



DEFENCE FORCE WELFARE ASSOCIATION

NATIONAL OFFICE

PO Box 4166, KINGSTON ACT 2604

Telephone: 02 6265 9530

Facsimile: 02 6265 9776

national@dfwa.org.au

www.dfwa.org.au

File: 57.50

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E-mail to: MentalHealth.Review@defence.gov.au

Dear Professor Dunt,

Submission

Review Into Defence Mental Health Care and the Transition to Non-Military Life

The Defence Force Welfare Association (DFWA) has several concerns regarding ADF mental health policies and they relate to what appear to us to be “disconnects” between what is being tried to achieve in mental health and other departmental actions.

As an organisation outside Defence DFWA does not have access to detailed information although we benefit from briefings and have some input into policy formulation.

In general we believe that there has been marked progress in mental health awareness within Defence and the veteran community in the past few years. For example we believe that the AT EASE program is a great example of how things should be done. That awareness has not, however, flowed across to some of the “silos” within the Defence bureaucracy.

Thus we are concerned that Defence, as a whole, is not fully committed to a pro-active role in mental health delivery.

ADF Mental Health Resourcing

As Professor Mark Creamer noted when speaking at the launch of AT EASE last May: “When we increase awareness about a health condition we tend to convert unmet need into expressed need. If the AT EASE initiative does what it is meant to do we can expect an increase in demand for high quality evidence based treatment services. Initiatives such as AT EASE will create a better educated consumer group who will increasingly challenge sub-optimal treatment service”

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Incorporated in the ACT: Reg No: 1496

ABN 49 929 713 439

Significantly, on the morning of the launch of the AT EASE program the ADF Director of Mental Health submitted his resignation, frustrated at a lack of support in staffing his Directorate and an apparent indifference within the department to his plight. It was not just a short term lack of appropriate qualified staff but his perception that all the positions in his Directorate were “unfunded” and therefore dependent on an ability of other sections within Defence to lend staff that contributed to his decision.

The Melbourne *Age* in an article earlier this year detailed aspects of the treatment received by an Army captain who claimed he received an appalling level of care and in an explanatory letter received from Defence about the incident said that its health services work in a “frugal financial environment”

Given that the Terms of Reference of this Review state:

2. The purpose of the review is to independently assess and benchmark, from both a mental health best practice and administrative perspective, the current models of mental health support in the ADF, and the mechanisms of transition of those medically discharged with a mental health condition from the ADF to DVA. The review is to consider the extent to which the mental health needs of serving, and transitioning ADF members are being met.

it seems clear from the above examples that ADF mental health needs are *not* being met in practice. The “models” may look fine but the resources appear totally inadequate.

That then leads to a question that you may reluctantly need to consider: if the trained human resources cannot be found to implement the current ADF mental health “models”, what alternative models *should* be adopted?

Length of Deployments

Defence has very recently adopted a policy of eight month deployments to Iraq and Afghanistan instead of six months. This policy seems largely based on efficiency dividends by reducing the number of rotations and thus addressing the problem of pace and tempo of current military operations.

We are unsure as to whether the impact of longer deployments on mental health of those deployed was ever seriously addressed and we have had informal advice that the views of the ADF Directorate of Mental Health were not sought.

A recent paper in the British Medical Journal “*Mental health consequences of overstretch in the UK armed forces; first phase of a cohort study*” by Rona *et al* concluded that “with the exception of severe alcohol problems a threshold of deployment duration exists beyond which a deterioration in psychological health can be shown” and that “the association between number of deployments and psychological symptoms was less consistent than for duration of deployment “

Settling back home on return to Australia

In early 2007 this Association was represented among a number of other ex Service organisations at a presentation at the Australian War Memorial at which the then Minister, the Secretary, the CDF and the Service Chiefs all addressed what the ADF was doing in assisting those deployed on operational service. The Minister and the Secretary stressed the need for those returning to Australia to have adequate time to resume a normal relationship with their friends and families

However in recent months this Association has become aware of policies administered by a Defence Agency – the Defence Housing Authority - that actively undermine that policy and does so purely from cost saving measures without any thought as to a member’s mental health.

We refer to the policy whereby a single member of the ADF who is living off-base with the assistance of Rental Allowance is required to move out of his or her accommodation (by the non payment of RA) and place his or her belongings in storage for the duration of their operational deployment. We understand that such a decision is made simply on the basis of a comparison of the costs of continuing to pay RA as against the cost of storage!

The practical effect of this policy is that when the member returns to Australia from deployment he or she has only the clothes that they have been wearing for the past six months, has to live in a hotel room (unless they prevail on family or friends), then obtain new rental accommodation and then get their belongings moved out of storage. In an increasing number of cases the individual has to also cope with this during a change of posting from their former locality to a new posting within Australia and in the space of two weeks. This hardly gives time for the member to resume a normal lifestyle on return to Australia and resume normal relationships with friends.

All this happens at a time when the returnee may be just starting to have to cope with any psychological effects of their deployment. At the very least, such treatment with regards to their accommodation and personal effects can be expected to create stress, anger and frustration, which are not conducive to dealing with any other mental health conditions that may have arisen due to the deployment.

This is yet another example of “silo-thinking” within Defence, and a failure to consider mental health issues when making decisions.

Conclusion

The above examples seem to indicate that “fine words butter no parsnips” and, despite recent utterances about the importance of mental health in the ADF, the message has not got through.

Yours sincerely



David Jamison
National President