# MENTAL HEALTH IN THE AUSTRALIAN DEFENCE FORCE

## 2010 ADF Mental Health Prevalence and Wellbeing Study

**REPORT**







THE UNIVERSITY of ADELAIDE

VICE CHIEF OF THE DEFENCE FORCE

# KEY FINDINGS

The 2010 ADF Mental Health Prevalence and Wellbeing Study is the first comprehensive investigation of the mental health of an ADF serving population. The study is an outcome of the ADF Mental Health Reform Program, which commenced in the middle of 2009, and will form the basis for the development of the next generation of the ADF Mental Health and Wellbeing Strategy.

The study examined the prevalence rates of the most common mental disorders, the optimal cut-offs for relevant mental health measures, and the impact of occupational stressors. ADF prevalence rates were compared to an Australian sample matched for age, sex and employment. Nearly 49% of ADF current serving members participated in the study between April 2010 and January 2011. The key findings from the study are summarised below.

## Mental health status

- Prevalence of mental disorders was similar to the Australian community sample, but profiles of specific disorders in the ADF varied.
- ADF lifetime prevalence rates were higher, while experience of mental disorder in the previous 12 months was similar.
- Twenty-two per cent of the ADF population (11,016), or one in five, experienced a mental disorder in the previous 12 months.
- Approximately 6.8% (760) of this number experienced more than one mental disorder at the same time.

## Anxiety disorders

- Anxiety disorders were the most common mental disorder type in the ADF, with higher prevalence among females.
- Post-traumatic stress disorder was the most prevalent anxiety disorder, with highest rates among ADF males.
- Anxiety disorders were less prevalent for officers than for all other ranks.

## Affective (mood) disorders

- ADF males experienced higher rates of affective disorders than the Australian community sample. This was mostly accounted for by the experience of depressive episodes.
- Officers were as likely as other ranks to experience affective disorders.

## Alcohol disorders (dependence and harmful use)

- Alcohol disorders were significantly lower in the ADF, with most of the disorders in males in the 18–27 age group.
- Younger ADF females (aged 18–27) had much lower rates of alcohol disorders than their community counterparts.

- There were no significant differences in rates of alcohol dependence disorder between Navy, Army and Air Force.
- Navy and Army were significantly more likely than Air Force to experience alcohol harmful use disorder.
- There was no significant difference between ranks in the rate of alcohol disorders.

### Suicidality (ideation, planning, attempting)

- ADF personnel reported thinking of committing suicide and making a suicide plan at a higher rate than the Australian community sample.
- The number of suicide attempts was not significantly greater than in the general community.
- The number of reported deaths by suicide in the ADF was lower than in the general community.

### Mental health screening

- Optimal cut-off values were identified for three key mental health instruments (K10, PCL and AUDIT) to better detect mental disorders and monitor trends in the ADF.

### Deployment

- Forty-three per cent of ADF members reported multiple deployments, 19% reported only one and 39% had never been deployed.
- Deployed personnel did not report greater rates of mental disorder than those who had not been deployed.
- Those with deployment experience were 10% more likely to seek care for mental health or family problems.

### Help seeking

- In the previous 12 months, 17.9% of ADF members sought help for stress, emotional, mental health or family problems.
- Being treated differently (27.6%) and harm to career (26.9%) were the highest rated perceived stigmas.
- The highest rated barrier to seeking help was concern it would reduce deployability (36.9%).

### Impact on work

- ADF members reported more partial rather than total days out of role due to psychological distress compared to the Australian community sample.
- Panic attacks, depressive episodes, specific phobias and post-traumatic stress disorders accounted for the greatest number of days out of role.

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# FOREWORD

Over the past decade, the ADF has successfully and continuously maintained its high tempo of operations. We should individually and collectively take pride in the knowledge that ADF personnel have been deployed around the world on diverse missions, including combat operations in the Middle East, as well as responding to natural disasters, conducting border protection operations and assisting communities in remote regions.

Within the current ADF workforce almost half have been deployed multiple times, and in a 12-month period up to 12,000 members of the ADF will be in the operational deployment cycle – that is, preparing, deploying or transitioning home. This high operational tempo not only exposes ADF personnel to a range of occupational risks and hazards, but also places significant pressure on their families and ADF support systems.

The 2010 ADF Mental Health Prevalence and Wellbeing Study is a major deliverable of the ADF Mental Health Reform Program, as it provides the foundation for the next generation of the ADF mental health strategy and future evaluation of mental health interventions and services.

The study shows us that the 12-month rate of mental disorder in the ADF is very similar to that of a matched sample from the Australian community, but that the ADF has a different profile which reflects the unique demands of service. The results indicate a need for targeted programs to respond to post-traumatic stress and depression. The data have also provided important information on how to further enhance mental health literacy, address stigma and break down barriers to seeking care.

Once thoroughly analysed, the data will help us understand a range of occupational issues such as the impact of social support, health risk behaviours, and quality of life and family relationships. This further analysis will take place over the next 12 months.

My thanks go to every serving member who took the time to complete the survey, answering at times intensely personal questions. I applaud you for your willingness to assist in improving mental health and wellbeing in the ADF. Your contribution will help us to improve services for yourselves, your mates and all serving personnel.

I would also like to thank the research teams who collaborated with Joint Health Command and the experts who assisted in the development and analysis of the survey.

This landmark study into Australian military mental health reflects Defence's ongoing commitment to the development of a comprehensive approach to improving the mental fitness of ADF personnel. It will inform our health service development and planning for comprehensive, coordinated and customised care into the future.

**Air Marshal Mark Binskin, AO**
**Vice Chief of the Defence Force**
**October 2011**

# GUIDE TO THE REPORT

This report contains a preliminary analysis of the data from the 2010 ADF Mental Health Prevalence and Wellbeing Study. It will be followed by a series of detailed analyses and papers addressing priorities for Defence.

The study had three goals – to establish the baseline prevalence of mental disorder, to refine current mental health detection methods and to investigate the specific occupational stressors that influence mental health. The three main sections of the report reflect these goals.

The **executive summary** outlines the high-level findings from the study and discusses the trends that were considered in the development of the 2011 ADF Mental Health and Wellbeing Strategy, as well as indicating directions for future research. A version of the executive summary was separately published as the *Executive report* on the study (October 2011).

**Section 1** discusses the prevalence of mental disorders in the ADF. It first provides a comparison between the serving ADF population and a sample from the 2007 ABS National Mental Health and Wellbeing Survey, adjusted for age, sex and employment status, for any 12-month ICD-10 affective, anxiety and alcohol disorder, as well as 12-month suicidality and co-morbidity. It then summarises the specific ICD-10 disorders that make up these categories, as well as their associated demographic predictors – sex, rank, Service and deployment status – together with the levels of impairment and rates of uptake of treatment. Finally, there is a discussion of the comparative prevalence rates of mental disorders in other international military samples.

**Section 2** looks at the detection of mental disorders in the ADF. It begins by summarising the current mental health screening instruments used by the ADF to detect mental disorders. It then gives an overview of self-reported psychological distress, post-traumatic stress disorder and alcohol consumption as measured by these instruments, including demographic predictors. The psychometric performance of these instruments is then examined to determine potential clinical and optimal diagnostic cut-offs for currently serving ADF members.

**Section 3** explores occupational mental health issues. It summarises five of the potential 17 occupational risk and protective factors assessed in the study. Initial analysis is presented of the contribution of multiple deployments and traumatic stress to mental disorders. Finally, this section reviews willingness to seek care, and the stigma and barriers to seeking care limiting this process, among ADF members.

Each section concludes with a summary of specific proposals for further analyses and a list of references.

The **annexes** to the report provide further background information about the study and its conduct. Annex A outlines the methodology used for the study. Annex B contains detailed data tables underlying the findings presented in the body of the report. Annex C contains the questionnaire used for the survey.

At the end of the report are a list of abbreviations and acronyms and a glossary.

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The study was a collaboration between the Centre for Traumatic Stress Studies of the University of Adelaide and the Directorate of Strategic and Operational Mental Health in the Mental Health, Psychology and Rehabilitation Branch of Joint Health Command.

Data for the study came from the Military Health Outcomes Program and is a combined data set including:

- the Health and Wellbeing Survey conducted by the Centre for Traumatic Stress Studies and the Directorate of Strategic and Operational Mental Health
- the Middle East Area of Operations (MEAO) Census and Prospective Survey conducted by the Centre for Military and Veterans' Health.

Completion of the study was the result of the combined work of a large team of academic and ADF military and civilian personnel. This study relied on significant efforts to ensure close team work, good stakeholder relationships and innovative and practical ideas to maximise participation. The efforts of Dr Alan Verhagen and Ms Maxine Baban are particularly acknowledged in this area. Key individuals and groups that made this research a reality include:

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