



It takes a strong-willed person to join the Australian Defence Force (ADF) and serve the nation; yet the pressure of military life can be challenging at times, particularly given the current high operational tempo. So what is the ADF doing to ensure the mental health and wellbeing of its most important resource – its people? Alisha Welch spoke to the team at the Directorate of Mental Health, part of the Defence Support Group, to learn more about their role and how they support ADF members.

The Directorate of Mental Health was established in 2002 to implement the ADF Mental Health Strategy (ADFMHS); the aim of which is to reinforce the concept of ‘wellness’ in life for Service members and their families by promoting programs that improve self-esteem and encourage a positive outlook and a feeling of acceptance and belonging. A fundamental goal of the strategy is to provide commanders with tools to assist in the effective management of personnel.

According to Lieutenant Colonel (LTCOL) Andrew Cohn, a Staff Officer in the team, the ADFMHS provides an integrated multi-disciplinary focus for the ongoing delivery of a broad spectrum of services, including:

- An education campaign for ADF commanders and other personnel regarding the scope of mental health and some possible management and preventative strategies.
- Early identification and intervention programs for personnel experiencing mental health problems and disorders.
- Integrated, multi-disciplinary ADF mental health services.
- Improvements in ADF mental health data collection and research.

LTCOL Cohn says mental health is a top priority for the ADF and that, early in a person’s career, members are exposed to training that aims to instil mental strength.

“In the first few weeks of training, all ADF non-officer trainees at recruit schools receive what we call ‘resilience’ training, which is designed to teach ways of coping with stressful events and circumstances,” he says.

“We would like to roll out this training across the ADF, particularly during promotion courses. It is important because resilience training can be tailored to help people cope with stressful events at any particular stage of their careers. So, for someone being deployed overseas, their resilience training would require a different slant to what recruits would receive during their training.”

With the current high operational tempo not about to subside, LTCOL Cohn said pre-deployment psychological briefs were a critical part of preparing personnel for deployment.

“Before personnel deploy they receive pre-deployment psychological briefs,” LTCOL Cohn says.

“These briefs contain information about how to effectively cope with stress overseas on deployment; managing fatigue and operational tempo; stress management; how to deal with culture shock upon arrival in theatre; and, importantly, how to deal with being separated from families. Personnel are given tips that relate to keeping the lines of communication with their families open – writing letters and emails regularly and remembering significant events like birthdays and anniversaries. These things often make dealing with separation a little easier to manage.”

LTCOL Cohn says that, about two weeks before deployed personnel return to Australia, they receive a ‘Return to Australia Psychological Screen’.

“This is an interview with a Psychologist or Psychological Examiner where members are encouraged to talk about their experiences on deployment: identify what was stressful; discuss any traumatic events; or discuss whether their families had any difficulties while they were deployed – anything they consider to be stressful. As a group, they are also given an educational brief on what they may experience when they return home.

“The ADF Psychologist or Psychological Examiner assesses each person and decides whether the person requires immediate psychological support back in Australia. If this is the case, a referral is provided so as to ensure the person is looked after immediately. Three to six months later, a Post-Operational Psychological Screen occurs, which has the same purpose. Questions are asked about how the person has readjusted to life at home and, if any problems are identified, additional help is arranged.”

HMAS Waller enters Sydney Harbour for Exercise RIMPAC preparations at Fleet Base East, prior to departing for Hawaii.
Photo provided by Public Affairs.



Mental health key priority for ADF

So, what is the main mental health issue ADF personnel face? According to Group Captain Leonard Lambeth, Director of the Mental Health team, the main issue facing ADF personnel is depression.

Because of this, ongoing suicide awareness briefs are provided to ADF personnel during annual and induction training activities and, more recently, the ADF commenced roll out of suicide first aid training as a component of the 'Keep Your Mates Safe' program, as well as clinical up-skilling for mental health professionals working with patients experiencing a suicidal episode. In addition, a 30 minute introductory suicide awareness brief, which has been available nationally since 2005, will be available online through CAMPUS from July this year.

Clearly the most important message for ADF personnel experiencing any kind of stress, anxiety or depression, is to seek help as early as possible and "look after your mates as well". Contact your local medical centre, chaplain, psychologist, social worker or the duty officer/officer of the day. There is also an All Hours Support Line, which can be contacted at any hour of the day or night.

All Hours Support Line: 1800 628036 (within Australia) or (02) 9425 3878 (outside Australia).

Mental Health Review

The Minister for Defence Science and Personnel, the Hon Warren Snowdon MP, and the Minister for Veterans' Affairs, the Hon Alan Griffin MP, recently initiated a review of mental health care in the ADF and transition to non-military life. The purpose of the review is to independently

assess and benchmark, from a mental health best practice and administrative perspective, the current models of mental health support in the ADF, and the mechanisms of transition for those medically discharged with a mental health condition.

The specific tasks of the review are to:

- Compile a stocktake of the full range of mental health programs across the ADF and the Department of Veterans' Affairs (DVA).
- Establish what the links are between the various mental health programs by mapping them together.
- Identify any gaps in the programs or duplication of the programs within or between Defence and the DVA. This gap analysis focuses on the lifecycle of the member inclusive of ADF service, transition to civilian life and subsequent civilian employment.
- Provide recommendations to address any identified gaps or duplication in the mental health programs and transition arrangements.
- Provide advice on the processes of managing an individual throughout and beyond the transition period.

It is expected that a report will be presented to the Ministers by late December 2008.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a serious mental disorder that can sometimes occur after exposure to a traumatic event. It is normal for most individuals to experience some form of

What is mental health?

The World Health Organisation defines good health as 'a complete state of physical, mental and social wellbeing and not merely the absence of disease or infirmity'. The mental health and social area of our lives are just as important as our physical bodies.

In general, a person with good mental health will perform well in most areas of their lives, be productive and confident, enjoy fulfilling relationships with other people and have the ability to adapt to change and cope with adversity.

– ADF Mental Health Fact Sheet

distress after highly traumatic events. However, for a small number of individuals this develops into a long-term and incapacitating problem. The earlier assistance is sought in these cases the better the rate of recovery.

What is a traumatic event?

What constitutes trauma is different for everyone; however, there are a number of generic events that have the potential to cause significant distress. These include, but are not limited to:

- Threat of death
- Serious injury
- Viewing or handling of dead bodies
- Death or serious injury of a family member
- Exposure to a potentially contagious disease or toxic agent
- Witnessing human degradation on a large scale
- An action or inaction resulting in the serious injury or death of others.

What are common reactions?

Most people experience strong reactions after traumatic events, which may include:

- Re-experiencing the event (visual images awake or asleep)
- Intrusive thoughts about the event
- A desire to avoid anything attached to the event
- Feelings of panic or being highly anxious
- Feeling sad, tearful, hopeless or depressed
- Feeling your personality has changed
- Drinking more alcohol, or misusing other substances
- Feelings of guilt or anger
- Trouble concentrating, disorientation and memory problems
- Sleep disturbance, excessive alertness and being easily startled
- Feeling unable to control your moods, especially when trying to control your anger
- Having difficulties with relationships.

When should I seek help?

If the symptoms outlined are causing you considerable distress and impacting on your ability to work or function socially, you need to seek help. Also, if these symptoms persist for more than four weeks, you should seek help.

“When ADF members leave home on deployment, the period of separation can be particularly stressful for their loved ones.”

Where should I go?

Contact your local medical centre, chaplain, psychologist, social worker or the duty officer/officer of the day.

Depression

Depression is a common illness. One in five adults will experience this debilitating condition at some stage in their life. Consequently, every family will have at least one member who has had the illness or is at immediate risk. Depression is recognised as the most disabling medical condition in our modern society. It is closely linked with other psychological conditions, particularly anxiety, as well as misuse of alcohol and other substances. Depression can also lead to other medical illnesses, particularly heart disease. It leads to premature death not only by suicide, but also by increased rates of accidental injury.

Depression is a word we often use to describe our feelings or moods. Most of us will feel 'down', 'blue', 'fed up' or 'sad' from time to time – such feelings are a normal part of the emotional ups and downs of everyday life. In fact, feelings like these are useful because they may help you realise that you need to do something constructive to deal with the feelings, or change the situation.

Depression is quite different to these types of feelings. It lasts longer than sadness or a case of the 'blues' and is accompanied by feelings of helplessness and hopelessness of an intensity that has a strong negative effect on day-to-day life. Depression is not only about feelings or emotions, it also affects the way you think and behave.

Depression is not a mood that you can just 'snap out of'. Depression can, however, be treated – and treated successfully. Don't be afraid to talk about your feelings; letting people know how you feel can be the first step on the road to recovery from depression. Remember – depression is an illness, not a choice.

What are the signs?

- Loss of interest in pleasurable and fun activities

- A lack of joy in your life
- Feeling sad or irritable most of the time
- Changes in sleeping patterns – trouble falling asleep or waking up too early
- Worrying and negative thinking
- Feeling unworthy or helpless or as if you are a burden to others
- Feeling tired all the time or like everything seems like a major effort.

It is probably the relentless feelings of hopelessness, helplessness, guilt and anxiety that accompany depression that make it so difficult to cope with. Some of these signs can be frightening, particularly if you think about death or suicide. It is important to make sure you talk about these feelings, find a different solution or answer to your pain.

What to do?

If you or someone you know can identify with these signs or feelings, please seek help straight away. Contact your local medical centre, chaplain, psychologist, social worker or the duty officer/officer of the day.

You can also check out the beyondblue website at www.beyondblue.org.au

beyondblue is a national initiative looking at all aspects of depression, anxiety and substance-use related disorders and is supported by Australia's Federal and State/Territory governments. It provides a uniform approach to preventing depression, raising community awareness and reducing stigma, giving a voice to people's lived experiences, supporting further research and working with general practitioners to improve the identification and treatment of depression.

Separation

When ADF members leave home on deployment, the period of separation can be particularly stressful for their loved ones. It is helpful to realise that the thoughts and feelings each person in the family may experience could be normal responses to the stresses associated with separation.

Thoughts and feelings during deployment

Common thoughts and feelings can be associated to each stage of separation: pre-separation, separation and homecoming.

Pre-separation

Thoughts: is he/she really going to leave me with all this? He/she won't talk properly to me about the separation. How am I going to cope? His/her job must be more important than mine. Where is he/she going exactly? Will he/she be safe?

Feelings: restlessness, irritability, anger, resentment, hurt, fear and anxiety.

Separation

Thoughts: if I love him/her why am I relieved he/she has gone? I just don't feel like socialising yet. What am I going to do with this hole in my life?

Feelings: numbness, aimlessness, anger, indecisiveness, overwhelmed, withdrawn, feelings of independence.

Homecoming

Thoughts: why should I give that up just because he/she has returned? He/she doesn't understand the difficulties I've had. He/she thinks life here was exactly the same while he/she was away. He/she has changed a lot.

Feelings: excitement, happy but distant, resentful and wary at the same time.

Suggestions for coping with the separation

Pre-separation

Cry – this can be a way of releasing pent up emotions such as worry, upset and uncertainty. Talk matters through. Disputes are sometimes a means of preparing for separation, allowing emotional distancing. Try to resolve any problems or family conflicts before departure. Face emotions. Discuss possible short and long term effects of separation on the family. Understanding and reassurance can affirm trust and help resolve worries. Develop a support network.

Separation

Share your concerns with others, don't bottle things up. Try to solve those problems you can deal with as this may boost your confidence. Enjoy yourself when possible. Help and support others

when you can. Helping others can help you by making you aware that you are not alone. Allow yourself to be upset at times, but don't allow the separation to dominate your life. Ask for help; it may surprise you that more often than not people like to lend support.

Homecoming

Be aware of your expectations. They might not be realistic. Accept everybody in the family will have personally changed. Be careful and avoid making insensitive statements. Renegotiate relationships and roles. Be patient with each other and be prepared to accept change. Accept family reintegration is a process of adjustment and will take time and effort. Be alert for delayed stress reactions.

Children

Children may experience a sense of insecurity during a parent's long absence. Their world may 'normally' comprise a mother, father and a home that creates a strong base for security. Remove one, and the children have lost a part of their security. The effect of this can show up in many ways, often in varying degrees of unacceptable behaviour.

Suggestions for dealing with children

During the separation children need added support and attention. Perhaps the most important step to minimise adverse effects on children is to keep the absent parent part of the family's emotional life.

- Give each child some undivided attention, though admittedly this can be difficult for only one parent
- Keep roughly the same rules for the children during mum or dad's absence
- Photographs of the absent parent can be kept beside children's beds and used as part of the 'going to bed' routine
- The absent parent should write separate letters to each child
- Try to have letters arrive for young children as soon as possible after separation – perhaps by posting such letters a day or two before departure.

Mental health resources

Local Medical Centres: your local medical officer can provide immediate assistance and referrals as required.

Psychology Support Section: all Psychology Support Sections can offer after-hours critical incident support through the local duty officer/officer of the day.

Defence Community Organisation: The DCO provides assistance to members and families in all areas. It provides 24-hour assistance in crisis situations and will help with appropriate referrals if required during office hours. www.defence.gov.au/dco

Chaplains: There are Chaplains connected to all units in Australia (and on operations) who can provide support and appropriate referrals.

Family Information Network for Defence: FIND is a phone service that provides easy access to personnel information on a variety of matters. It is a confidential service that is available to every Service person and family anywhere in Australia. 1800 020 031

Lifeline: If you, or a friend, need to talk to someone about a problem immediately, you can call Lifeline for the cost of a local call. 131 114

Vietnam Veterans' Counselling Service: This service is available to veterans of all deployments and their families. 1800 011 046