



## Understanding the Military Experience: From Warrior to Civilian

This document highlights some additional resources that may further your learning in this area.

The following resources have been identified as particularly relevant for this webinar topic.

### Studies and reports

- [2012 Timor-Leste Family Study](#) (PDF – 777 KB)
- [Australian Veterans Identification of Mental Health Issues](#) (article for GPs) (PDF – 322 KB)
- [Mental Health and Wellbeing After Military Service](#) (PDF – 4.3 KB)

### Online resources

#### *Open Arms Professional website*

DVA's clearinghouse for mental health professionals - a one-stop shop for information, professional development opportunities, clinical resources, educational resources and the latest in international research.

<http://openarms.gov.au/professionals>

#### *Understanding the Military Experience eLearning*

Understanding the Military Experience is a free eLearning program for mental health clinicians. The two hour program helps providers better understand the context in which their veteran patients are presenting and the long-term effects that military service can have on the mental health and wellbeing of veterans of all ages.

<http://at-ease.dva.gov.au/professionals/professional-development/>

# Understanding the Military Experience: From Warrior to Civilian

## Webinar panellists

### **Professor Mark Creamer, MA(Clin), PhD, FAPS**

Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of posttraumatic mental health. He is internationally recognized for his work in the field. He provides policy advice, training, and research consultancy to government and non-government organisations, with the aim of improving the recognition, prevention and treatment of psychological problems following stressful life events. Mark is a Professorial Fellow in the Department of Psychiatry, University of Melbourne, and has an impressive research record with over 180 publications. Mark is an accomplished speaker and has given numerous invited addresses to national and international conferences.

### **Dr Stephanie Hodson, CSC, psychologist**

Dr Hodson is the National Manager, Veterans and Veterans Families Counselling Service. She has worked for 25 years in military mental health, both as an Army Psychologist and the Mental Health Adviser in the Department of Veterans' Affairs. Her doctorate investigated the impact of deployment to Rwanda, specifically protective and risk factors for posttraumatic stress.

### **Colonel Isaac Seidl, specialist medical administrator and general practitioner**

Colonel Isaac Seidl is a specialist medical administrator and general practitioner. He completed his medical degree at UWA, then undertook a variety of Army appointments across all military environments, before being appointed to Qld Health. Following a period of study sabbatical, he returned to the Australian Army. He holds the rank of Colonel. Colonel Seidl has published in the literature and presented at national and international conferences. His academic interests include crisis leadership, clinical governance and ethics. He is Adjunct Associate Professor in Public Health at James Cook University.

### **Dr Duncan Wallace, consultant psychiatrist**

Dr Duncan Wallace has been a consultant psychiatrist since 1990, practising mainly in public hospitals with special interests in emergency departments, rural psychiatry, telepsychiatry and military psychiatry.

Dr Wallace has extensive operational experience as a Medical Officer in the Navy Reserve. He has deployed on Active Service to East Timor, Iraq, Afghanistan and the Persian Gulf. He has also deployed on OP RELEX I to Christmas Island and Ashmore Reef, as well as humanitarian assistance operations in Banda Aceh and Nias.

Dr Wallace was appointed to his current position as psychiatrist to the Australian Defence Force Centre for Mental Health, at HMAS PENGUIN, Sydney, in 2010. He is also a Visiting Medical Officer at St John of God Hospital, North Richmond.

He is a Commodore in the RANR and was DirectorGeneral Naval Health Reserves from 2012 to 2015.

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## Case study – Toms story

### **My opening response to Tom's Story:**

Tom's service history of one deployment to Timor and two to the MEAO is also noted. In particular, that he sustained a serious ankle injury on last deployment.

On deployment, he would have initially seen a medic for his injury, then a medical officer. He would have been referred for imaging and physio as required. He could have also been seen by an orthopaedic surgeon, for which he may have had to travel from his base to a major hospital e.g. in Kandahar. He would have been unfit for infantry duties for a period, during which he may have been given light duties in an office. Being sent home early from a deployment for a medical condition would have been upsetting for Tom, as he would not return with all his mates and he would have lost the additional allowances received while away.

All ADF members finishing an operational deployment undergo a medical screen with physical examination and a Return to Australia Psychology Screen (RTAPS). This consists of a number of mental health screening tests and a one-to-one interview with a psychologist or psychology examiner. If problems are obvious at that assessment then the clinician has the option to immediately refer them to mental health services on their arrival in Australia. Returning personnel are usually very keen to spend time with their family, which may be a disincentive for them to candidly disclose their mental state. Concerns about being seen as weak and worries about an adverse impact on their career and promotion prospects are also cited by personnel as barriers to seeking mental health care.

Personnel are also required to have a routine mental health follow up assessment of a similar nature three to six months after their return to Australia.

We know from a number of military and civilian studies that significant trauma, especially resulting in physical impairment, can be associated with a range of mental disorders e.g. depression, PTSD and anxiety disorders. So this risk factor should be considered by attending Mental Health Staff.

Tom's ankle injury would be re-assessed by a medical officer in Australia, and then referred for imaging, physio and specialist care as required. He would also be assigned a personal rehabilitation consultant, whose job includes coordinating their care and return to work, including liaising with his chain of command.

A serious injury such as this would mean his Medical Employment Classification (MEC) would be downgraded. The MEC system is an administrative process that ensures members have access to care and supervisors know what duties service personnel are fit to perform. A MEC downgrade will prevent him from being sent away on deployment or to remote locations so he can access his treating team and will prescribe the duties he can perform that are appropriate to his injuries. If a member is so unwell they cannot perform any meaningful duties, they will be referred to their local Soldier Recovery Centre to ensure they remain connected to the Army, perform some physical training consistent with their injuries and have ready access to health care services.

As a veteran, Tom and his entire family, can access a full range of mental health services from the Veterans and Veterans Family Counselling Service free of charge. These services can be obtained completely independently of ADF health services.

His last 12 months in the Army saw him doing an admin job because of his injury.

This would be a significant challenge to his established identity as an infantry soldier. He may be concerned that his peers thought he was weak or soft. He would be frustrated at his reduced abilities.

If a member has a serious disorder which prevents them from being deployable for more than 18 months or more, they will be referred to a Central MEC Review Board and their fitness for retention in the ADF will be considered. If recovery is likely within a reasonable time, they will be retained. But if it is unlikely, then a timetable for a medical discharge will be determined.

As Tom's medical discharge approaches, he would make claims to DVA to have his injuries accepted as being service related to enable ongoing health care, and if appropriate, to receive disability payments. He would be encouraged to find a civilian GP and provided with referrals for ongoing care and a copy of his entire medical record.

Tom's clinical issues

Tom's distress when his baby daughter Stacey cries sounds like her crying is an external cue that reminds of him of a traumatic event that occurred in Afghanistan. Experiencing harm to children is of course distressing to most people, but especially so when someone has children the same age. This requires sensitive exploration at a suitable time.

Sonia's report of 'walking on egg shells' and spending time with her parents sounds like Tom has a problem with anger, which will require exploration.

Tom's insomnia, restlessness and abuse of his wife's sedatives points to significant sleep disturbance. This requires a detailed history of his sleep patterns and use of sedatives, other drugs and alcohol.

*The Medicare GP Health Assessment for Former Australian Defence Force (ADF) Personnel* is a great place to start for this patient. It comes with a PDF tool that prompts you to take a good, baseline history for a veteran with specific questions on sleep and screens for distress, PTSD, alcohol abuse and anger. This assessment is available to anyone who has left the ADF, and a Medicare rebate is available (701, 703, 705 and 707).

*Working with Veterans with Mental Health Problems - eLearning for GPs*

A short eLearning program to assist GPs to better understand common veteran mental health conditions, how military service can affect the mental health of serving and ex-serving personnel and referral pathways for DVA clients. Hosted on the RACGP's *gplearning* system, Working with Veterans with Mental Health Problems is free to RACGP members with a current login.

# Understanding the Military Experience

The following resources support the full webinar series

## **Australian Gulf War Veterans' Health Study (2003)**

*Authors: Sim, M., Abramson, M., Forbes, A., Glass, D., Ikin, J., Ittak, P., Kelsall, H., Leder, K., McKenzie, D., McNeil, J., Creamer, M., Fritsch, L.*

The Australian Gulf War Veterans' Health Study investigated whether Australian Defence Force (ADF) personnel who served in the Gulf War (1990 – 91) experienced higher rates of adverse physical and psychological health effects than ADF personnel who had not served in the Gulf War. The study was commissioned by the Department of Veterans' Affairs and was conducted by a collaborative medical research team from the Department of Epidemiology & Preventive Medicine at Monash University, Health Services Australia Ltd, the University of Western Australia and The Australian Centre for Posttraumatic Mental Health at the University of Melbourne. The study was the first comprehensive health study of a group of Australian war veterans involved in a single theatre of war.

Of the 1,873 Australian Gulf War veterans, 1,456 took part in the study, comprising 80.5% of the target population. The major finding of the study was that Gulf War veterans experienced higher rates of psychological disorders than the control group, in the time since the Gulf War. Gulf War veterans were found to be at significantly increased risk for posttraumatic stress disorder (PTSD) though other anxiety disorders, depression and substance use disorders were also common among the cohort.

The published study is available from:

<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/gulf-warveterans-health-study>

## **Australian Gulf War Veterans' Health Study – Follow Up Health Study (2015)**

*Authors: Sim, M., Clarke, D., Forbes, A., Glass, D., Gwini, S., Ikin, J., Kelsall, H., McKenzie, D., Wright, B., McFarlane, A., Creamer, M., Horsley, K.*

The Australian Gulf War Veterans' Health Follow Up Study was a longitudinal cohort study that built upon the findings of the 2003 baseline study. As in the 2003 study, the 2015 Follow Up Study aimed to examine the physical, psychological and social health and military-related exposures of ADF veterans who served in the Gulf War as compared to ADF personnel who had not served in the Gulf War. All 1,456 participants of the baseline study were eligible to participate, and 715 Gulf War veterans participated in the Follow Up Study.

The Follow Up Study found Gulf War veterans remained at an increased risk for PTSD, 12-month alcohol disorder and general psychological distress when compared to the comparison group. The difference in risk for these factors between Gulf War veterans and the comparison group widened since the baseline study. The risk of major depression was not significantly different between study groups and both groups were found to be equally resilient.

The published study is available from:

<http://www.dva.gov.au/consultation-and-grants/research-and-development/health-studies/australiangulf-war-veterans-follow>

## **Mental Health in the Australian Defence Force – 2010 ADF Mental Health Prevalence and Wellbeing Study (2010)**

*Authors: McFarlane, A.C., Hodson, S.E., Van Hooff, M., Davies, C.*

The ADF Mental Health Prevalence and Wellbeing Study was conducted by a collaborative research team comprising representatives from the Centre for Traumatic Stress Studies at the University of

Adelaide, the Joint Health Command of the ADF and the Australian Centre for Posttraumatic Mental Health at the University of Melbourne.

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.

Prevalence of mental disorders was similar to the Australian community sample, but profiles of specific disorders in the ADF varied. The study identified PTSD as the most prevalent anxiety disorder, with ADF males experiencing PTSD at a significantly higher rate than the general community. ADF males also experienced higher rates of affective disorders than the control sample and both ADF males and females experienced 12-month depressive episodes at higher rates than the general community. Alcohol disorders were significantly lower in ADF personnel than the control sample in the 12 months preceding the study.

The published study is available from:

<http://www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf>

### **Mothers in the Middle East Area of Operations (MEAO) Study (2014)**

*Authors: Lawrence-Wood, E., Jones, L., Hodson, S., Crompvoets, S., McFarlane, A., Neuhaus, S.*

The MEAO Study examined the impacts of deployment on female veterans with dependent children. Using a mixed methods design, the study collected standardised self-reported data and qualitative information from participants. The main finding of the study indicated that while the experience of deployment is particularly challenging for female veterans with dependent children, most participants viewed their deployment as a positive and important element of their service. The resilience, creativity and agency of female veterans was key to successfully navigating the demands of motherhood and deployment.

The published study is available from:

<http://www.dva.gov.au/about-dva/publications/research-and-studies/health-researchpublications/mothers-middle-east-area>

### **Vietnam Veterans' Family Study (2014)**

The Vietnam Veterans' Family Study was conducted by a research panel commissioned by DVA. The study comprised a number of complimentary research projects that aimed to determine the effect, if any, that active Vietnam service had on the physical, mental and social wellbeing of the sons and daughters of Australian Vietnam veterans. The study cohort comprised 27,000 participants including Vietnam veterans, their partners and children and a control group of veterans (and their children and partners) who served in the ADF during the Vietnam War era, but were not deployed to Vietnam. The study found the majority of children of Vietnam veterans were in good health. However, children of Vietnam veterans (as compared to children of veterans who were not deployed to Vietnam) were more likely to experience depression, anxiety, PTSD, suicidal thoughts and planning, skin conditions, migraines and sleep disturbances.

The published study is available from:

<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/vietnamveterans-family-study>

### **Timor-Leste Family Study (2012)**

*Authors: McGuire, A., Runge, C., Cosgrove, L., Bredhauer, K., Anderson, R., Waller, M., Kanesarajah, J., Dobson, A., Nasveld, P.*

The Timor-Leste Family Study was conducted by The University of Queensland, Centre for Military and Veterans' Health and funded by DVA. The study aimed to determine the physical, mental and social health impacts and associated risk and protective factors of deployment to Timor-Leste on the families of service members. The study involved 4,186 participants comprising veterans deployed to Timor-Leste between 1999 - 2010 and their partners as well as a control group of veterans who were not deployed to Timor-Leste (and their partners).

The study found no statistically significant differences were found between the physical, mental or family health of family members of people deployed to Timor-Leste when compared with comparison group family members.

The published study is available from:

<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/timor-lestefamily-study>

### **Rwanda Deployment Health Study (2014)**

*Authors: Runge, C., Kanesarajah, J., Loos, C., Waller, M., Nasveld, P.*

The study was commissioned by DVA and conducted by the Centre for Australian Military and Veterans' Health. The aim of the study was to examine the health and compensation history and outcomes of veterans of Rwanda deployments (Operation TAMAR (Troops and Medical Aid Rwanda)). The study sample included 680 veterans of Operation TAMAR. Major findings included: half of participating veterans had an accepted compensation claim, with 31% having a claim or treatment for PTSD; medical personnel had fewer compensation claims and medical presentations than rifle company and support personnel; claims were mainly lodged around the time of discharge not at incident; the majority accepted 11-15 years after the deployment.

The published study is available from:

<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/rwandadeployment-health-study>

### **Peacekeepers' Health Study**

*Authors: Hawthorne, G., Korn, S., Creamer, M.*

The Peacekeepers' Health Study examined the long-term effects on mental health status, health service use and quality of life of peacekeeping or peacemaking deployments among Australian veterans. The study involved over 1,000 participants from seven United Nations (UN) peacekeeping missions between 1989 and 2002, who had transitioned out of full-time service in the Australian Defence Force. Major findings included: most peacekeepers reported they were in good, very good or excellent health, though 30% of participants had at least one diagnosable mental health condition.

The published study is available from:

<http://www.dva.gov.au/health-and-wellbeing/research-and-development/health-studies/peacekeepershealth-study>