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The Chairman; Senator Gallacher  
Senate Inquiry on Mental Health of ADF Serving Personnel  
Foreign Affairs, Defence and Trade Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra, ACT 2600

Dear Senator Gallacher,

Enclosed is the submission to the Senate Inquiry on the Mental Health of Serving ADF Personnel, specifically focusing on the mental health support of veterans, the counselling services offered, and recommendations for the future.

Australian Counselling Association.

Philip Armstrong



### **Executive Summary:**

The men and women who put their lives on the line in the service of the Australian Defence Force are in need of greater support from counselling services, to ensure successful transition and ongoing achievement.

- There are a large number of ADF serving personnel who experience mental ill-health and PTSD and return home without the treatment they need
- The counselling services offered by DVA are primarily offered by psychologists (clinical services) and mental health social workers. An entire professional and registered work force of mental health professionals is currently isolated by DVA policy
- A proactive and holistic approach that offers help before mental health conditions progress to the clinical stage must be taken to address mental ill-health before it becomes overwhelming to the individual at the early intervention and primary care stage
- Families, partners and carers are more exposed to the impacts of service to veterans and returning ADF serving personnel who experience mental ill-health. This group have a high need for support and access to mental health services at the primary care level
- The training and education provided to ADF serving personnel when discharging from the defence Force is inadequate in relation to identifying and living with mental health issues.
- Homelessness will continue to be a significant issue in Australia until the mental ill-health component is addressed.

### **Introduction:**

The Australian Counselling Association is the largest peak body in Australia representing registered counsellors and psychotherapists. All members meet a minimum educational requirement, maintain professional supervision and undergo annual professional development. Level 3 and 4 members have a minimum tertiary education plus a minimum of 3 years of supervised practice, all members adhere to a National Code of Conduct. These standards are equivalent to registered psychologists and higher than the minimum current DVA standards for mental health social workers. The ACA membership base includes a number of returned veterans, of which include the CEO – Philip Armstrong, a 15 year veteran with the Army (1979 to 1994). Philip has significant experience working with veterans himself having been a co-founder of the Forest Lake RSL sub-branch and founder and co-ordinator of the Logan Veterans and Community Resource Centre (recipient of the Qld DVA Medal in 1996).

This submission will focus on terms of reference A, D, E, F, I & J

**Reference A: The extent and significance of mental ill-health and post-traumatic stress disorder (PTSD) among returned service personnel.**

It was not long ago, when we learned of a new phenomenon called “shell-shock”; the fore-runner for PTSD. Today, it affects up to 800,000 Australians (source: Phoenix Australia, formerly The Australian Centre for Post Traumatic Mental Health) – of which returning ADF service personnel are most vulnerable. The challenge in addressing this inquiry is that mental illness affects everyone differently; for example, one veteran may experience and remember a traumatic event very differently to another veteran who experienced that same traumatic event. As such; there is no special pill or “one-size-fits-all” solution to a very real and debilitating mental illness. According to Homelessness NSW and Homeground Services; veterans account for ten percent of homelessness in Australia. When considering the number of veterans to other similar groups this is disproportionate number that must sound warning bells to DVA and would be unacceptable to Australians if this was common knowledge. Instigating greater access to mental health services at the early intervention and primary care stages would significantly impact on this number.

**Delivered personnel.**

As was mentioned before, mental health is difficult to quantify against certain characteristics; and there isn't a solution that fixes all cases. Evaluating mental health is a service done by a number of mental health professionals; general practitioners, psychologists, psychiatrists and so on. However; counselling services delivered by registered counsellors available to returned service personnel are lacking. Medicare only allows for rebates to psychologists, psychiatrists and some social workers; this restricts the amount of mental health professionals that are “recognized” by the government. There are a large number of qualified, registered counsellors and psychotherapists who are uniquely placed to assist with veterans, yet this current organised and registered field force is significantly under-utilized. The Veterans and Veterans Family Counselling Service and outsourced field workers that offer counselling services use only psychologists and mental health social workers who are registered with AHPRA. This current policy that isolates a large organised and professionally competent field force ensures that there will always be limited access to appropriate services. In many cases registered counsellors are better trained and placed to deliver mental health services at the early intervention and primary care levels. This would significantly open access to services for veterans and importantly their families. In light of many counsellors coming from a Defence background Veterans would be better served by someone who can use psychological therapies and also have first-hand knowledge and experience of the military culture. The talking therapies have been identified as the primary treatment in PTSD, the talking therapies are the primary tools taught

to and used by counsellors. Therefore counsellors are better positioned to deliver this service than any other mental health professional.

**Reference E: The adequacy of mental health support services, including housing support services, provided by the Department of Veterans Affairs (DVA).**

As it currently stands; there have been numerous complaints into the adequacy of mental health support services, and this submission has already mentioned the number of veterans whom are homeless. To that effect, this inquiry is focused greatly on what can be done to make this situation better. DVA cannot provide long term housing solutions, as mentioned on Factsheet HAC10 (DVA website). This begs the question, who can offer long term housing solutions to returned ADF service personnel who suffer from PTSD? A proactive way to address this issue, is to increase the scope and access to mental health professionals – who are able to assist in the resolution of veteran’s issues, so they are better able to assimilate into civilian life. Counsellors due to their exposure working within NGO’s, community services and support services are well positioned to use their networks to help clients who present not only with a mental health issue but are homeless.

**Reference F: The support available for partners, carers, and families of returned service personnel who experience mental ill-health and PTSD.**

Suffering through mental ill-health and PTSD means that those around also experience the sporadic nature of these maladies. When it comes to support available for partners, carers and families of returned service personnel – the support they receive is limited at best. While there is a program for the families of the returned servicemen, and a number of charities which work specifically in that area; many services offered by organisations such as the RSL, Soldier On, Walking Wounded, etc. use well intentioned volunteers who have no formal training. While these well intentioned volunteers provide substantial emotional support they are not able to deliver much needed therapeutical services. An ADF serving personnel who returns has a number of different avenues for support, and so too do their families, partners and carers; but many of those avenues are outside of government support. As such, the Australian Counselling Association notes that there is a significant workforce of registered professionals, many of whom are who are also veterans, who wish to practise and give support to other veterans – but have access restricted due to DVA not recognising qualified counsellors as primary service providers.

**Reference I: The effectiveness of training and education offerings to returned service personnel upon their discharge from the ADF.**

Leaving the ADF is in itself a traumatic process for many veterans who have only known one type of life style that is not effective and cannot be transposed into civilian life easily or over a short period of time. Many veterans are also mature aged who have been living on an adult wage over a prolonged period of time. To expect veterans in this situation to undertake a new profession that requires many years of full time study at the graduate level is unreasonable, particularly for those with mental health issues. In many cases even vocational training can be challenging. Ex-defence personnel need to be able to work through the transition phase from military life to civilian life over a period of time and emotional support and career guidance is needed in many cases during this process. Counsellors who themselves come from a military background are far better positioned to help defence members through this transition than most. The use of other clinical services during this phase would seem to be “overkill” and not the best utilisation economically of current services. Successful transitioning from military to civilian life is the most effective way to prevent homelessness and also identify mental health issues before they progress to being debilitating.

**Reference J: Any other related matters**

Homelessness is of a great concern to the Australian public; having ADF serving personnel ending up on the street is not an acceptable way to welcome them home. The Department of Veterans Affairs has a world class repatriation program, but is sorely lacking in addressing the mental health needs of ADF serving personnel adequately. It would be easy to treat the symptom by placing all homeless in homes, and forgetting about it. But there is a reason they are ending up homeless; and a big part of that is their mental state. Addressing mental ill-health is a longer process altogether; but will have a greater impact on the Australian society. We take care of our ADF serving personnel who come home; whether or not they are homeless, suffering internally, or experiencing physical illness. It should start with increased access to mental health professionals.

**Recommendations:**

- Increased access to mental health professionals, such as registered counsellors
- A training program involving the mental health component before discharge takes place
- Streamline the mental health services, to remove “over-servicing”
- Addressing homelessness in ADF serving personnel means addressing the root cause; mental ill-health. Greater access is needed
- Veterans mental health should not be determined by Medicare rebates alone; giving ADF serving personnel greater choice translates to better outcomes

**Conclusion:**

The Australian Counselling Association would like to thank the senate for the opportunity to present a submission into the Mental Health of ADF Serving Personnel. There are a number of policy changes that can have an immediate positive impact on the mental health of veterans. Following the recommendations on the previous page is a positive place to start. Together, we can ensure that no veteran is left to suffer from mental ill-health.