

Transition and Wellbeing Research Programme Key Findings

Overview

- This is the final of eight reports and two papers that comprised the Transition and Wellbeing Research Programme. Overall, the reports confirmed that most Australian Defence Force (ADF) members and their families are healthy and manage transition from the military to civilian life well. Some people, particularly those transitioning early in their ADF career or on medical grounds, require additional support and assistance through their transition.
- These reports provide the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA), and the broader health community, with a better understanding of the health of current and former ADF personnel. The research supports the importance of continuing to improve the services and supports available to veterans and their families during the critical transition period to civilian life.
- Defence and DVA will use the research to further develop targeted policy and program initiatives that benefit serving and ex-serving members, veterans and their families, as well as determine future research priorities.
- Since this data was collected in 2015, the Government has made significant improvements over consecutive Budgets in health services and support, employment, and transition services for veterans and their families.

Transition and Wellbeing Research Programme

- The \$6 million Transition and Wellbeing Research Programme was jointly funded by Defence and DVA and is the most comprehensive study undertaken in Australia on the impact of military service on the mental, physical and social health of transitioned and current serving ADF members and their families.
- The Centre for Traumatic Stress Studies at the University of Adelaide led a group of researchers from leading institutions that contributed to the research programme. The research team also included members from the Australian Institute of Family Studies, the University of NSW, Monash University, the University of Sydney/Innowell and Phoenix Australia – Centre for Posttraumatic Mental Health.
- The eight reports are available on the [DVA website](#) or the [Department of Defence website](#), along with further information on the Transition and Wellbeing Research Programme.

Key Findings of the Transition and Wellbeing Research Programme

A summary of the key findings presented in this report are as follows:

Overall

- Most current serving and Ex-Serving ADF members, and their families, seemed to be progressing well across many life areas with only a few exceptions. Partners and friends were those most likely to suggest that the ADF member seek help for any mental health concerns they may have.

Physical and Mental Health

- The Programme found an increasing severity of both mental and physical symptoms from military service to transition out of full-time military service. This suggests that emerging psychological distress may be a significant driver of an individual's decision to discharge or be medically discharged from military service, with mental ill health therefore being largely carried by those who have left regular ADF service.
- Physical health outcomes should not be viewed in isolation: they can interact with each other and with mental health. Although this was not analysed specifically in the present Programme, the comorbidity and interrelationships of physical health and mental health are also important to recognise and consider. Forty-three per cent of transitioned ADF members reported no doctor-diagnosed medical conditions, but 32% reported 1–2 doctor-diagnosed conditions, and a decreasing proportion of transitioned ADF reported an increasing number of doctor-diagnosed conditions: 13% reported 3–4, 6% reported 5–6, 3% reported 7–8, and smaller proportions reported even more. This suggests a minority of transitioned ADF reporting a high level of physical comorbidity.
- Approximately one in two ADF members who transitioned from regular ADF service between 2010 and 2015 experienced a mental disorder of varying severity in the previous 12 month period, which is higher than the rate reported by the regular ADF in 2010 (one in five). Seventy-five percent of the transitioned ADF experienced an anxiety, affective or alcohol disorder at some stage in their lifetime.
- Anxiety disorders were the most prevalent 12-month disorder category in the transitioned ADF in 2015 (37.0%), and was the only disorder category to increase significantly between 2010 and 2015 among both those who remained in regular service and those who transitioned.
- Posttraumatic stress disorder (PTSD) was the most common 12-month anxiety disorder type, followed by panic attacks.
- Twelve-month affective (mood) disorders were reported by 23.1% of the transitioned ADF in 2015, with rates of disorder remaining reasonably stable across 2010 and 2015, and no marked

differences between those who had transitioned compared with those who remained in the regular ADF.

- There is a potential association between military service and the development of bipolar disorder.

Impact of military service on post-transition outcomes

- There was a significantly greater severity of current self-reported symptoms of psychological distress, depression, anxiety, anger, and alcohol use in the transitioned ADF compared with the 2015 regular ADF.
- Similar to the mental health findings, the transitioned ADF reported poorer physical health than the 2015 regular ADF. This included more physical health symptoms, more service-related injuries, increased lifestyle risk factors, poorer self-perceived health, satisfaction and quality of life, and a greater risk of circulatory condition, high blood pressure, a musculoskeletal or connective tissue condition, chronic low back pain, a nervous system condition and hearing loss.
- Compared with the Australian community, the transitioned ADF reported higher levels of psychological distress and were more likely to report poorer self-perceived health. In contrast, they were less likely to be current smokers and to report doctor-diagnosed asthma.
- There are several subgroups within the transitioned population who were at greater risk of poor mental and physical health outcomes. These included early service leavers, those who had transitioned greater than one year ago, those who were medically discharged, DVA clients, and former permanent ADF members (in comparison to non-medically discharged, non-DVA clients, and Active or Inactive reservists).
- There is a significant aggregation of risk factors in relation to distress and impairment in particular; associations with insomnia and high-risk alcohol misuse exhibited more of a severity gradient across the levels of psychological distress, while the associations with resilience, physical health symptoms, and pain exhibited more of a severity gradient across the levels of functional impairment.
- The effects of deployment and combat exposure are cumulative, time dependent and emerge slowly across multiple domains over time. Specifically, the level of exposure to traumatic events while deployed accumulates over time, and it is the cumulative burden of exposure that is most important in relation to disorder emergence (in particular, PTSD and other anxiety disorders). Lifetime trauma exposure adds to this burden and risk.
- A substantial proportion of both the transitioned ADF and regular ADF in 2015 reported subsyndromal levels of mental health symptoms. These are symptoms that don't quite meet the

criteria for clinical diagnosis, but are an indicator of potential risk for future progression to diagnosable disorder. These individuals should be targeted for early intervention.

- Furthermore, subtle shifts in mental health symptoms are detectable well before, and can predict the emergence of subthreshold or full disorder in ADF members. Anger, manifested as increasing reactivity to minor provocations, is likely to be one early indicator of emerging disorder; therefore, anger is of great importance in the consideration of longitudinal health surveillance.
- In relation to objective neurocognitive measures, shifts in cortical arousal (brain activity) and the efficiency of working memory systems were observed. These appear to predate the self-report of significant levels of psychological distress and posttraumatic stress symptoms that emerged with time in this cohort and therefore may represent early markers of emerging disorder or subsyndromal symptoms.

Accessing help

- Finally, the message of “seek help early, no matter the cause” is having some effect.
- While the rates of initial engagement and uptake of services were reasonably high in both the transitioned and 2015 Regular ADF, exceeding community and international standards in veteran and military mental health, there was an under-engagement with evidence-based treatment for those experiencing a current episode.
- The most common reason for not accessing care in both the transitioned and regular ADF was depression and anxiety, followed by relationship problems and anger.
- Most sought help within 12 months of becoming concerned about their mental health; however, many within three months of being concerned about it. A small proportion, around 10% across both transitioned and 2015 Regular ADF members, waited up to three years.
- The desire to ‘manage myself’ or ‘solve my own problems’ was evident in the Programme, with both transitioned ADF and 2015 regular ADF using technologies to support positive behaviours known to promote good mental health, such as physical activity, diet and sleep, and, importantly, using technology to connect socially. This approach is useful for self-management, but also equally important in the shared management of care with a professional.