



Australian Government

Department of Defence

Department of Veterans' Affairs

## TRANSITION AND WELLBEING RESEARCH PROGRAMME

### Mental Health and Wellbeing Transition Study

#### MENTAL HEALTH PREVALENCE and

#### PATHWAYS TO CARE REPORTS

#### KEY FINDINGS

The *Mental Health Prevalence* and *Pathways to Care* reports are the first in a series of reports that comprise the Transition and Wellbeing Research Programme.

Both reports have a demographics section, which describes the characteristics of the Australian Defence Force (ADF) study populations. These populations were:

- ADF members who transitioned from the Regular ADF between 2010 and 2014 (including Ex-Serving, Active and Inactive Reservists)
- a random sample of Regular ADF members serving in 2015 known as 2015 Regular ADF
- 2015 Regular ADF and Transitioned ADF members who participated in the 2010 Military Health Outcomes Program (MilHOP).

While reading the findings below, it is important to remember that references to the "... last 12 months ..." is referring to the 12 months prior to the date of participation in the study, which was between 1 June and 31 December, 2015.

#### **Demographic characteristics**

- More than half of Transitioned ADF members remained in the ADF as Reservists (55.8%). Of these, 25.7% were Active Reservists.
- Approximately, 84% of the Transitioned ADF were either working or engaged in some purposeful activity with 62.8% being employed. Just over 5.5% of the Transitioned ADF had retired.
- More than 43% of Transitioned ADF members reported accessing DVA-funded treatment through either a DVA White Card (39.4%) or DVA Gold Card (4.2%).

- Just over one-fifth of the Transitioned ADF were estimated to have been medically discharged.
- The most commonly reported reasons for transition were: impact of service life on family, (10.2%), better employment prospects in civilian life (7.2%), mental health problems (6.5%) and physical health problems (4.3%).
- There were no significant differences in housing stability between the Transitioned ADF and the 2015 Regular ADF, with more than 93% estimated to have been in stable housing in the previous two months.
- Just over 40% of the Transitioned ADF and 36% of the 2015 Regular ADF reported having a diploma or university qualification.
- Twice as many members of the Transitioned ADF were classified as medically unfit compared to the 2015 Regular ADF.

## **MENTAL HEALTH PREVALENCE REPORT**

### **Estimated prevalence of lifetime mental disorder in Transitioned ADF**

- Almost three in four Transitioned ADF members are estimated to have met criteria for a mental disorder at some stage in their lifetime that is either, prior to, during or after their military career.
- Anxiety (46.1%) and Alcohol disorders (47.5%) were the most common classes of lifetime disorder.
- One quarter of Transitioned ADF members were estimated to have met criteria for posttraumatic stress disorder (PTSD) in their lifetime (24.9%).

### **Estimated prevalence of 12-month mental disorder in Transitioned ADF**

- Just over half of the Transitioned ADF had not experienced a mental disorder in the previous 12 months.
- 46.4% of Transitioned ADF members are estimated to have experienced a mental disorder in the previous 12 months.

#### **Anxiety disorders**

- Anxiety disorders were the most common type of 12-month mental disorder among the Transitioned ADF with over one in three (37.0%) experiencing an anxiety disorder in the last 12 months.
- PTSD (17.7%), panic attacks (17.0%), agoraphobia (11.9%) and social phobia (11.0%) were the most common types of anxiety disorders in the Transitioned ADF.

#### **Affective disorders**

- One in five (23.1%) Transitioned ADF are estimated to have experienced an affective disorder in the last 12 months.
- The most common affective disorder type in Transitioned ADF was depressive episodes (11.2%).

### **Alcohol disorders**

- 12.9% of the Transitioned ADF met criteria for an alcohol disorder in the last 12 months.

### **Occurrence of more than one disorder at the same time (comorbidity) in Transitioned ADF**

- Of the Transitioned ADF with a 12-month mental disorder, more than half (55.2%) had at least one comorbid or co-existing mental disorder.

### **Estimated prevalence of suicidality (ideation, planning, attempting) in Transitioned ADF**

- Just over 20 per cent of Transitioned ADF experienced suicidal ideation, plans or attempts in the last 12 months.
- 28.9% of Transitioned ADF had felt that their life was not worth living.
- 21.2% had felt so low that they thought about taking their own life.
- 7.9% of Transitioned ADF had made a suicide plan.
- 2.0% of Transitioned ADF reported having attempted suicide.

### **Transition factors associated with 12-month mental disorder and suicidality in Transitioned ADF**

#### **Transition status**

- Transitioned ADF who were Ex-Serving had significantly greater rates of anxiety disorders, affective disorders, alcohol disorders and suicidality compared to both Inactive and Active Reservists indicating poorer mental health outcomes for those who were most disengaged with Defence.

#### **Years since transition**

- The estimated rates of 12-month mental disorder were lowest in Transitioned ADF who had transitioned less than one year ago, increasing at one year or more post-transition. This may inform the timing of possible mental health surveillance activities.

#### **Reason for discharge**

- Transitioned ADF who had been medically discharged had significantly higher rates of affective, anxiety and alcohol disorders and suicidality than those who discharged for other reasons.

#### **DVA Status**

- Affective, anxiety and alcohol disorders and suicidality were more commonly observed in those Transitioned ADF who were in contact with or receiving services from DVA. This is expected given DVA is the primary conduit to care and assistance for ex-serving members.

## **Self-reported mental health in Transitioned ADF compared to the 2015 Regular ADF**

- Compared to 2015 Regular ADF, the Transitioned ADF reported significantly higher current mental health symptoms across all domains measured.

### **Psychological distress**

- Compared to 2015 Regular ADF, nearly twice as many Transitioned ADF had high to very high psychological distress (33.1% vs 18.7%).

### **Posttraumatic stress symptoms**

- Compared to 2015 Regular ADF, nearly three times as many Transitioned ADF had high to very high posttraumatic stress symptoms (24.3% vs 8.7%).

### **Alcohol use**

- Compared to 2015 Regular ADF, nearly four times as many Transitioned ADF reported alcohol use at levels which suggest the need for further assessment.
- Compared to the 2015 Regular ADF, the Transitioned ADF were significantly more likely to report higher alcohol consumption and problems with drinking.

### **Depressive symptoms**

- Compared to 2015 Regular ADF, nearly three times as many Transitioned ADF had moderately severe to severe depressive symptoms (19.5% vs 7.4%).

### **Anxiety symptoms**

- Compared to 2015 Regular ADF, more than twice as many Transitioned ADF had moderate to severe general anxiety disorder symptoms (22.3% vs 9.6%).

### **Suicidality**

- The Transitioned ADF had significantly higher rates of suicidal ideation, plans and attempts compared to 2015 Regular ADF.

### **Anger**

- Transitioned ADF members experienced significantly greater levels of anger than the 2015 Regular ADF.

### **Self-reported trauma exposure**

- An estimated 85% or more of the entire Transitioned ADF and 2015 Regular ADF have experienced a potentially adverse deployment exposure.
- Exposure to toxins were the most common deployment exposure type with over 50% of Transitioned ADF and 2015 Regular ADF reporting potentially toxic/environmental exposures (smoke, fumes, chemicals, and local food and water).

## **Self-reported mental health in the Transitioned ADF compared to the Australian Community**

### **Psychological distress**

- Levels of psychological distress in the Transitioned ADF were significantly higher than the Australian Community, with almost three times more Transitioned ADF reporting high to very high psychological distress (33.1%) compared to the Australian Community (12.8%).

- Patterns of psychological distress were similar in the Australian Community and the Transitioned ADF for males and females and consistent across all age bands.

#### **Alcohol use**

- Overall, the Australian Community drank more standard drinks on a single occasion in the last 12 months than the Transitioned ADF.
- Frequency of alcohol consumption in the last 12 months was similar for the Transitioned ADF compared to the Australian Community, but results varied by age and sex.
- A significantly higher proportion of Transitioned ADF females reported drinking daily, weekly and monthly compared to Australian Community females.
- There were no differences between the Transitioned ADF and the Australian Community in the frequency of alcohol consumed in the last 12 months in the 18-27-year age group.

## **KEY FINDINGS**

### **PATHWAYS TO CARE REPORT**

#### **Self-reported concerns for mental health**

- Over half the Transitioned ADF (64.4%) and 2015 Regular ADF (52.1%) have been concerned about their mental health during their lifetime.
- Prevalence of mental health concerns were significantly higher for the Ex-Serving group (70.9%) compared with the Inactive (61.0%) and the Active (57.6%) Reserve groups.

#### **Help-seeking in the Transitioned ADF and 2015 Regular ADF**

- Approximately, 3 in 4 Transitioned ADF and 2015 Regular ADF have received assistance for their mental health in their lifetime. Of these, about 41% of Transitioned ADF and 46% of 2015 Regular ADF report receiving assistance currently or within the last 12 months.
- Approximately, half of Transitioned ADF and 2015 Regular ADF sought help for their mental health within three months of becoming concerned about it.

#### **Support from others in seeking care**

- For around 60% of Transitioned ADF and 2015 Regular ADF, who were concerned about their mental health and sought assistance, someone else had suggested they seek care for their mental health, usually a partner or friend.
- Only about 30% received assistance in engaging with mental health care. For Transitioned ADF this was most commonly a doctor (either a General Practitioner or Medical Officer), partners or supervisors and, for Regular 2015 ADF, this was most commonly supervisors, General Practitioners or Medical Officers.

#### **Primary reasons for seeking care**

- In both the Transitioned and Regular ADF the most common reasons for seeking assistance were depression, anxiety, relationship problems and anger.

## **Help-seeking among Transitioned ADF and 2015 Regular ADF with a probable current mental disorder**

- Of the Transitioned ADF and 2015 Regular ADF with a probable current mental disorder, who have expressed a concern about their mental health and sought care, 75% had done so currently or within the last 12 months.
- Of those with probable disorder, 2015 Regular ADF were more likely than Transitioned ADF to seek care within the first three months.

### **Attrition in help seeking**

- Self-reported rates of help seeking for a mental health problem are reasonably high, but due to attrition at each help seeking stage and variability in the treatment services delivered, approximately a quarter of those with a probable current mental disorder were estimated to have received evidence-based care in the last 12 months.

### **Mental health service use**

#### **In Transitioned ADF and 2015 Regular ADF with a mental health concern**

- Transitioned ADF and 2015 Regular ADF with a mental health concern reported very high rates of consulting a General Practitioner/Medical Officer, psychologist and/or a psychiatrist at some stage in their lifetime.
- There were high rates of satisfaction with the services delivered by these health professionals.

#### **In Transitioned ADF and 2015 Regular ADF with a probable current mental disorder**

- While the majority of Transitioned ADF and 2015 Regular ADF with a probable current mental disorder had reported consulting a psychologist in the self-report survey, only half of these had done so in the last 12 months.
- Approximately 60% of Transitioned ADF and 2015 Regular ADF with a probable current mental disorder reported consulting a psychiatrist in the self-report survey, and over half of these had done so in the last 12 months.

### **Satisfaction with health service factors**

- 2015 Regular ADF were more likely to be satisfied than Transitioned ADF in the accessibility, location, effectiveness, competence, friendliness, convenience and confidentiality of health services. Those with probable current mental disorders reported lower satisfaction across all health service factors.

### **Mental health services funding**

- Defence was the main funder of mental health services for the 2015 Regular ADF, followed by DVA, including Veterans and Veterans Families Counselling Service (VVCS).
- DVA was the main funder of mental health services for Transitioned ADF, followed by Medicare and self-funding.

## **Methods used to inform or assess mental health among the Transitioned ADF and 2015 Regular ADF**

### **Websites**

- Around one quarter of Transitioned ADF and 2015 Regular ADF used websites to inform or assess their mental health, and were most likely to access websites designed by DVA or Defence. While satisfaction with the DVA and Defence websites were at reasonable levels, the proportion accessing them was low.

### **Smart phone apps**

- Use of all smart apps were low in both Transitioned and 2015 Regular ADF members, but doubled in those with a probable current mental disorder.

### **Helplines**

- About 10% of both Transitioned and 2015 Regular ADF members used a veteran or military helpline, and these rates doubled in those with a probable current mental disorder. VVCS Vetline was the most highly used helpline with very high satisfaction rates.

### **Ex-service organisations (ESOs)**

- Less than 10% of Transitioned and 2015 Regular ADF members used ESOs to inform or assess their mental health. This doubled for those with a probable current mental disorder.
- Rates of satisfaction with ESO services were high.

### **Receiving health information**

- Both Transitioned and 2015 Regular ADF members preferred receiving mental health information face-to-face rather than by the internet or by telephone. This effect was much stronger in those with a probable current disorder.

### **Stigma**

- In both Transitioned 2015 and Regular ADF members, the highest rated stigmas were concerns others would lose confidence in them, that they would be seen as weak, that they would be treated differently, that they would feel worse due to being unable to solve their own problems, that they would feel embarrassed. Those with probable current mental disorder were more likely to endorse each stigma item.
- The most common reasons for not seeking assistance in both Transitioned and 2015 Regular ADF members were a perceived preference to self-manage, ability to function effectively and feeling afraid to ask.
- Over half the Transitioned ADF and around 40% of the 2015 Regular ADF with probable current mental disorder held four or more stigma-related beliefs. However, the vast majority of those with mental health concerns still engaged in care.

### **Barriers to seeking help**

- The most common barriers to seeking help for 2015 Regular ADF were concerns about the impact on deployability or career and for Transitioned ADF were concerns about the impact on career and expense.

**Further information**, including the technical reports, is available at:  
<https://www.dva.gov.au/health-and-wellbeing/research-and-development/social-research/transition-and-wellbeing-research>

*Veterans and Veterans Families Counselling Service (VVCS) can be reached 24 hours a day across Australia for support and free and confidential counselling. Phone 1800 011 046 (international: +61 8 8241 4546). VVCS is a service founded by Vietnam veterans.*

*The ADF Mental Health All-hours Support Line is a confidential telephone service for ADF members and their families available 24/7 on 1800 628 036 or if calling from overseas +61 2 9425 3878.*

*The ADF Health and Wellbeing Portal 'Fighting Fit' will direct you to a wide range of Defence websites containing information on ADF Health and Mental Health services and supports <http://www.defence.gov.au/Health/HealthPortal/>*