

SENATE ESTIMATES BRIEF

Group Top Issues Brief
VCDF's pack

POST-TRAUMATIC MENTAL HEALTH IN THE AUSTRALIAN DEFENCE FORCE (ADF)

Key Facts

<ul style="list-style-type: none">• In 2010 an estimated one in five ADF members had a diagnosable mental health condition in the previous 12 months, not necessarily caused by operational service.• The estimated prevalence of Post-Traumatic Stress Disorder (PTSD) amongst ADF members is 8.3 per cent (4,150 of the 50,049 ADF population in 2010).• Approximately 50 per cent of those with a diagnosis of PTSD reported seeking treatment in the previous 12 months.	<ul style="list-style-type: none">• The January 2015 Operation RESOLUTE Mental Health Surveillance Report found there was no significant difference between posttraumatic stress and psychological distress symptoms reported by Navy personnel deployed to Operations RESOLUTE and SLIPPER.• The ADF provides treatment for PTSD through collaboration with the Department of Veterans' Affairs (DVA) and private hospitals throughout Australia.
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Key Issues

- PTSD is one of a range of recognised mental health conditions that can develop in otherwise highly functioning people in response to a single or repeated exposure to traumatic events.
- ADF members are considered a high-risk group for the development of PTSD due to the nature of their duties.
- Our own research, and that undertaken by the United States and Canadian military forces, indicates that PTSD in the military is linked to exposure to traumatic events, such as combat, rather than just deployment alone.

- According to research, around 8.3 per cent of ADF members serving in 2010 had experienced PTSD in the last 12 months as a result of life-time trauma in their personal and/or military lives.
- Our research shows ADF members had experienced significantly more life-time trauma than a demographically matched Australian population, across various trauma categories, and a substantial number of these traumatic experiences had occurred prior to recruitment in the ADF.
- While military life confers a high-risk status to ADF members in relation to deployment-related traumas and accidental and health related traumas, many ADF members, particularly those reporting interpersonal and sexual trauma, have also been exposed to such traumas prior to recruitment.
- Despite ADF members being exposed to traumatic events during their service, most members do not go on to develop PTSD.
- The ADF recognises the impact of stigma on seeking help, and a range of initiatives are being undertaken to increase awareness of mental health issues and to encourage early access to care.
- Defence has developed a comprehensive support continuum for prevention - early intervention through to treatment – to minimise the impact of post-traumatic mental health conditions on ADF members and their families.
- PTSD is a treatable condition. Members who have been diagnosed with PTSD are managed on a case-by-case basis, with treatment informed by current best practice guidelines and the individual needs of the member.
- Treatment may consist of psychological and/or medical therapies through Defence mental health professionals, specialist external providers, or treatment programs accredited by DVA.
- Drug treatments are not used as a routine first line treatment for PTSD, however they may be used in cases where other treatment options have not been effective or there are co-morbid conditions such as depression. Any use of medication is carefully monitored by the treating medical officer and psychiatrist.
- ADF members can continue to be employed throughout their treatment and rehabilitation and are given support and opportunity to recover and return to work in Defence where possible.
- If this is not possible, Defence will oversee the transfer of health care and rehabilitation to DVA or specialist providers.

Way Ahead

- In the past four years, the ADF has significantly enhanced its focus, resources and capabilities in delivering mental health services to ADF members, including those involving post-traumatic mental health.
- Ongoing implementation of the 2012-2015 Mental Health and Wellbeing Plan is enabling us to improve the level of awareness amongst ADF members and their families about post-traumatic mental health issues and improve access to early intervention, treatment and rehabilitation programs.
- The ADF, in collaboration with DVA and recognised subject matter experts, is developing new programs to promote awareness and engage members with PTSD earlier and more effectively.
- Since 2013 the ADF Centre for Mental Health (ADFCMH), in partnership with the Australian Centre for Posttraumatic Mental Health has been up-skilling the Defence mental health workforce to more effectively assess and treat members with post-traumatic mental health problems and disorders.
- Defence and DVA are collaborating on the Transition and Wellbeing Research Programme. This programme was launched by the Minister for Veterans' Affairs on 11 Jun 14 and is a significant government investment of almost \$5 million over three years.
- It is the largest and most comprehensive programme of study undertaken in Australia to examine the impact of military service on the mental, physical and social health of serving and ex-serving personnel (and their families), including those who have deployed to contemporary conflicts, and builds on the previous Defence research.
- Data collection will commence in the first half of 2015.

SSCFADT Questions on Notice Supplementary Budget Estimates Hearing 20 November 2013

In **QON 089 Mental Health** – Senator Johnson asked on 29 November 2013 – What practical policies and practices are gearing up to cope with the return of Afghanistan soldiers and will these be an increase on what is currently available?

In **QON 136 Mental Health – Rising PTSD** Senator Johnson asked on 12 December 2013 – What percentage of personnel serving in Afghanistan are showing symptoms of PTSD?

In **QON 137 Mental Health – Rising PTSD** Senator Farrell asked on 12 December 2013 - Is PTSD among Afghanistan servicemen and women rising at an alarming rate, as has been reported in the media?

Question on Notice Budget Estimates Hearing 2-3 June 2014

In **QON 054 PTSD** - Member/Senator Eggleston asked - What is the Department doing to assist service personnel with dealing with and overcoming PTSD?

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BACKGROUND

Prevalence

- Our research suggests that about 4,150 (8.3 per cent) of ADF members serving in 2010 had experienced symptoms of PTSD in the previous 12 months as a result of trauma in their personal and/or military lives.
- Prevalence of PTSD in the ADF was estimated based on a sample of 1,798 members who were assessed using the Composite International Diagnostic Interview. Exact prevalence cannot be determined without individually assessing all ADF members.
- Accumulation of life-time trauma prior to deployment increases the likelihood of ADF members developing mental health concerns, regardless of deployment history.
- It is common for people to have a gradually increasing range and intensity of symptoms, from sub-clinical to clinical, over a protracted time. A delayed onset form of PTSD is well known – especially for deployed personnel. For some people, a lag between exposure and presentation to health providers can be many years – due to gradual worsening of symptoms over time, or stigma and barriers to engaging in treatment. These delays may complicate recovery.

Prevention and Early Intervention

- A comprehensive support continuum from prevention through to treatment is in place to respond to the full range of post-traumatic mental health conditions experienced by ADF members.
- Prevention strategies include pre-deployment psychological briefs and a psychological resilience building program called BattleSMART (Self Management and Resilience Training), designed to enhance the adaptive coping skills of members.
- Keep Your Mates Safe - Peer Support is a two-day program that concentrates on providing ADF members with practical skills to assist their mates who may be displaying early symptoms of a mental health issue. There is a focus on improving mental health literacy, reducing stigma and barriers to care, and improving ADF members' knowledge of mental health first aid to encourage early help seeking. Keep Your Mates Safe –Peer Support is comprised of the following modules: Mental Health Awareness, Mental Health First Aid, Suicide Prevention Training, Safe Drinking Habits and BattleSMART.
- Pre-deployment psychological preparation briefs cover topics such as: separation, cultural adaptation, operational tempo, fatigue, stress management, and homecoming.
- Defence also conducts a number of formal mental health screens to facilitate early identification and intervention. These include:
 - Critical Incident Mental Health Support, which can be activated by Command following a specific traumatic event;
 - Special Psychological Screens for members of targeted groups, if required, while on deployment;
 - Return to Australia Psychological Screens at the end of overseas deployments; and
 - Post Operational Psychological Screens three to six months after personnel have returned from deployment.

Mental Health Screening Continuum (MHSC) Project

- In Feb 14, Joint Health Command (JHC) commissioned the Australian Centre for Posttraumatic Mental Health (ACPMH) to research and design a risk indicated Mental Health Screening Continuum (MHSC) that is responsive to changes in operational tempo and takes into account the demands of operational and non-operational environments.
- ACPMH provided the final report in Jul 14. JHC, in consultation with other key Defence stakeholders, is currently considering the options provided.

Treatment

- PTSD is a treatable condition with therapies typically consisting of a combination of trauma focussed psychological interventions and medication. Defence endorses the treatment strategies contained in the 2013 Australian Guidelines for evidence-based treatment of Adults with Acute Stress Disorder and PTSD.
- Treatment for PTSD is provided by ADF mental health professionals and specialists, external providers, and through referral to PTSD treatment programs accredited with DVA and conducted at private hospitals around Australia.
- ADF members who have deployed and their family members, are eligible to self refer to the Veterans and Veterans Families Counselling Service. This is a free service provided by DVA.
- From 01 Jul 14, access to Veterans and Veterans Families Counselling Services has been extended to include those who have served on border protection duties or in disaster zones either in Australia or overseas, and for members medically discharged from the services. DVA will also pay for treatment for an eligible veteran with diagnosed PTSD, anxiety, depression, alcohol use disorder or substance disorder without the need to establish that his or her mental health condition is related to their military service.
- Under the Memorandum of Understanding between Defence and DVA signed on 05 Feb 13, there is an agreement and commitment to joint communication that informs eligible members of the services and systems in place to support them and explains the roles of Defence and DVA in the rehabilitation and support processes to ensure ADF members receive the best possible support and care.
- As part of this collaboration, e-mental health and mobile phone applications are being developed for Defence members and their families to improve access to support and information on topics such as PTSD, mental health support, alcohol use, resilience and suicide prevention.
- For those members who may develop PTSD, the ADF Rehabilitation Program provides comprehensive case management to support members' return to work in current or different duties or trade or, if this is not possible, they will be rehabilitated, medically separated and supported to transition to the civilian environment.
- It is important to note that ADF members can and do receive treatment for health or mental health conditions, including PTSD whilst still serving.
- To help increase awareness and understanding about PTSD and mental health more generally and breakdown stigma and barriers to care, JHC conducts a range of activities, including the annual ADF Mental Health Day.
- Defence has also produced three DVDs. The first in 2010, 'Dents in the Soul', was produced for Army members, their families and their units, and provided stories and examples of PTSD treatment and recovery. The second in 2013, was used as a focal point for discussion on ADF Mental Health Day and provided stories from serving members and examples of how they identified their mental health problems and explained ways to seek help as early as possible.

- The third DVD, developed in 2014 for the ADF Mental Health Day activities conducted in October, focused on the importance of social connectedness throughout all stages of a military career to maintain good mental health.

ADF Centre for Mental Health

- As part of the mental health reform program arising from the Dunt Review, in 2010 Defence established the ADFCMH within JHC to enhance the mental health workforce and improve the quality of mental health care in the ADF.
- The Centre is a national asset that provides mental health consultancy services, trains and up-skills the mental health workforce, and provides expert advice to Command and ADF members. The team of mental health professionals includes two Army Psychologists, a Consultant Psychiatrist, a Clinical Psychologist and a Program Development Manager.
- In Nov 13 the Centre was accommodated in refurbished and purpose built facilities onboard HMAS *Penguin* in Sydney. It is equipped with multiple consult and counselling rooms, observation facilities and video conferencing technology, fully equipped conference facilities and training or meeting rooms.
- In 2013 and 2014 the Centre in partnership with the ACPMH, developed and provided training in mental health assessment and case formulation to approximately 73 ADF mental health professionals, and a further 30 mental health professionals received training in Cognitive Processing Therapy to enhance treatment of PTSD. Other programs now available through the Centre include the Recognising the Early Signs of Emerging Trauma program, the Acute Mental Health on Operations course and most recently, in partnership with the ACPMH, the conduct of a Clinical Trial in Anger and Aggression for PTSD.
- ADFCMH staff also conduct a formal tertiary level Second Opinion Clinic to assist ADF Medical Officers and Consultant Psychiatrists in the management of ADF members who are experiencing difficult, complex or treatment-resistant mental disorders. This service can be provided by telepsychiatry. Additionally, the centre provides clinical supervision to mental health professionals across Garrison Health Services and the single Services and regularly provides advice to both Command and JHC in the review and management of complex mental health presentations.

Research

- Over the past few years Defence has undertaken a significant body of research to understand the health and wellbeing of ADF personnel. This research includes the 2010 ADF Mental Health Prevalence and Wellbeing Study (released in 2011) and the Middle East Area of Operations Census and Prospective Health Studies (the MEAO Health Studies), released in Aug 13.
- Defence and DVA are collaborating on the Transition and Wellbeing Research Programme. This research programme was launched by the Minister for Veterans' Affairs on 11 Jun 14 and is a significant government investment of almost \$5 million over three years.
- It is the largest and most comprehensive programme of study undertaken in Australia to examine the impact of military service on the mental, physical and social health of serving and ex-serving personnel (and their families) including those who have deployed to contemporary conflicts, and builds on the previous Defence research.
- The Transition and Wellbeing Research Programme consists of three study components:
 1. Mental Health and Wellbeing Transition Study;
 2. Impact of Combat Study; and
 3. Family Wellbeing Study.

- For the first time, it includes a picture of mental disorders in the initial years after transition from full time service. It also investigates how individuals previously diagnosed with a mental disorder access care, how mental health issues change over time, the mental health status of reservists, as well as examining the experiences and needs of families of serving and ex-serving.

Data from Operation RESOLUTE Mental Health Surveillance

- The RESOLUTE screening program measures symptoms associated with psychological distress, post-traumatic stress and alcohol usage. The screening program aims to identify members who may be experiencing symptoms and enable a referral for early intervention and treatment as required.
- In 2014, approximately 10 per cent of screened members recorded psychological distress levels above the risk-related cut-off. In addition, just over five per cent reported above the risk cut-off for posttraumatic stress symptoms. Just under 15 per cent scored above the cut-off for risky drinking behaviour. Other mental health research suggests, and further analysis of this group can be expected to demonstrate, a level of co-morbidity. That is, one person may be reporting one or more sets of these symptoms.
- In 2014 the overall referral rate for follow-up mental health support for personnel assigned to Operation RESOLUTE was 5.6 per cent. This referral rate is similar to the SLIPPER rate of 5.7 per cent.
- There was a higher level of psychological distress reported by those personnel assigned to RESOLUTE for more than one year compared to those assigned for less than a year. There is no significant difference between Navy personnel on RESOLUTE and SLIPPER reporting symptoms of posttraumatic stress and psychological distress. (It is important to note this data does not identify those with diagnosed mental disorders including PTSD).

Media Enquiries

- There continues to be wide coverage in the media about PTSD and military service. A particular concern is the ability for Defence and DVA to respond to increasing numbers of PTSD cases in future years, and the psychological impact of Operation RESOLUTE.

SENATE ESTIMATES BRIEF

Personnel 04
Secretary and CDF's pack

PERSONNEL 04: AUSTRALIAN DEFENCE FORCE (ADF) MENTAL HEALTH, REHABILITATION AND SUPPORT FOR WOUNDED, INJURED AND ILL PERSONNEL

Key Facts

<ul style="list-style-type: none">• Since 2009 (as at 30 Jan 2015) Defence has invested a total of \$140 million in the provision of mental health care and support.• An estimated one in five ADF members has had a mental health condition in the previous 12 months, not necessarily caused by operational service.• An estimated 4,169 (8.3 per cent) of ADF members serving in 2010 had experienced symptoms of Post Traumatic Stress Disorder in the previous 12 months (as a result of trauma in their personal and/or military lives).• Since 1 January 2000, of the 105 Defence members suspected or confirmed to have died by suicide, 61 had not deployed.	<ul style="list-style-type: none">• Since 2002, 291 personnel have been wounded in action in the Middle East Area of Operations (to 26 September 2014):<ul style="list-style-type: none">○ 261 in Afghanistan○ 30 in Iraq• There has been no change to these numbers since 28 October 2013.• The Support for Wounded Injured and Ill Program (SWIIP) is a joint Defence and Veterans' Affairs (DVA) initiative focused on improving and simplifying the systems that support wounded, injured or ill ADF members.
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Key Issues

- Promoting good mental health and providing the necessary care, rehabilitation and support to ADF personnel who are wounded, injured or ill is one of Defence's highest priorities.

Mental Health Reform in the ADF

- The 2011 ADF Mental Health and Wellbeing Strategy and the supporting 2012 Action Plan set priority actions through to 2015 and are informed by analysis of the 2010 ADF Mental Health Prevalence and Wellbeing Study.
- Progress against the Action Plan will continue to be monitored by Joint Health Command (JHC) with advice from the ADF Mental Health Advisory Group, and reported biannually. Mental Health Advisory Group membership includes external mental health advisors. The Fourth Progress Report was finalised in December 2014.
- Planning for the next ADF Mental Health and Wellbeing Strategy 2016-2020 has commenced.

Provision of Care and Rehabilitation in the ADF

- ADF members have access to high quality and integrated health (including mental health) treatment, and occupational rehabilitation across operational and non-operational activities.
- Since 2009 Defence has:
 - invested a total of \$140 million on mental health services and support;
 - increased the mental health workforce;
 - improved policy and training for ADF health professionals;
 - increased mental health research and surveillance; and
 - strengthened resilience training and prevention strategies.
- Regional Mental Health Teams, Mental Health and Psychology Sections and Rehabilitation Consultants have been established across Australia.
- ADF members and their families are also able to access the Veterans and Veterans Families Counselling Service throughout Australia.
- It is difficult to precisely forecast future demands for mental health services. An analysis of the 2010 Mental Health Prevalence Study and comparison with other military populations, (conducted in 2013 by the University of Adelaide Centre for Traumatic Stress Studies) suggests that only half of those with a mental health condition will actively seek treatment. Defence therefore estimates at least ten per cent of ADF members may seek help for a mental disorder in the short to medium term.

Focus on Recovery and Return to Work

- In FY2013-14, 3,250 Defence members (70.8 per cent) who participated in the ADF Rehabilitation Program were successfully returned to work in the ADF.
- Of the members who returned to work, 77 per cent had a primary physical condition, 13 per cent had a primary mental health condition, and ten per cent had a medical or other condition.
- At 20 February 2015, a total of 3685 ADF members were being assessed or undertaking rehabilitation programs (open cases).
- 4,592 rehabilitation cases were closed during FY2013-14.
 - 3,359 members had a physical condition as the primary diagnosis and 2,509 (75 per cent) of these had a successful return to work;
 - 813 members had a mental health condition as a primary diagnosis and 421 (52 per cent) of these had a successful return to work; and
 - 420 members had a medical or other condition as the primary diagnosis and 320 (76 per cent) of these had a successful return to work.

Pre and Post-Separation Care

- The ADF actively prepares members who are medically separating for transition to civilian life by providing information and assistance such as referral to other identified health providers, to ensure a safe and effective transfer of care.
- Defence's responsibility for the provision of quality occupational rehabilitation includes linking members to a variety of services including the handover/transfer of health care to DVA, or the civilian sector.
- DVA offers the Stepping Out Program to all ADF members and their partners who are in the process of separation from the ADF or who have separated in the last 12 months.
- From 1 July 2014, DVA introduced an ADF post-separation General Practitioner (GP) Health Assessment, available to all former members of the permanent forces and the reserves, and covered under existing Medicare Benefits. This health assessment supports GPs in identifying and diagnosing the early onset of mental and/or physical health problems in former ADF personnel. Importantly, it can be conducted at any time after separation from the ADF.

- JHC is refining pre-separation health assessment and health administrative processes to facilitate a smooth transition to the civilian health care sector for ADF members and provide baseline health information for civilian health providers that are consistent with the GP health assessment.

ADF Response to Alcohol Misuse

- Significant work has been undertaken to improve Defence's understanding of alcohol use in the ADF, the profile of alcohol problems experienced by ADF members, and to align our education, prevention and rehabilitation programs with evidence based practice.
- In June 2014, the ADF Alcohol Management Strategy and Plan 2014-17 was released. This document provides a framework for addressing alcohol supply, demand and harm reduction in the ADF, and strengthening our existing programs with tools to better manage alcohol use in the ADF.
- Defence adopts a stepped care approach to treatment that ensures members are able to access less intensive interventions within the Garrison primary health care settings at an earlier stage, and reduces the need for referral to more intensive programs such as residential treatment.
- Defence is collaborating closely with DVA to increase alcohol awareness and literacy and provide a wider range of self help materials.

Suicide Prevention in the ADF

- Since 1 January 2000, 105 Defence members are suspected or confirmed to have died by suicide, including nine females.
- Prevalence of death by suicide in the ADF is estimated to be 35-55 per cent lower than the general community (based on a review by the Griffith University, utilising a 95 per cent confidence interval).
- Sixty-one of the 105 Defence members suspected to have died by suicide had never deployed.
- There is no clear association between deployment and suicide in the ADF at a population level.
- In 2015, as at 20 February, there have been two suspected deaths by suicide: one Navy and one Army member.
- The ADF has a comprehensive Suicide Prevention Program. This includes; ADF policy guidance on managing self harm, harm to others and suicide; provision of risk assessment training to mental health professionals; and updated mandatory awareness training and presentation packages for Defence members and Command.

- When an ADF member is identified as being at risk of suicide, self harm or harm to others, Defence mental health professionals undertake a comprehensive mental health assessment including risk assessment.-
- JHC also monitors and amends data on deaths by suicide when coronial confirmation for any suspected deaths by suicide is received.

Support for Wounded, Injured or Ill Program (SWIIP)

- SWIIP is enabling Defence to clarify roles and responsibilities, reduce complexity, enhance the support that Defence provides to seriously wounded, injured or ill members, and improve the way information is shared between Defence and DVA.
- The Joint Standing Committee on Foreign Affairs, Defence and Trade tabled a report on 24 June 2013 titled '*Inquiry into the Care of ADF Personnel Wounded and Injured on Operations*'. The report contains 25 recommendations, a number of which relate to existing SWIIP initiatives.
- Defence is the lead agency, with direct responsibility for 19 recommendations and input into two others.
- Phase One of SWIIP, completed in 2010, was a gap analysis which concluded that, while the existing support systems were generally good and resulted in a high return-to-work rate for rehabilitated members, more could be done. Thirty one recommendations were made to improve the support arrangements.
- Under Phase Two of SWIIP (the implementation phase), 29 of the 31 recommendations were completed, one closed and one deferred.
- Phase Three is the current phase, and aims to implement a range of new initiatives that build on the work completed in Phase Two.
Work under Phase Three includes:
 - further improvements to the way each Department shares information;
 - improvements in the management of information requests from DVA, particularly where the request involves paper records and/or requires research and/or interpretation; and
 - improvements in the way information on support services is communicated to members and their families, and to those involved in supporting wounded, injured or ill members.
- Phase Three is a long term commitment and is expected to continue over the next four to five years. The timeliness of outcomes will be dependent on resourcing over time.

- The next 12 monthly progress report through the Defence and DVA Links Steering Committee will be submitted in March 2015.

Army Initiatives (SWIIP)

- The Chief of Army hosts an annual Wounded Injured and Ill Digger Forum. The last Chief of Army Forum was held in Canberra on 15 October 2014. The focus was on non-operational injuries and illnesses and examination of the effectiveness of Army's processes across the rehabilitation-transition continuum.
- Soldier Recovery Centres have been established by Army in Darwin, Townsville, Brisbane and Holsworthy to support the recovery of wounded, injured or ill soldiers.
- Army, through its *Rehabilitation Through Employment* initiative, is looking to identify short-term and long-term employment opportunities for wounded, injured or ill personnel as part of extended rehabilitation and extended transition programs.
- Army's Industry Partnership Initiative is aimed at working with defence and other industries, with other government departments, and with charitable and non-charitable organisations, including recruitment consultants, to identify placement/employment opportunities for wounded, injured or ill soldiers.
- From 2016, the lead for the *Rehabilitation Through Employment* initiative will transition to Defence People Group who will coordinate the roll out of the initiative across all three Services.

Simpson Assistance Program (SAP)

- SAP complements SWIIP. SAP rehabilitation services focus on ADF members with especially complex and long-term needs including multiple injuries, or a combination of physical and mental injuries. SAP also aims to reduce the impact on members and their families.
- SAP projects include intensive rehabilitation, health care coordination, psychosocial support services, and research projects.
- SAP also includes development of the ADF Rehabilitation Strategy, to be released in early 2015. The strategy is being developed and drafted by JHC in consultation with the Services. It will outline responsibilities and accountability for ADF recovery and rehabilitation, as well as appropriate governance and key performance indicators to drive service excellence.

ADF Paralympic Sports Program

- The ADF Paralympic Sports Program and the ADF Sports Council provide the opportunity for serving and veteran wounded, injured or ill members with an acquired disability, or long-term medical condition, to participate in overseas adaptive sports events.
- A contingent of nine ADF members (eight participants and the team captain), plus a New South Wales Returned and Services League (RSL) representative, will be attending the Canadian Forces Soldier On Allied Winter Sports Camp in British Columbia, Canada from 15-26 February 2015.
- ADF participation in this Camp is supported with financial sponsorship through the New South Wales RSL. The previous Vice Chief of the Defence Force approved RSL funding of \$35,000 per annum for camps in 2013, 2014 and 2015.
- In February - March 2014, the ADF Paralympic Sports Association sent a team of 11 ADF members, including two DVA veterans, to participate in the United States Marine Corp Trials.
- Planning is underway by the ADF Paralympic Sports Association to send a team of five ADF members and three DVA veterans to the United States Marine Corps Trial in March 2015.

UK Invictus Games

- The Royal Foundation, supported by the UK Ministry of Defence, conducted an international sports event, the Invictus Games, for wounded, injured or ill military personnel and veterans from a number of countries. The event was conducted in London from 10-14 September 2014.
- The ADF sent 15 ADF serving men and women with six support staff. The RSL coordinated participation of 21 veterans. The ADF participation was coordinated by the ADF Sports Council, with health and rehabilitation advice from JHC.
- Over 400 competitors from 13 nations took part in nine sports - Athletics, Archery, Wheelchair Basketball, Road Cycling, Indoor Rowing, Powerlifting, Wheelchair Rugby, Swimming and Sitting Volleyball. There was also a driving challenge organised by Jaguar Land Rover.

Chief of the Defence Force Rehabilitation and Recovery workshop

- On 29 April 2014, a workshop was convened by the Chief of the Defence Force with Defence, DVA and representatives of ex-service and veteran community-based organisations to create opportunities for better coordination and access to the range of rehabilitation and recovery programs available to ADF members and their families.
- A follow up workshop was held on 29 October 2014 and included updates on the progress of action items from the April meeting. It also provided further opportunity to strengthen partnerships to improve access to, and the effectiveness of, rehabilitation and recovery programs.
- Outcomes from the workshops that are being progressed further during 2015 include:
 - an improved communications framework;
 - mapping of regional and national rehabilitation services;
 - improved availability of and access to web-based information;
 - promotion of existing Defence and DVA family support options and referral pathways; and
 - alignment of the Defence Separation Health Examination and the DVA post-discharge General Practice health assessment protocol.
- Another workshop will be convened in October 2015.

Research

- Defence has commissioned world class research into the nature and rate of mental and physical health conditions, and the impact of operational deployment on health and wellbeing.
- Defence and DVA are developing a research program in collaboration with our research partners. Topics include transition from the ADF, stigma and pathways to mental health care, impact of combat and rehabilitation.
- In December 2013, JHC engaged the Australian Institute of Family Studies to conduct research into the role of the family in the rehabilitation of wounded injured or ill ADF members. A report of the research findings is expected to be received by JHC in mid-2015.

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BACKGROUND

Media Interest

- Senator Lambie has stated a number of times in parliament (Maiden Speech to the Senate 3 Sep 14, senate debate 4 Sep 2014) of her concern of the ‘poor treatment’ of veterans by Defence and the DVA. She was reported in the *Mercury* 16 Sep 14 as saying that she is “seeking a guarantee that Australian personnel that have served in a conflict zone to automatically qualify for a health Gold Card once they leave the defence force”. Previously she was quoted in the *Courier Mail*, 2 Sep 14, that “This Government has failed to support the people our nation has sent into battle and harm’s way in the past. This Liberal National Government has an appalling record of caring for our veterans. They cover up the suicide rate of veterans because they are ashamed of the amount of young veterans killing themselves”.
- On 15 Sept 14 the ABC reporter Kumi Taguchi requested information on
 - How many Australian soldiers have gone to Iraq and Afghanistan since 2001?
 - How many have been treated for mental illnesses upon their return?
 - What support does the DOD provide for mental health while soldiers are in-service?
 - What support does DOD provide for mental health after getting back home?
- Each of these questions was addressed and information regarding mental health support to ADF members was included on the ABC ‘Mental As’ website for Mental Health Week 5-12 Oct 14.