

# **AUSTRALIAN DEFENCE FORCE MENTAL HEALTH STRATEGY:**

Enhancing Capability through Proactive Initiatives

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## **Abstract**

*Mental health is a key feature in the personnel component of military capability and the key mental health consideration for commanders is the immediate operational effectiveness of their personnel. The Australian Defence Force Health Status Report (2000) recognised that mental health plays a key role in an individual's overall health and that mental health problems may impact on a member's ability to function at an optimal level. This Report recommended the need for an integrated and comprehensive Australian Defence Force Mental Health Strategy (ADFMHS) to co-ordinate and reflect current best practice in this field. This paper will describe the development and implementation process of the ADFMHS and highlight a selection of the key initiatives planned for the future by the Australian Defence Force.*

## **Introduction**

Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives (1). A military community is not immune to these effects of modern life; indeed, service in the military itself may contribute to mental health problems. Wong et al, have found evidence that military lifestyles may place added strain on personal and family relationships, encourage alcohol abuse and contribute to mental health disorders and suicide in a minority of vulnerable individuals (2).

There is growing anecdotal evidence that mental health influences military capability. The scope of mental health problems facing the Australian Defence Force (ADF) and its commanders include:

- Mental disorders are the second leading cause of invalidity retirements from the ADF.
- Potential misuse of alcohol and other drugs by ADF personnel.
- Suicide is the third leading cause of death among ADF personnel.

The diversity of the mental health impact on capability is such that there is a need for a comprehensive strategy for dealing with mental health in the ADF. This was recognised previously in the Australian Defence Force Health Status Report (3).

### **Definition of Mental Health**

Mental health is indispensable to personal well-being, family and interpersonal relationships, job performance and contribution to community or society.

Mental disorders are diagnosable health conditions that are characterised by alterations in thinking, mood, or behaviour associated with impaired functioning.

The Australian Defence Force Mental Health Strategy (ADFMHS) uses the term “mental health problem” for signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder. Simply, a mental health problem produces distress or inner turmoil, which feels bad enough for long enough, to affect an individual's ability to cope with normal life demands.

### **National Mental Health Environment**

Australia has had a National Mental Health Strategy since 1992 (4). The strategy emphasises the need for a comprehensive and integrated approach to mental health.

The key features of this strategy that have influenced the ADFMHS, include:

- The distinction between diagnosable mental disorders and the much wider category of mental health problems.
- The need for increased emphasis in prevention and early intervention for mental health problems; the development of better strategies for promoting mental health is seen as essential.
- The need for an increase in research and evaluation studies in the mental health area and for the development of strategies for monitoring the outcomes of mental health standards.

### **Development of the Strategy**

The ADFMHS recognises that mental health is not just related to diagnosable mental disorders, but encompasses a broad range of lifestyle, mental well-being and work performance factors. As such, the Strategy seeks to reinforce the concept of 'wellness' in life for members and their families by promoting programs that improve self esteem, encourage a positive outlook and feeling of acceptance and belonging. Therefore the key theme of the strategy is: Work Well, Live Well, Be Well.

It was developed in 2001 by a project team with representatives from key stakeholders including:

- Defence Health Service
- Defence Force Psychology Organisation
- Defence Community Organisation
- Defence Chaplains
- Single Service Career Managers
- Consultative Group-Mental Health, Australian Centre for Posttraumatic Mental Health, Department of Veterans Affairs.

The key initiatives of the Strategy have been funded through a senior ADF committee, the Defence Peoples Committee and a fully staffed, multidisciplinary Directorate-Mental Health (DMH) was formed in 2002 to implement the ADFMHS.

### **Planned Implementation Initiatives**

The Strategy was launched by the The Hon. Danna Vale, MP Minister Assisting the Minister for Defence on 21 May 02 at Parliament House, Canberra.

A fundamental goal of the strategy is to provide commanders with tools to assist in the effective management of personnel

This will be achieved by:

- Quality 'best practice' advice
- Effective policy
- Training programs
- Timely and accurate mental health data
- Effective communication and feedback procedures
- Easily accessed mental health professionals
- Improved collaboration between commanders and professionals

A national tour throughout Defence establishments was conducted to market the strategy to commanders and workshop proposed initiatives with local mental health service providers. Having identified the management of mental health in the ADF as a command responsibility the ADFMHS has a series of key initiatives planned to support commanders in this role.

**Key Initiative - Increasing Mental Health Literacy in the ADF**

Marketing the 'good mental health' message to the ADF requires a consistent, accessible and innovative approach to a sensitive subject. The DMH aims to achieve this by:

- Articles in Defence Service papers
- Mental Health Promotion Series (i.e. suicide, alcohol, posttraumatic stress)
- Primary Prevention Marketing Strategies
- National Information Tours
- Website ([www.defence.gov.au/dpe/dhs](http://www.defence.gov.au/dpe/dhs))

**Key Initiative - Introduction of Regional Mental Health Teams (RMHT)**

There are a number of organisations within Defence that deliver comprehensive mental health services, but due to a lack of integration they sometimes work at best in parallel and have the potential to work in opposition.

DMH will coordinate the integration of services at a policy and strategic level.

However, RMHT need to be established at a local level to facilitate the implementation of the policy and the establishment of a local level ADF multi-disciplinary mental health service model.

The proposed model for the RMHT will not increase the workload for mental health professionals, but will provide the opportunity for enhanced coordination, support, training, supervision, as well as reducing duplication of effort.

Aims of the RMHT in the proposed model include:

- Provide access to most appropriate services
- Facilitate referrals
- Be cost-effective / avoid service duplication
- Appropriate information sharing
- Facilitate early identification & intervention
- Clinical case-management as required and as appropriate
- Provide advice to commanders
- Regional mental health surveillance
- Identify & facilitate regional training / intervention requirements
- Opportunities for professional development, supervision, support
- Ongoing support resource for regional mental health elements that may be deployed (“telemedicine”).

#### **Key Initiative – Post-deployment Readjustment Program**

This initiative recognises that the majority of problems post-deployment are sub-clinical and related to readjustment. Therefore a pilot program is being developed in conjunction with the Australian Centre for Posttraumatic Mental Health to target sub-clinical problems. This will include alcohol misuse, anger management, relationship dysfunction and sleep disturbances. This program will be in barracks, group based, across six weeks, for several hours a week, with the aim of retaining the member in the workplace.

#### **Key Initiative - ADF Alcohol Management Program (ADFAMP)**

The ADFAMP was developed from the recommendations of a tri-service working party in 2000. The program in 2002 was integrated into the ADFMHS, as alcohol

use is often a component of mental health disorders and problems and should be addressed in any comprehensive mental health strategy.

The Program aims to raise awareness and reinforce responsible use of alcohol as a defence priority. Its focus is to promote cooperation between organizations within the ADF and reduce unintended duplication of intervention services. As a multi-disciplinary organization Defence has the knowledge and skills to approach problematic alcohol use as an issue for which there are multiple opportunities to intervene with a variety of intervention strategies. This Program is set within a framework of current best practice, is evidence based and informed by theory.

A key component of the program is the employment of Regional Addiction practitioners. These individuals will have a health/mental health background with qualifications / experience in the addiction area (i.e., alcohol, drugs, gambling). Regional Addiction Practitioners will provide alcohol and drug awareness training, assessment, treatment, after-care, referral and the monitoring of an in-house peer support network.

### **Key Initiative – ADF Suicide Prevention Plan (ADFSPP)**

The ADFSPP is part of a comprehensive and integrated approach to reduce the loss and suffering of suicide and self-harm. It encompasses the promotion, coordination and support for activities that will be implemented across the ADF community at all levels. The aims of the ADFSPP are:

- Prevent premature deaths due to suicide in the ADF
- Reduce the incidence of self-harm and other suicidal behaviours
- Determine risk factors unique to the ADF

- Minimise the stressful after-effects and traumatic impact of suicide on the family and community
- Promote opportunities to enhance resiliency, problem solving, wellness, cohesion and a sense of community support for all members of the ADF

The ADFSPP is part of the ADFMHS process to promote an investment in the goal of suicide prevention. Directing attention to projects that benefit the whole Defence community should reduce the likelihood of suicide before at risk individuals reach a crisis. Three target projects have been identified for 2002:

- *ALLHOURS SUPPORT LINE (ASL)*

A confidential 24 hour, 7 day a week advice and counselling telephone service for ADF members and their families.

The goal of the ASL is to provide the springboard for accessing assistance that may help the caller resolve the behaviours, (i.e. potential acts of self-harm) concerns, (i.e. marriage breakdown) alcohol abuse, and other pressures (i.e. parenting) that are affecting their lives.

- *PSYCHOLOGICAL AUTOPSY MANAGEMENT PROCEDURE (PAMP)*

The development of a PAMP for the ADF will allow a retrospective reconstruction of a member's life to better understand their death. Strict criteria and procedures are being designed on current best practice by DMH.

- *TRAINING REVIEW*

A comprehensive review is planned of all suicide prevention training programs currently used by mental health professionals within the ADF, with the view to consolidation and the development of DMH accredited national training packages for the whole Defence community.

**Key Initiative - ADF Mental Health Training Framework**

Significant educational campaigns describing the scope of mental health problems and prevention management strategies will be conducted to improve mental health literacy throughout the ADF.

A framework is being negotiated with the training commands to create structured training in mental health issues throughout a member's career. For example, stress management and peer support at recruit training through to strategic operational considerations at the command course.

Enhanced skills training for ADF mental health professionals will include the target areas of psychological trauma management, suicide, differential diagnosis and treatment of alcohol problems.

In this framework ADF mental health service delivery is based on skills set not on discipline. Under the ADFMHS all mental health service providers will be credentialed and trained to ensure these groups are able to meet the unique needs of the Defence environment.

**Key Initiative - ADF Mental Health Research and Surveillance**

To effectively target primary prevention and treatment resources the ADF needs comprehensive and accurate baseline data on attitudes to mental health issues in the ADF and mental health problems and disorders. A research and surveillance strategy is currently being developed. Primary to the success of the ADFMHS is an effective evaluation strategy for each of the key initiatives.

## **Conclusion**

Mental health problems have an impact on the Australian Defence Force in both measurable and immeasurable ways; it leads to a direct loss of personnel through invalidity discharges and a potential indirect cost through diminished effectiveness of other personnel (5).

The ADF has sought to provide a wide range of mental health services to its members, but it needed to integrate these services, their management, and the policy development activities that support them, in order to secure improvements in the mental health of its personnel. The continued implementation of the Australian Defence Force Mental Health Strategy is a significant step towards this goal.

## **References**

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