

Mental Health Changes Over Time: a Longitudinal Perspective Key Findings

Demographic characteristics of the longitudinal cohort

- Almost half of responders in both the Transitioned and Regular ADF longitudinal cohort reported serving 20+ years. More Transitioned ADF than Regular ADF reported serving for either 1 month to 9 years, or 20+ years.
- The most common type of discharge/resignation reported was 'own request', which was the case for more than half of the Transitioned ADF (57.7%).
- The second most common type of discharge was 'medical discharge', with almost one-fifth (18.6%) of Transitioned ADF reporting this type of discharge. The most commonly reported reasons for transition were 'impact of service life on family' (11.0%), 'better employment prospects in civilian life' (6.2%), 'posting issues' (6.1%), 'mental health problems' (6.1%), and 'physical health problems' (5.9%).
- 38.4% of Transitioned ADF responders remained in the ADF as Active Reservists and 30.1% as Inactive Reservists.
- Similar proportions of Transitioned ADF and Regular ADF reported their highest level of education to be primary/secondary school or a diploma. Marginally more Regular ADF reported a university qualification as their highest level of education (35.0% vs 30.9%).
- No differences existed between the groups regarding stable housing.
- Over half of the Transitioned ADF responders reported being engaged in civilian employment (55.3%), with the most common industries of employment being government administration and Defence (29.0%), transport and storage (9.1%), and health and community services (9.0%).
- Of those who were not engaged in civilian employment, a considerable proportion reported a period of three months or longer in which they were unemployed (38.8%) since transitioning from the Regular ADF.
- Over 45% of Transitioned ADF members reported accessing DVA-funded treatment through either a DVA White Card (39.3%) or DVA Gold Card (5.9%).
- Just under half of the Transitioned ADF reported joining an ex-service organisation or voluntary group.

12-month CIDI disorder in the longitudinal cohort

- In both 2010 and 2015, the most common mental disorders among the longitudinal cohort were anxiety disorders (32.6% in 2010 and 37.8% in 2015).
- Anxiety disorders were the only disorder category that showed a significant change over time, with a greater proportion of participants reporting anxiety disorders in 2015 (37.8%) compared to 2010 (32.6%).
- Those in the longitudinal cohort who had transitioned in 2015 had higher levels of anxiety disorder in both 2010 and 2015, compared to those who remained in the Regular ADF in 2015.

- Comparable proportions of Transitioned and Regular ADF had affective disorders in 2010 (Transitioned: 18.3% vs Regular ADF: 21.1%) and 2015 (Transitioned: 21.1% vs Regular ADF: 23.4%).
- Alcohol disorders were reported at relatively low rates overall, with no significant difference over time, with 6.5% reported in 2010 and 6.3% in 2015.
- Comparable proportions of Transitioned and Regular ADF had alcohol disorders in 2010 (7.7% vs 5.9%); however, those who had transitioned had higher rates in 2015 compared to those who remained in the Regular ADF (9.2% vs 5.0%).
- There were higher rates of PTSD in 2010 among Transitioned ADF compared to Regular ADF (19.5% vs 10.6%) and this pattern was repeated in 2015 (24.5% vs 13.1%).
- Rates of any disorder were higher in both 2010 and 2015 for those members of the longitudinal cohort who had transitioned in 2015 compared to those who remained in the Regular ADF in 2015 (2010: 48.3% vs 39.0%; 2015: 51.7 vs 43.3%).
- Panic disorder rates were similar in 2010 among those who had transitioned compared to those who remained in the Regular ADF (5.4% vs 3.6%), but higher in 2015 among those who had transitioned (8.0% vs 2.3%). Similarly, rates of specific phobia in 2010 were similar among those who had transitioned compared to those remaining in the Regular ADF in 2015 (10.0% vs 8.4%), but a greater proportion of those who transitioned had a phobia in 2015 (15.7% vs 9.5%).
- Similarly, rates of specific phobia in 2010 were similar among those who had transitioned compared to those remaining in the Regular ADF in 2015 (10.0% vs 8.4%), but a greater proportion of those who transitioned had a phobia in 2015 (15.7% vs 9.5%).
- Rates of agoraphobia were greater in both 2010 and 2015 among those who transitioned compared to those who remained in the Regular ADF in 2015 (2010: 8.4% vs 3.9%; 2015: 14.9% vs 6.6%).
- Although rates of generalised anxiety disorder in 2010 were higher among those who had transitioned compared to those who remained in the Regular ADF in 2015 (4.6% vs 2.0%), they were similar between groups in 2015 (5.0% vs 5.5%) due to a larger increase among those who remained in the Regular ADF.
- The most common affective disorder in the longitudinal cohort was depressive episodes, with 13.8% meeting criteria for this disorder in 2010 and 13.4% in 2015. Dysthymia was the only affective disorder that showed a significant increase between 2010 and 2015 in the longitudinal cohort overall (2.2% vs 4.5%).
- Those who had transitioned had higher rates of dysthymia (7.3% vs 3.2%) in 2015 compared to those who remained in the Regular ADF (7.3% vs 3.2%).
- Alcohol harmful use was higher in 2010 among those who had transitioned compared to those who remained in the Regular ADF (4.6% vs 2.1%), and also higher in 2015 among those who had transitioned (3.4% vs 1.1%).
- Comparable proportions of Transitioned and Regular ADF personnel with no anxiety disorder in 2010 became new anxiety cases in 2015 (22.4% vs 24.0%). However, of those reporting any anxiety disorder in 2010, a greater proportion of those who transitioned compared to those remaining in the Regular ADF retained their disorder in 2015 (75.0% vs 62.9%).

- Regarding PTSD, a greater proportion of those who had transitioned (18.1%) became new cases in 2015 compared to those who remained in the Regular ADF (9.4%).
- Of those who had no alcohol disorder in 2010, a greater proportion of those who had transitioned compared to those who remained in the Regular ADF became new cases in 2015 (6.6% vs 3.4%). Among those who were cases in 2010, a greater proportion of those who had transitioned compared to those who remained in the Regular ADF retained their disorder in 2015 (40.0% vs 30.3%).
- Overall, the proportion of the longitudinal cohort with any new disorder in 2015 were similar among those who had transitioned (29.6%) and those who remained in the Regular ADF (27.6%). A higher proportion of those who had transitioned (75.4%) retained their disorder from 2010 to 2015 compared to those who remained in the Regular ADF (67.9%).

Self-reported mental health in the longitudinal cohort

Psychological distress

- On the Kessler Psychological Distress 10-item scale (K10), one-third (33%) of Transitioned ADF who had symptom levels that were subsyndromal in 2010, had subsyndromal distress in 2015. Around one-quarter (25.2%) had symptom levels indicating probable disorder in 2015. Among those who remained in the Regular ADF and had subsyndromal symptoms in 2010, 32.5% still had subsyndromal symptoms in 2015 and a smaller 17.5% had symptom levels indicating probable disorder.
- Of those with symptom levels indicating probable disorder on the K10 in 2010, a greater proportion of ADF members who transitioned out of the ADF still had probable disorder symptom levels in 2015 than those who remained in the ADF (58.0% vs 32.0%).

Posttraumatic stress symptoms

- Among those with no disorder symptom levels in 2010, a greater proportion of Transitioned compared to Regular ADF members had symptoms indicating probable disorder in 2015 (19.8% vs 1.4%), based on the Posttraumatic Stress Disorder Checklist – civilian version (PCL-C).
- Among those with symptoms of probable disorder in 2010, again a greater proportion of Transitioned compared to Regular ADF members had probable disorder symptoms in 2015 (55.0% vs 17.7%). In contrast, similar proportions of Transitioned and Regular ADF members with subsyndromal PTSD symptoms in 2010 (19.6% and 14.9% respectively) still had subsyndromal PTSD symptoms in 2015 (42.0% and 39.5 respectively).

Alcohol use disorders

- Using the Alcohol Use Disorders Identification Test (AUDIT), a greater proportion of Transitioned ADF compared to Regular ADF moved from no disorder symptoms in 2010 to subsyndromal symptom levels in 2015 (15.2% vs 9.2%), and a greater proportion worsened from no disorder symptoms to probable disorder symptoms (2.1% vs 0.2%).
- Proportionally more Transitioned ADF members, compared to Regular ADF members, with subsyndromal symptoms in 2010 worsened to symptom levels indicating probable disorder in 2015 (11.9% vs 4.2%).

Depression

- Proportionally more Transitioned ADF than Regular ADF members who had no disorder symptom levels in 2010 worsened to probable disorder symptom levels in 2015 (6.4% vs 1.8%), based on the Patient Health Questionnaire 9-item scale (PHQ-9).
- Similarly, proportionally more Transitioned ADF, compared to Regular ADF members, who reported subsyndromal symptom levels in 2010 worsened to probable disorder symptom levels in 2015 (23.1% vs 9.2%), and proportionally more Transitioned ADF, compared to 2015 Regular ADF, who had probable disorder symptom levels in 2010 still reported probable disorder symptom levels in 2015 (48.2% vs 31.0%).

Suicidality

- Among those who had transitioned, 12.3% reported suicidality in 2010, which more than doubled to 27.4% in 2015. Among those who remained in the Regular ADF, 7.5% reported suicidality in 2010 and 12.7% in 2015. There were proportionally more new cases of suicidality in 2015 in Transitioned compared to Regular ADF members (21.7% and 9.9%).

Anger symptoms

- Relative to 2010 levels of anger, proportionally more Transitioned ADF compared to Regular ADF reported new cases of problematic anger in 2015 (10.4% vs 19.9%), based on the Dimensions of Anger Reactions 5-item scale (DAR-5).

Physical violence

- More Transitioned ADF compared to Regular ADF reported being in fights in the last month both in 2010 (2.5% vs 1.2%) and 2015 (2.5% vs 0.9%). Only 2.1% of Transitioned ADF members never reporting violence in 2010 reported new cases of violence in 2015.

Longitudinal course of probable mental disorder in the MHPWS population

- Longitudinal cohort members were more likely to worsen from no disorder in 2010 to subsyndromal disorder or probable disorder in 2015 if they:
 - were not Officers
 - were Navy members (compared to Air Force)
 - reported problematic anger in 2010, or
 - reported higher levels of deployment exposures or lifetime trauma.
- Those reporting higher resilience were less likely to move from no disorder to subsyndromal disorder.
- Reported suicidality in 2010 predicted progression from no disorder in 2010 to probable disorder in 2015.
- Longitudinal cohort members were more likely to worsen from subsyndromal disorder in 2010 to probable disorder in 2015 if, in 2010, they were not Officers, had problematic anger, or had a greater number of deployment exposures or lifetime traumatic event types.
- In terms of those with probable disorder in 2010, having more lifetime traumatic event types predicted shifting towards subsyndromal disorder or maintaining probable disorder in 2015.

Older age predicted the shift to subsyndromal disorder; and problem anger, help seeking and deployment exposures predicted the maintenance of probable disorder.