



## INSPECTOR GENERAL AUSTRALIAN DEFENCE FORCE

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

Dear Secretary

1. Thank you for the opportunity to make a written submission to the Committee concerning the Committee's inquiry into the *Mental Health of ADF Personnel*.
2. As the Committee may recall, the responsibilities of my office include inquiring into submissions made to it concerning alleged failures of military justice, inquiring into deaths of ADF members where it appears the death may have occurred out of or in the course of the member's service, and providing a final level of review of members' applications for Redress of Grievances for decision by their Service Chief. These responsibilities sometimes involve consideration of mental health issues that may be relevant to a military justice submission, service death or grievance.
3. From this perspective, I should like to briefly make two observations which seem to be recurring themes concerning mental health issues involving ADF members.
4. The first relates to difficulties arising from compliance with Privacy Act requirements and the confidentiality obligations of members of the medical profession. These difficulties are not of course unique to Defence or the ADF but in combination, they can sometimes impede the reasonable sharing of medical and psychological information concerning a member that may be important for their better management by their chain of command or other Defence agencies with responsibilities for member's welfare and safety.
5. Within the inquiry experience of my office instances have been noted where the reluctance or inability of health professionals to provide medical or psychological information to relevant management authorities because of privacy, ethical, or professional indemnity reasons has resulted in the possibility of additional risk of adverse outcomes for the member concerned or, potentially, those around him or her. This possibility has particular resonance where, for example, the circumstances of a case may include questions concerning the member's fitness to handle weapons or complex equipment.
6. The second issue of concern is inter-related to the first. It generally relates to the reluctance of some members who are aware they may have a medical or mental health problem to advise their chain of command or seek help from Service health authorities for fear of putting their career, job categorisation, or deployment opportunities in jeopardy. This can sometimes create a catch-22 situation for Defence where members may be minded to seek assistance from private sources in order to preserve confidentiality of their condition. The

catch -22 arises where any relaxing of patient confidentiality requirements within Defence might potentially have the unintended effect of encouraging members to seek help outside the Service system.

7. It seems unclear what the best solution for this difficult issue in the longer term might be. Some form of limited exemption from privacy and confidentiality obligations might be useful but this would need to be accompanied by strong messages that seeking treatment from ADF sources for medical and, especially, suspected mental health conditions, would be responded to sympathetically together with enhanced forms of reassurance that career prospects would not necessarily be placed in doubt as a result.

Yours sincerely

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