The Mental Health Reform Health Process (Dunt Report): A Support System for ADF Personnel

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LTCOL Stephanie Hodson graduated from James Cook University in Townsville with a BPsych (Hons) in 1990 and joined the Army in August 1991. She had had a range of posting across Australia including recruiting, research and counselling duties. LTCOL Hodson completed her doctoral studies investigating the longitudinal psychological effects of operational deployment to Rwanda in 2002 and in 2003 completed Command and Staff College. In 2006 she assumed command of the 1st Psychology Unit and was responsible for all land base psychology support to ADF operations. While CO 1 Psych she had the opportunity to deploy to both the Middle East Area of Operations and Timor L'Este. For her work during this posting she was awarded the Conspicuous Service Cross in the 2009 Australia Day Honours List, "For outstanding achievement as the Commanding Officer, 1st Psychology Unit".

In the first half of 2008, LTCOL Hodson worked as the SO1 Retention Research in the Directorate of Strategic Personnel Policy and Research. In mid 2008 however, at the request of Joint Health Command, she accepted the position of Director of Mental Health for the ADF. As the Director of Mental Health she has coordinated the ministerially directed independent review of ADF mental health and is part of the team coordinating the Defence response to the recommendations.

Lyndall Moore RN BN completed her training as a Registered Nurse in 1989 and followed this with a Bachelor of Nursing in 1992. She specialised in critical care nursing with a particular focus on Intensive Care. In 1993 she joined the RAAF as Nursing Officer and completed 7 years of service including a deployment to Rwanda in 1995. Following her discharge from the RAAF in 2000, she worked in a variety of nursing management roles, in a number of wards and high dependency units in rural areas around Australia in both the private and public health care sectors. Lyndall has worked internationally, with a nine month stint as the after- hours supervisor for a 30 bed facility in remote Canada which provide a unique insight into Canadian health issues. She has recently moved away from clinical focus and is currently the Chief of Staff to Commander Joint Health/Surgeon General ADF.

MAJ McGrogan was appointed to the Army in 1996. His postings have included recruiting, training establishments, staff appointments, and in deployable elements. The focus of MAJ McGrogan's career has been the provision of mainstream psychology support in a variety of environments, with an emphasis on the supervision of psychologists. MAJ McGrogan has deployed on operations to Bougainville, East Timor, and the Middle East.

Editorial Comment

Hodson et al have highlighted the far-reaching implications of the Dunt review into mental health. The ADF has responded positively by endorsing 49 of the 52 recommendations and has partially endorsed the remaining three of the Report's recommendations and funded them as flagged by the Defence White Paper. This not only recognises the impact on the mental health of personnel resulting from the ADF's increased and sustained operational tempo in recent years, but gives Joint Health Command a once in a generation opportunity to significantly enhance mental health services and resources for the future.

Abstract

The Review of ADF Mental Health Services and Transition Through Discharge (Dunt Review) was initiated by the Ministers of Defence, Science and Personnel and Veterans' Affairs.The purpose was to provide an independent assessment of the current ADF models of mental health (MH) support, and the mechanisms of transition of those medically discharged with a mental health condition from the ADF to DVA. A key goal was to determine how adequately the mental health needs of serving, and transitioning ADF members were being met. Existing models of ADF mental health support were measured against best practice for clinical care and administrative support. The Dunt Report made significant recommendations for improving mental health services including enhancing the MH workforce, improving MH training , introducing preventative MH strategies as well as enhancing MH governance, policies ,research and surveillance. Rehabilitation and return to work practices were to be enhanced and a more seamless transition to civilian life for those ADF members with MH problems was to be arranged. Joint Health Command will engage with the families of affected ADF members to enhance their education and support. Facilities for MH care will also be improved to encourage better support for members and their families. The Dunt Report was delivered ahead of schedule in November 2008.

L to R: *LTCOL Stephanie Hodson, Professor David Dunt, Hon Warren Snowdon, Minister for Defence Science & Personnel, Hon Alan Griffin, Minister for Veteran's Affairs, MAJGEN Paul Alexander.*

Introduction

The mental health support programs and services for Australian Defence Force (ADF) personnel represent one of the largest workplace mental health support systems in Australia. A major aim of the ADF Mental Health Strategy is to de-stigmatise mental illness and encourage ADF personnel to become engaged in their mental health. The ADF Mental Health Strategy was launched in 2002[1, 2] with initiatives including training programs for members to avoid alcohol abuse and prevent suicide, and interventions for personnel who have experienced traumatic events or incidents. The strategy also improved mental health policy and research on the mental health implication on ADF personnel, of operations.

However, since the inception of the Mental Health Strategy, the operational tempo of the ADF has risen significantly, increasing the stresses and demands on personnel and on the organisation. For example, over the next twelve months, it is anticipated that up to 12,000 members will be in the operational deployment cycle – preparing for deployment, deploying, or transitioning home following deployment. Additionally, there are currently about 450 personnel regularly conducting border protection operations on mainland Australia and in our maritime and air approaches. This is a vastly different environment to that of 2000, when the ADF Mental Health Strategy was first introduced.

It was in recognition of this changing environment that in 2008, the Government commissioned Professor David Dunt (University of Melbourne) to independently review and benchmark Defence mental health services. Professor Dunt's final report, *Review of Mental Health Care in the ADF and Transition through Discharge*, was submitted on 4 February 2009. Prof Dunt consulted widely with ADF members, Defence civilians, and contractors. Interviews were conducted with senior ADF members including the Chief of the Defence Force, the Single Service Chiefs, as well as personnel in Joint Health Command. He visited eight bases around Australia (HMAS CERBERUS and HMAS KUTTABUL, Holsworthy (4RAR), Enoggera (particularly 2HSB), Lavarack Barracks and Kapooka, RAAF Townsville, and RAAF Wagga). These visits typically involved meetings with Commanding Officers and other senior staff, as well as senior health staff, junior officers, non commissioned officers and other ranks. Seventy-eight public submissions were also received from individuals and organisations. Prof Dunt generated common themes emerging from these interviews[3] and followed them up by a significant literature review based on these themes.

Professor Dunt described the original establishment of the ADF Mental Health Strategy "as far-sighted", and held that the strategy currently compares favourably with mental health strategies in other Australian workplaces and military forces in other countries. In particular he acknowledged the enthusiasm and commitment of the personnel in the strategy. However, he identified that the Strategy's roll-out was 'patchy' and that the Strategy currently faces significant challenges; most notably a lack of funding to adequately staff the programs that the Strategy aims to achieve[4]. The final report included fifty-two recommendations[5]; of which Defence wholly accepted forty nine, with the remaining three partially accepted. The report helped inform the 2009 Defence White Paper which recognised the importance of a greater commitment to improving the mental health of ADF personnel. Most importantly the White Paper allocated $83 million over the next three years to reform and enhance the ADF Mental Health Strategy[6].

Major Recommendations of *Dunt*

With endorsement and funding, Defence is now about to augment the Mental Health Strategy (MHS). The new goals for the MHS are:

1. **Enhancing the mental health workforce.** The first priority is to expand the mental health workforce within Joint Health Command by 50% within the next three years. This will significantly increase the personnel to deliver both primary health care and develop mental health promotion and prevention strategies.

2. **Improving mental health training.** By increasing the mental health workforce the ADF will now have the personnel resources to ensure that a broad and comprehensive mental health literacy program can be delivered to serving personnel. Mental health literacy will ensure that service personnel know *when*, *where* and *how* to seek care. Furthermore, Defence is establishing an ADF Center of Mental Health which will become a centre of excellence for the training of military mental health professionals and health providers.

3. **Prevention strategies.** The ADF's "BattleSMART", Self Management and Resilience Training program is being developed to teach Commanders and individuals effective stress management and positive coping strategies. The program is designed to be built upon over the course of a person's career, ensuring that mental health care becomes a core component of military training.

4. **Improving mental health governance.** The Mental Health Strategy will increase oversight of mental health services including the development of a comprehensive e-health data management and record keeping system.

5. **Improving mental health policy.** Breaking down stigma, by demonstrating that Defence's goal is to treat and rehabilitate wherever possible, and that discharge on health grounds is the last resort

6. **Enhanced research and surveillance.** The effectiveness of psychological support throughout the deployment cycle (including pre-deployment, during deployment, and post-deployment), and the roles of mental health screening, and the role of family and environmental support on resilience and mental health, will be examined

7. **Rehabilitation and return to work programs.** The ADF Rehabilitation Program will be enhanced through better case management by medical officers, and by improving the training of caseworkers in recognising and managing mental health issues.

8. **Transition services.** The transition from military to civilian life for individuals with mental health issues will be enhanced.

9. **Families.** In recognition that families of members are often the first to see changes in their mental health, Defence will engage families in ADF personnel mental health care. Joint Health Command will undertake a major project to inform and include families in mental health issues and to deliver more family-friendly practices.

10. **Facilities.** New and improved facilities for enhanced delivery of mental health services and easier access to care by ADF members and involvement by their families in support programs will be developed.

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Concluding Remarks

Significant challenges remain as this next generation of the Strategy is developed and implemented; the most notable being the current climate of reduced spending and increased efficiency. However the Dunt Review and the Defence White Paper have provided an important opportunity to improve the mental health system and services that support ADF members. The reform process will have to utilise mental health resources as efficiently as possible and have a process of continuous evaluation and improvement embedded within the framework. Furthermore, there will be challenges in restructuring the workforce, recruiting additional personnel and ensuring that all elements are trained in Defence-specific requirements. Professor Dunt highlighted the enthusiasm and commitment of ADF members in delivering mental health services and programs. This, along with the commitment and support from senior leadership in the Government and in Defence, provides the opportunities for real and significant development of the ADF Mental Health Strategy, and in Defence's ability to more comprehensively support the mental health of its personnel through an increased and sustained operational tempo.

References

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