to identify eligibility for service by addressing aptitude, initial medical assessment and Career Counselling;
- c. An ‘*Assessment Session*’, which includes a Defence interview, psychological interview and Medical Assessment (by a Doctor) to determine suitability and readiness for recruitment; and
- d. The process concludes with a formal enlistment / appointment ceremony for the successful entrants, attended by family and friends, and presided over by an ADF officer.

Defence Force Recruiting assesses candidates’ mental health and psychological suitability for ADF entry via two complementary pathways – medical assessment and psychological assessment. These assessments are undertaken in accordance with ADF policy.

RECRUITMENT STANDARDS – MENTAL HEALTH

Entry medical standards are agreed by each of the Services. Since 2008 these have been contained in the *Defence Health Manual*, which requires strict application of those standards.

A past suicide attempt and/or current psychiatric condition are both current exclusion criteria for DFR. Mental health issues are explored in both medical and psychological assessments. In addition, the DFR psychological interview also examines other aspects of psychological suitability for service, including maturity, educational and

employment history, interpersonal skills, motivation for military service, resilience, and adaptability to military employment.

The standards vary depending on the underlying condition, current functioning and future risk, and are informed by psychiatrists and current clinical evidence. The entry medical standards in general are conservative in the mental health space, as military service places stressors that increase the risk for depression and anxiety on individuals (known factors which increase the risk for depression or anxiety symptoms include regular moves, regular job changes, removal from social and family support, removal from access to health support, fatigue and altered work hours often involving shift work and disturbance of circadian rhythm and exposure to potentially traumatic events).

ASSESSMENT METHODOLOGY

DFR assesses candidates' medical and psychological suitability for ADF entry via two complementary pathways:

Medical Assessment. A total of approximately 2 hours contact time throughout the recruiting process. Additional time is taken to assess supporting documentation from treating health professionals and other specialist advisors. Mental Health history is assessed through 23 directly relevant questions in the Medical History Questionnaire (179 questions in all), with a further 7 questions (out of 14) on the day of enlistment/appointment. There are 3 touch points through the recruiting process where the candidates have face to face interviews and questions are clarified. Where these questions are answered in the affirmative, further detail is elicited and recorded from both a nurse and a doctor in face to face interviews. Further reports are sought where indicated as necessary, and determinations regarding suitability can then result. A physical medical examination will detect evidence of previous self-harm.

Psychology Assessment. A total of 1 hour contact time supports the psychology assessment process. The semi-structured psychology interview focuses on recent and current functioning, and is based on a risk assessment approach. The purpose of the interview is to ensure that an entrant to uniformed service is sufficiently psychologically robust to cope with the unique stresses of military life, and secondly, to assess and grade a candidate's suitability for the particular occupation applied for.

Prior to interview candidates complete a self-report inventory which is used to screen for a range of psychological factors, including symptoms, behaviours, and personality traits. The responses are used to better inform the interview with the psychologist. The psychologist will specifically ask about mental health conditions and behavioural indicators, both current and past. The psychologist is required to indicate on the interview record that they have specifically asked each question, and to record and explore responses that might be indicative of potential mental health and/or adjustment issues. The psychologist is required to make a professional judgement concerning a candidate's suitability on psychological grounds for military integration and training. If the interviewing

psychologist believes that there are clear grounds on which to consider a candidate to be an unacceptable risk for military integration and training, the recommendation will be 'Not Suitable on Psychological Grounds' (NSP), with a corresponding rating of 'NSP'. A rating of NSP may be given where the candidate appears to be an unacceptable risk in terms of their personality and emotional robustness, and/or lack of congruence between their own attitudes/values and beliefs, and those valued by Defence. Candidates rated as 'NSP' are debarred from enlistment or appointment at the time of the assessment and are debriefed as such by the interviewing psychologist. Approximately 10% of those assessed are deemed NSP. It should be noted a candidate may be made NSP for many reasons, including but not limited to, significant evidence of a past or present psychiatric condition, problematic use of non-medical drugs, a history of non-compliant behaviour, significant patterns of underachievement, or behaviour that indicates an incompatibility with Service life or Service values.

Where the Psychologist assesses there are sufficient grounds for the candidate to be considered at high risk (not 'unacceptable risk') for military integration and/or training at this time an assessment of Not Recommended (NR) will apply. Justification for this rating is identified, and the Defence Interviewer will consider this recommendation in making their decision, but is not bound by the recommendation. In 2016, 14% of candidates assessed were not recommended by the psychologist, of whom approximately a quarter were assessed by the Defence Interviewer as an acceptable risk.

A rating of NSP or NR is for a specified period, normally ranging from 6-36 months, and is determined by the psychologist based on their judgment to allow time to resolve reasons for which the candidates were deemed NSP or NR. The candidate is barred from the recruitment process for the period they are deemed NSP. A case by case assessment is made for candidates assessed as NR.

RISK TOLERANCE AND MITIGATION

Risk Mitigation. The assessment process relies on candidates accurately reporting their medical history, inclusive of mental health. There is potential for under-reporting of medical and psychological histories.

This risk of under-reporting is mitigated by:

- a. Assessments being conducted by at least three experienced health practitioners (doctors, nurses and psychologists).
- b. Ensuring interviews occur face to face.
- c. Having candidates sign a statutory declaration, confirming that the information they have provided is correct, including an understanding that if they deliberately withhold information, they understand they may be subject to the offences under *Defence Force Discipline Act*, and the *Statutory Declaration Act*, and may not have Department of Veterans' Affairs entitlements. This declaration is witnessed by the Medical Officer conducting the examination.

- d. DFR medical and psychology staff share relevant information, which improves reporting and the quality of candidate assessments.

Medical Waivers. Medical entry standards can be waived by each of the single Services. A waiver system is in place to allow the entry of candidates who do not meet entry level medical standards but who may represent an acceptable risk to the ADF. Waivers are designed to provide some flexibility when dealing with medical standards to benefit the ADF.

For a medical waiver to be considered, generally the candidate must be medically fit for operational deployment and the individual's medical condition must meet the following criteria:

- a. It must not pose an increased risk to completion of the ADF mission.
- b. It must not pose an increased risk of sudden incapacitation to the individual.
- c. It must not pose any potential risk for subtle incapacitation that might not be detected by the individual but would affect alertness, special senses, or information processing.
- d. It must be stable at the time of the waiver.
- e. If the possibility of progression or recurrence exists, the first signs must be easily detectable and cannot, of themselves, pose a risk to the individual or the safety of others.
- f. Requirement for medical care cannot interfere in initial training requirements or pose a significant increased risk to training failure, and must be compatible with deployed health support available.
- g. There must be minimal likelihood of exacerbation of the condition during recruit or initial officer training, initial employment training, unit physical training, or during ADF service.

From financial year 2012/13, DFR has progressed 81 waivers (where a mental health condition was identified) that were approved by the Services and progressed to enlistment. This represents less than 0.3% of personnel enlisted. Of the 81 personnel enlisted, three have since been medically discharged, of whom only one was for a mental health related condition.

CONCLUSION

DFR is responsible for recruiting the right people in the right numbers at the right time for the Australian Defence Force (ADF) to build and sustain Defence capability. The processes undertaken by DFR to assess candidate's suitability for service are extensive, and incorporate thorough medical and psychological assessments to confirm fitness for duty.