

GLOSSARY

Note: Terms that occur within an entry that are defined elsewhere in the glossary are italicised.

12-month prevalence – Meeting *diagnostic criteria* for an ICD-10 mental disorder and then having reported symptoms in the 12 months before the interview.

ADF personnel – A member of the Permanent Navy, the Regular Army or the Permanent Air Force. This includes reserves that render continuous full-time service, or are on duty or in uniform.

affective disorders – Affective disorders are a *class of mental disorder*. The affective disorders included in the survey were *depressive episodes* (mild, moderate and severe), *dysthymia* and *bipolar affective disorder*. A key feature of these mental disorders is mood disturbance.

agoraphobia – Marked fear or avoidance of situations such as crowds, public places, travelling alone, or travelling away from home, which is accompanied by symptoms such as palpitations, sweating, shaking, or dry mouth, as well as other anxiety symptoms such as chest pain, choking sensations, dizziness, and sometimes feelings of unreality, fear of dying, losing control or going mad.

alcohol dependence – Characterised by an increased prioritisation of alcohol in a person's life. The defining feature of alcohol dependence is a strong, overwhelming desire to use alcohol despite the individual experiencing a number of associated problems. A diagnosis was given if the person reported three or more of the following symptoms in the previous 12 months:

- strong and irresistible urge to consume alcohol
- a tolerance to the effects of alcohol
- inability to stop or reduce alcohol consumption
- withdrawal symptoms upon cessation or reduction of alcohol intake
- continuing to drink despite it causing emotional or physical problems
- reduction in important activities because of or in order to drink.

alcohol harmful use – Diagnosis not only requires high levels of alcohol consumption, but that the alcohol use is damaging to the person's physical or mental health. Each participant was initially asked if they consumed 12 or more standard alcoholic drinks in a 12-month period. If so, they were then asked a series of questions about their level of consumption. A diagnosis of alcohol harmful use was applied if the alcohol interfered with either work or other responsibilities; caused arguments with their family or friends; was consumed in a situation where the person could get hurt; resulted in the person being stopped or arrested by police; or if the person continued to consume alcohol despite experiencing social or interpersonal problems as a consequence of their drinking during the previous 12 months. A person could not meet criteria for alcohol harmful use if they met criteria for *alcohol dependence*.

alcohol misuse – Alcohol use that has the potential to cause harm and disrupt an individual's functioning.

anxiety disorders – Anxiety disorders are a *class of mental disorder*. This class of mental disorder involves the experience of intense and debilitating anxiety. The anxiety disorders covered in the survey were *panic attacks, panic disorder, social phobia, specific phobia, agoraphobia, generalised anxiety disorder, post-traumatic stress disorder* and *obsessive-compulsive disorder*.

AUDIT (Alcohol Use Disorders Identification Test) – A brief self-report screening instrument developed by the World Health Organization. This instrument consists of 12 questions to examine the quantity and frequency of alcohol consumption (questions 1 to 3), possible symptoms of dependence (questions 4–6), the reactions or problems related to alcohol (questions 7–10), and the patient's perception of the extent of any problem with alcohol (questions A and B).

band – Variable with three levels formed from responses to the *PCL* and *AUDIT*.

- Band 1: PCL > 33 or AUDIT > 10
- Band 2: (PCL > 25 and PCL ≤ 33 and AUDIT ≤ 10) or (AUDIT > 7 and PCL ≤ 33 and AUDIT ≤ 10)
- Band 3: PCL ≤ 25 and AUDIT ≤ 7

bipolar affective disorder – Associated with fluctuations of mood that are significantly disturbed. These fluctuations of mood are markedly elevated on some occasions (*hypomanic episodes* or *mania*) and can be markedly lowered on other occasions (*depressive episodes*). A diagnosis of bipolar affective disorder was applied in the study if the individual met criteria for mania or hypomania in the previous 12 months.

CIDI (Composite International Diagnostic Interview) – The World Mental Health Survey Initiative Composite International Diagnostic Interview. The CIDI is an extensive survey instrument designed for the collection of data on *mental disorders* and associated factors. In its current form (version 3.0), the CIDI provides estimates of lifetime and 12-month prevalence of *mental disorders*, the impact of these disorders on functioning, and types and frequency of service use.

class of mental disorder – *Mental disorders* are grouped into classes of disorders that share common features. Three classes of mental disorders were included in the survey. These were *affective disorders, anxiety disorders* and *alcohol disorders*.

co-morbidity – The occurrence of more than one disorder at the same time.

confidence interval – A 95% confidence interval contains a range of values for which, if the procedure were repeated on multiple samples, the true population parameter would lie within the interval with probability 0.95.

days out of role – This measure captures the impact of *mental disorders* on people's ability to function in their day-to-day activities. Respondents were asked two separate questions about the 30 days before the interview:

- the number of days that they were unable to work or carry out normal activities because of their mental health
- the number of days that they had to cut down on what they did because of their mental health.

Days out of role for all *ICD-10* disorders are presented as both the mean number of days out of role and as subgroups of 0, 1–7, 8–14, 15–21 and 22–28 days.

Analyses presented in this report take into account both the prevalence of the disorders and the rate of partial or total days out of role associated with each disorder. To calculate the severity of the impact of a particular disorder, on days out of role for example, the percentage of the weighted total number of days out of role in the previous four weeks accounted for by those with that particular disorder was used.

depressive episodes – Are a characteristic of a major depressive disorder and require that an individual has suffered from depressed mood lasting a minimum of two weeks, with associated symptoms such as feelings of worthlessness, lack of appetite, difficulty with memory, reduction in energy, low self-esteem, concentration problems and suicidal thoughts. Depressive episodes can be mild, moderate or severe. All three are included under the same heading.

diagnostic criteria – The survey was designed to estimate the prevalence of common *mental disorders* defined according to clinical diagnostic criteria, as directed by the *ICD-10* diagnostic criteria for a disorder, usually involving specification of:

- the nature, number and combination of symptoms
- a time period over which the symptoms have been continuously experienced
- the level of distress or impairment experienced
- circumstances for exclusion of a diagnosis, such as it being due to a general medical condition or the symptoms being associated with another mental disorder.

doctor visits – This measure captures health service use relating to psychological distress over the previous four weeks.

The mean number of times that the participant with an *ICD-10* disorder had seen a doctor or *other health professional* in the previous four weeks for feelings of psychological distress was reported.

Analyses presented in this report take into account both the prevalence of the disorders and the number of doctor visits associated with each disorder. To calculate the severity of the impact of a particular disorder, on the number of doctor visits for example, the percentage of the weighted total number of doctor visits in the previous four weeks accounted for by those with that particular disorder was used. This was referred to as 'the percentage of doctor visits'.

dysthymia – Is characterised as a chronic or pervasive disturbance of mood lasting several years that is not sufficiently severe or in which the *depressive episodes* are not sufficiently prolonged to warrant a diagnosis of a recurrent depressive disorder. Hierarchy rules have been applied to dysthymia such that in order to have this disorder, a person cannot have met criteria for either a hypomanic or manic episode and could not have reported episodes of severe or moderate depression within the first two years of dysthymia.

eligible for CIDI – Personnel who completed the *PCL*, *AUDIT* and *K10* and gave consent to be contacted about an interview.

generalised anxiety disorder – Generalised and persistent worry, anxiety or apprehension about everyday events and activities lasting a minimum of six months that is accompanied by anxiety symptoms as described under *agoraphobia*. Other symptoms may include symptoms of tension, such as an inability to relax and muscle tension, and other non-specific symptoms, such as irritability and difficulty concentrating.

health professional – Includes:

- general practitioner
- psychiatrist
- psychologist
- mental health nurse
- other professionals providing specialist mental health services
- other specialist doctor or surgeon
- other professional providing general services, such as social worker, occupational therapist and counsellor
- complementary and alternative medicine therapist.

These health professionals have been grouped in a number of ways for the purposes of reporting. See *mental health professionals*, *other mental health professionals* and *other health professionals*.

hypomanic episodes – Last at least four consecutive days and are considered abnormal to the individual. These episodes are characterised by increased activity, talkativeness, elevated mood, disrupted concentration, decreased need for sleep and disrupted judgment manifested as risk taking. In a subgroup of people, these disorders are particularly characterised by irritability. To meet criteria for the ‘with hierarchy’ version, the person cannot have met criteria for an episode of *mania*.

ICD-10 – International Statistical Classification of Diseases and Related Health Problems, 10th revision.

K10 – The Kessler Psychological Distress Scale, a short 10-item measure used in the ADF to assess psychological distress and to monitor depressive and anxiety symptomatology, which was developed in the context of the US national co-morbidity study. High scores on this instrument have been shown to have a strong association with the diagnosis of *anxiety* and *affective disorders* based on the *CIDI* (version 3.0) and a lesser but still significant association with the presence of any current *mental disorder*.

lifetime prevalence – Meeting *diagnostic criteria* for a *mental disorder* at any point in the respondent’s lifetime.

mania – Is similar to hypomania but is more severe in nature. Lasting slightly longer (a minimum of a week), these episodes often lead to severe interference with personal functioning. In addition to the symptoms outlined under *hypomanic episodes*, mania is often associated with feelings of grandiosity, marked sexual indiscretions and racing thoughts.

MEC status – Medical employment classification, divided into four levels:

- MEC 1 – Members who are medically fit for employment in a deployed or seagoing environment without restriction.
- MEC 2 – Members who have medical conditions that require access to various levels of medical support or employment restrictions; however, they remain medically fit for duties in their occupation in a deployed or seagoing environment. In allocation of subclassifications of MEC 2, access to the level of medical support will always take precedence over specified employment restrictions.

- MEC 3 – Members who have medical conditions that make them medically unfit for duties in their occupation in a deployed or seagoing environment. The member so classified should be medically managed towards recovery and should be receiving active medical management with the intention of regaining MEC 1 or 2 within 12 months of allocation of MEC 3. After a maximum of 12 months their MEC is to be reviewed. If still medically unfit for military duties in any operational environment, they are to be downgraded to MEC 4 or, if appropriate, referred to a Medical Employment Classification Review Board for consideration of an extension to retain MEC 3 classification.
- MEC 4 – Members who are medically unfit for deployment or seagoing service in the long term. Members who are classified as MEC 4 for their military occupation will be subject to review and confirmation of their classification by a Medical Employment Classification Review Board.

mental disorders – Mental disorders are defined according to the detailed *diagnostic criteria* within classification systems. This publication reports data for *ICD-10*. They are characterised by alterations in mood, thought, and behaviour.

mental health problems – These include, but are not restricted to, stress, anxiety, depression or dependence on alcohol or drugs. Individuals with mental health problems may never meet the diagnostic threshold for a *mental disorder*.

mental health professional – Psychiatrists, psychologists and *other mental health professionals*, including mental health nurses and *other health professionals* working in specialised mental health settings.

missing values – Responses were only used if the participant responded to all of the questions from that section.

obsessive-compulsive disorder – A disorder characterised by obsessional thoughts (ideas, images, impulses) or compulsive acts (ritualised behaviour). These thoughts and acts are often distressing and typically cannot be avoided, despite the sufferer recognising their ineffectiveness.

odds ratio – The odds of an event is the ratio of the probability of the event to the probability against the event. The odds ratio of an event is the ratio of the odds of the event occurring in one group to the odds of it occurring in another group.

optimal epidemiological cut-off – Is the value that brings the number of false positives (mistaken identifications of disorder) and false negatives (missed identifications of disorder) closest together, thereby counterbalancing these sources of error most accurately. Therefore, this cut-off would give the closest estimate to the true prevalence of 30-day *ICD-10* disorder as measured by the *CIDI* and should be used to monitor disorder trends.

optimal screening cut-off – Is the value that maximises the sum of the sensitivity and specificity (the proportion of those with and without the disease who are correctly classified). This cut-off can be used to identify individuals who might need care.

other health professional – Defined in the *CIDI* as including social workers, occupational therapists and counsellors providing general services; medical doctors other than psychiatrists or general practitioners; and practitioners of complementary and alternative medicines.

other mental health professional – Defined in the *CIDI* as mental health nurses and *other health professionals* working in specialised mental health settings.

panic attack – Sudden onset of extreme fear or anxiety, often accompanied by palpitations, chest pain, choking sensations, dizziness, and sometimes feelings of unreality, fear of dying, losing control, or going mad.

panic disorder – Recurrent *panic attacks* that are unpredictable in nature.

PCL (Posttraumatic Stress Disorder Checklist) – A self-report measure that provides an assessment of self-reported *post-traumatic stress disorder* symptoms. There are several versions of the PCL. The PCL-Military (PCL-M) covers particular military events whereas the PCL-Specific (PCL-S) is a non-military version that refers to a specific traumatic event. As the PCL-Civilian (PCL-C) is not linked to a specific event and relates to more general traumatic exposure, this scale was considered the most appropriate for inclusion in ADF psychological screening.

post-traumatic stress disorder – A stress reaction to an exceptionally threatening or traumatic event that would cause pervasive distress in almost anyone. Symptoms are categorised into three groups: re-experiencing symptoms such as memories or flashbacks, avoidance symptoms, and either hyperarousal symptoms (increased arousal and sensitivity to cues) or inability to recall important parts of the experience.

prevalence of mental disorders – The proportion of people in a given population who meet *diagnostic criteria* for any *mental disorder* in a given timeframe. See also *12-month prevalence* and *lifetime prevalence*.

protocol 1 – *CIDI* selection on the basis of *band*, *sex* and *Service*.

psychological first aid – Initial supportive care aimed at reducing and facilitating short- and long-term adaptive functioning.

rank – Three levels: officer, non-commissioned officer and other ranks.

Service – Three Services: Navy, Army and Air Force.

social phobia – Marked fear or avoidance of being the centre of attention or being in situations where it is possible to behave in a humiliating or embarrassing way accompanied by anxiety symptoms as well as either blushing, fear of vomiting, or fear of defecation or micturition.

specific phobia – Marked fear or avoidance of a specific object or situation such as animals, birds, insects, heights, thunder, flying, small enclosed spaces, sight of blood or injury, injections, dentists, or hospitals, accompanied by anxiety symptoms as described under *agoraphobia*.

standard drink – Ten grams of alcohol.

subpopulation 1 – *ADF personnel* who had been deployed to the Middle East Area of Operations.

subpopulation 2 – *ADF personnel* who had never been on operational deployment or personnel who had deployed to an operation other than the Middle East Area of Operations.

suicidal ideation – Thoughts about and/or making plans to engage in suicidal behaviour.

suicidality – Covers *suicidal ideation*, plans and *suicide attempts*.

suicide – Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.

suicide attempt – Action that does not result in death, but where the person was aware that their action might have potentially caused death.

surveillance – To capture information used by command to assist in the operational transition process, and for review of operational issues; and by Defence psychologists to identify trends for incorporation into future pre-deployment preparation.

two-phase design – A well-accepted epidemiological approach to the investigation of the *prevalence of mental disorders*. In the first phase, participants complete a screening questionnaire, which is generally economical in terms of time and resources. Based on the results of this screening and demographic information, certain participants are selected for a more accurate but costly formal diagnostic interview.

weighting – The process of adjusting the results for the participants who were interviewed to infer results for the total ADF population. Weighting involves the allocation of a representative value or weight to the data for each interviewee based on the stratification variables of interest. The weight can be considered an indication of how many individuals in the ADF population are represented by each study participant.