

JOINT HEALTH COMMAND



A guide for media - mental health
issues in the ADF



Mental Health in the ADF

- Statistics are drawn from the 2010 *ADF Mental Health Prevalence and Wellbeing Study* (MHPWS). ADF data was matched with an age, gender and employment sample from the Australian Bureau of Statistics 2007 *National Survey of Mental Health and Wellbeing*. ADF mental disorder prevalence rates were established through anonymous structured diagnostic phone interviews, which accords with international best practice.
- One in five (22%) of the ADF population has experienced a mental disorder in the previous 12 months, which is similar to the rate of the Australian community (20.7%).
- Over half of the ADF (54.1%) experienced an affective (mood), anxiety or alcohol disorder at some stage in their lives either before or during their military service, which is higher than the Australian community (49.3%).
- In terms of affective, anxiety and alcohol disorders, the ADF and the Australian community face similar challenges.
- The most common disorders in the ADF are anxiety disorders; as in the general community, posttraumatic stress disorder (PTSD) is the most prevalent of these.
- The estimated prevalence of PTSD amongst Defence members is 8.3 per cent, with over half of those reported having received treatment in the previous 12 months.
- Affective (mood) disorders in the ADF show the largest difference with the Australian community with the prevalence of affective disorders in ADF males being significantly higher than the community.
- The incidence of alcohol disorders is significantly lower across both sexes in the ADF compared to the Australian community.
- Defence members more likely to express suicidal ideation than those in the general community, they are only equally likely to attempt suicide, and are less likely to die by suicide.
- Overall there is little difference in the prevalence of mental disorder between those who have been on operational deployment and those who have never been deployed.
- Deployment alone is not a risk factor for mental disorder but rather it is the cumulative effect of exposure to lifetime traumatic experiences, whether service related or not.
- Treatment rates vary across the disorders. However, approximately 50% of Defence members with the most prevalent anxiety disorders (such as PTSD) and 65% of those with depressive episodes reported seeking treatment in the previous 12 months.
- Defence estimates approximately 22% of Defence members will have a diagnosable mental disorder at some time during a 12 month period and approximately half of those may seek treatment in the next two years.

Anxiety Disorders

- Anxiety disorders included in the 2010 *ADF Mental Health Prevalence and Wellbeing Study* (MHPWS) were generalised anxiety disorder, Post Traumatic Stress Disorder (PTSD), specific phobia, social phobia, panic disorder, panic attack, agoraphobia, and obsessive compulsive disorder.
- Anxiety disorders are the most common mental disorder type in the ADF with 14.8% experiencing an anxiety disorder in the last 12 months and 27% at some time during their lifetime.
- The rates of anxiety disorders are not statistically greater than those seen in the Australian community.
- There is a higher prevalence of anxiety disorders among ADF females (18.8%) compared to males (14.2%).

Posttraumatic Stress Disorder (PTSD)

- PTSD is the most prevalent anxiety disorder.
- 8.3% of ADF members experienced PTSD in the previous 12 months as a result of lifetime trauma in their personal and/or military lives. This was greater than in the Australian community (5.2%).
- ADF males report significantly higher rates of PTSD than the general community (8.1% vs. 4.6%).
- 90.1% of ADF personnel have experienced at least one potentially traumatic event at some time in their life, compared to 73% of an age and employment matched sample of the Australian community.
- There was no statistical difference in the rate of PTSD between ADF males (8.1%) and females (10.1%).
- However, trauma histories differ between ADF males and females, with males more likely to report deployment related and accident or other unexpected traumas, whereas females were more likely to report interpersonal traumas.
- ADF members who have *never* deployed are just as likely to have PTSD (8.8%) as those who have deployed (8%).

Affective (Mood) Disorders

- Affective (mood) disorders included in the 2010 *ADF Mental Health Prevalence and Wellbeing Study* (MHPWS) were depressive episodes, bipolar affective disorder and dysthymia.
- The 12-month rate of affective disorders in the ADF is 9.5%, which is greater than in the Australian community (5.9%).
- Lifetime rates of affective disorders are also higher in the ADF (20.8%) than in the Australian community (14%).

- ADF males experience higher rates of affective disorders (9.4%) than the Australian community (5.7%). This is mostly accounted for by the experience of depressive episodes.

Depressive Episodes

- 6.4% of ADF members experienced a depressive episode in a 12-month period, compared to 3.1% in the Australian community.
- Both ADF males (6%) and females (8.7%) experienced significantly higher rates of depressive episodes than the Australian community (2.9%, 4.4%).

Alcohol Disorders

- Alcohol disorders included in the 2010 *ADF Mental Health Prevalence and Wellbeing Study* (MHPWS) were alcohol dependence and alcohol harmful use.
- 12-month alcohol disorders were significantly lower in the ADF (5.2%) compared to the general community.
- Most alcohol disorders occurred in males in the 18–27 age group (13.4%).
- Younger ADF females (aged 18–27) had much lower rates of alcohol disorders (2.1%) than their community counterparts (9.4%).
- The Hamilton Report (2011) highlighted that much of the risk, cost and harm associated with alcohol in the ADF does not arise from the small number of personnel who are alcohol dependent, but rather from those who participate in occasional episodes of short-term risky drinking and associated risk behaviours.

Suicidality

- ADF personnel reported thinking of suicide (3.9%) and making a suicide plan (1.1%) at a higher rate than the Australian community sample (1.7%, 0.4%).
- There is a gradation of severity of suicidality in the ADF, ranging from those with suicidal ideation (3.9%) through to those making a plan (1.1%) to those actually attempting suicide (0.4%).
- The number of suicide attempts (0.4%) was not significantly greater than in the general community (0.3%).
- Suicide ideation is 39% more likely among ADF females than their male counterparts. This is similar to trends seen in the Australian community. However, examination of the prevalence of suicide plans and suicide attempts shows no significant difference between the sexes.
- Since 2000 through to 2 April 2014, 96 Defence members are suspected or confirmed to have died by suicide, including seven females.
- 56 of the 96 Defence members who are suspected or confirmed to have died by suicide within the last 14 years had not deployed, suggesting there is not a clear association between deployment and suicide in the ADF.

Deployment

- Studies show not all ADF personnel will be exposed to trauma on deployment and that most will not develop mental health concerns. However, ADF members who are repeatedly exposed to traumatic experiences either at home or on deployment are more likely to develop mental health concerns.
- 43% of ADF members reported multiple deployments, 19% reported only one and 39% had never been deployed.
- Deployed personnel did not report greater rates of mental disorder than those who had not been deployed.
- Only Obsessive Compulsive Disorder was more prevalent in those who had deployed (4.3%) as compared to those who had never deployed (1.4%).
- Those with deployment experience were 10% more likely to seek care for mental health or family problems.

Middle East Area of Operations (MEAO)

- These results are from the Middle East Area of Operations (MEAO) Census and Prospective Health Studies released in 2013. These studies used standardised self-report measures and not clinical diagnostic interviews. Therefore, the results below refer to levels of *self-reported symptoms* and not diagnosed mental disorders.
- 4.6% of personnel who deployed to the MEAO between 2001 to 2009 reported symptoms of PTSD. 2.7% of those deployed who were still Regular serving personnel at the time of survey reported PTSD symptoms. However, the majority of participants were psychologically, physically and socially healthy both before and after deployment
- 4.2% reported psychological distress and 2.5% reported symptoms of alcohol misuse.
- 5.5% reported suicidal thoughts, 1.4% reported making a suicide plan and 0.4% reported making a suicide attempt, in the previous 12 months.
- The prevalence of PTSD symptoms was highest in those who were 2-3 years post-deployment.
- Members who had transitioned to reserve or civilian roles were more likely to report mental health concerns than ADF members who remained in full-time service.
- For example, members who had transitioned to reserve (6.7%-7.2%) or civilian roles (16.5%) were more likely to report PTSD symptoms than ADF members who remained in full-time service (2.7%).
- For those members who had completed both pre and post-deployment testing (MEAO Prospective Study), the rate of self-reported PTSD symptoms increased from 1% pre-deployment to 1.9% post-deployment (at an average of 4.2 months post-deployment).¹

¹ Differences in rates between MEAO Census Health Study and Prospective Study may be accounted for by the different samples in each study and the time between deployment and surveying. For the MEAO Census Health Study, the time between deployment and survey was between 1 to 10 years, allowing for latent PTSD symptoms to emerge.

- Self-reported psychological distress increased from 2.5% pre-deployment to 4.8% post-deployment.
- Self-reported PTSD symptoms were significantly higher in personnel with higher combat exposure compared to the lowest level of exposure.
- Not all ADF personnel are exposed to trauma while deployed. Those members most at risk of trauma exposure are those in combat roles, explosive ordinance disposal as well as those based inside Iraq or Afghanistan.
- Traumas associated with risk for PTSD are those which may be experienced in any area of operation (unable to respond to a threatening situation, body handling and witness to human degradation).

Help Seeking

- 18% of ADF members sought help from stress, emotional, mental health or family problems in the previous 12 months.
- Only 6.3% of ADF members reported not knowing where to seek help.
- Being treated differently (27.6%) and harm to career (26.9%) were the highest rated perceived stigmas.
- The highest rated barrier to seeking help was concern it would reduce deployability (36.9%).
- Research shows that women in the ADF are more likely to seek help than their male counterparts.
- Women in the ADF are more likely to know where to get help than their male counterparts, with only 5.4% of women reporting that they did not know where to get help compared to 6.5% of men.