Australian Government
Open Arms – Veterans & Families Counselling

Open Arms – Veterans & Families Counselling

Orientation Package for Provision of Services to Current Serving ADF Members and their Families

October 2019

OPEN ARMS
Veterans & Families Counselling

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CHAPTER 1:
OVERVIEW

Open Arms Policy

Open Arms has articulated clinical and governance policies. The clinical policy and related procedures is located on the Collaborative Tool.

The Governance policy is currently in an approval process and will also be posted on the Collaborative Tool when this is completed.

An administrative policy is being drafted.

ADF Liaison

The ADF Liaison Project Officer is a part of the Central Operations team. The ADF liaison role includes liaison with:

- *Mental Health, Psychology and Rehabilitation Branch,* Joint Health Command; and
- Transition Support Services (TSS) regarding transition service delivery to current serving members and their families.

The role includes oversight of:

- Defence referrals to Open Arms under the Agreement for Services (AfS) with Defence and reporting to the AfS Steering Committee (a new Agreement for Services was signed in 2013);
- Open Arms delivery of the Stepping Out program on behalf of DVA Social Health Policy;
- Defence Transition Notifications – including receipt of notifications from TSS and dissemination to Centres; and
- Open Arms representation at Defence Transition Seminars.

DVA

There are a number of DVA programs or services that may be of relevance to Open Arms clients:

- VAN provides the 'shopfront' access to DVA services (Veterans Affairs Network Directory). Also, the On Base Advisory Service (OBAS) provides on base access to DVA advice on services.
- DVA Rehabilitation
- CVC (Coordinated Veterans Care)
- DVA Case Management Services

DVA Suicide Study (DUNT Study)

In February 2009 Professor David Dunt submitted a report on his study into suicide in the ex-service community (Independent Study into Suicide in the Ex-Service Community (Prof Dunt)) commissioned by the Government.

The government published a response in May 2009 (Independent Study into Suicide in the Ex-Service Community (Government Response), accepting the majority of the recommendations.

In January 2009 Professor David Dunt submitted a report on his review of mental health care in the ADF and transition through discharge commissioned by the Government (Review of Mental Health Care in the ADF and Transition through Discharge).

The government published a response in May 2009 (Government Response to the Mental Health Care in the ADF and Transition through Discharge), accepting the majority of the recommendations.

Defence Directives and Instructions

With the new Agreement for Services, Defence issued a new Health Instruction and has made this available to Open Arms for reference (HI 5 2 0 4).

A range of other Defence Instructions and Directives have also been made available to Open Arms to provide information on the way that Defence manages behavioural and health problems. The folder containing the Directives is here.

Eligibility

For eligibility for Open Arms services, refer to the Open Arms Clinical Policy.

Eligibility for DVA services and programs depends on the date on which the injury or illness occurred OR the period of service to which the injury or illness can be related.

There are three ACTS which provide compensation coverage for current and former members of the ADF.

They are:

- *Veterans Entitlement Act, 1986* (VEA)
- *Safety Rehabilitation and Compensation Act, 1988* (SRCA) DVA FactSheets
- *Military Rehabilitation and Compensation Act, 2004* (MRCA) DVA FactSheets

For further information on each of the Acts:

- Which Act applies to me?
- http://factsheets.dva.gov.au/factsheets/documents/DVA03%20Overview%20of%20DVA%20Benefits%20and%20Services.pdf

CHAPTER 2:
MILITARY CULTURE

The Military Experience

A veteran's military experience can have a pervasive influence throughout all aspects of their life. Most veterans joined the services as young adults, an important time for shaping values, beliefs and attitudes. Because veterans are often socialised into military culture when they are young, many have adopted military values and ideals as their own.

During service, many of the highest impact experiences will have occurred during times of extreme stress, including life-threatening situations in some cases. What is learned under these conditions can be resistant to change because it is associated with survival.

For clinicians working with veterans, demonstrating an appreciation of the military experience can greatly enhance the therapeutic alliance and the delivery of effective treatment. Veterans are more likely to engage with health care practitioners who they feel understand, or seek to understand their mental health problems within the context of their military service.

Open Arms is also family inclusive, and Open Arms has enhanced its service capability to clients' families, particularly where a client may be affected by issues related to their mental health and the impact of military service. Family inclusion recognises the importance of engaging family members to address the potential impacts of mental health issues and military service on Open Arms clients and their families.

The ADF Structure

The Australian Defence Force is made up of three Services, the Royal Australian Navy (RAN), the Australian Army and the Royal Australian Air Force (RAAF). There are approximately 58,000 full-time personnel and 22,000 active reservists. The Army is the largest of the three services, with approximately 30,000 full time ADF members.

Whilst all three Services work together in joint operations they retain their own service culture, terms and traditions. As such, their rank structures vary slightly, but there are functional equivalents at most levels.

The ADF Rank System

The ADF rank system forms the backbone of the ADF and generally defines a member's role and level of responsibility. The higher the rank the more people the individual commands and is responsible for.

The separation of ranks is fundamental to the maintenance of military discipline, which is essential for success in battle. To achieve the mission in often dangerous and stressful situations, soldiers must respond instinctively to orders and trust their officers to make appropriate decisions.

ADF members work within the structure of their Chain of Command. This requires members to communicate both up and down the chain. The structure consists of Commissioned Officers and Other Ranks. Within the broad group of Other Ranks, there are three categories of rank:

Rank and file (no rank): On enlistment into the Other Ranks of the armed forces a person has no rank. They are under basic military training and are referred to as 'recruits'.

On completion of basic training, all new soldiers start as Privates in the Army (although their title may be Gunner, Trooper, Craftsman, Signalman, Patrolman, Sapper or Musician depending on their Corps or Regiment), Aircraftman/Aircraftwoman in the Air Force and Seaman in the Navy.

Non-commissioned officers (NCOs)
After completion of Initial Employment Training (IET) and additional on-the-job experience (usually 2-3 years), and once the soldier/seaman/aircraftman is deemed proficient in their job, he or she is promoted to Able Seaman (Navy), Lance Corporal (Army) or Corporal (Air Force). This is the first of a number of possible NCO ranks. These NCOs supervise a small team of up to four personnel.

Promotion to Leading Seaman (Navy) or Corporal (Army and Air Force) typically follows after 6-8 years, depending on ability to lead and additional trade and instructor qualifications. Corporals usually command a section of around 9 or 10 personnel. Corporals are also employed in logistics, technical trades and as instructors.

Petty Officer (Navy)/Sergeant (Army and Air Force) is the senior NCO rank, promotion to which typically takes place after approximately 12 years. Sergeants normally have the role of administration, discipline, training and the maintenance of standards and are employed in senior logistics, instruction and technical positions. Army also had a rank called Staff Sergeant which has been phased out.

Warrant officers
Other Rank personnel with a warrant rank are the senior sailors/soldiers/airmen on staff and are known collectively as Warrant Officers. Their authority is derived from the warrant that they hold and within a military organisation they are generally responsible for the maintenance of discipline. They hold the most senior rank below Commissioned Officers.

Chief Petty Officer (Navy),Warrant Officer Class Two (Army) or Flight Sergeant (Air Force) is a senior management role focusing on the training, welfare and discipline of a company, squadron or battery of up to 200 members. Often referred to in the Army as a Company Sergeant Major, this rank acts as senior advisers to the commander of a sub-unit. WO2s are also employed in more senior logistics and technical trades and are also employed as supervising instructors.

Warrant Officer Class One is the senior non-commissioned rank, typically reached after about 18 years of outstanding service. Generally referred to as a Warrant Officer (Navy and Air Force) or Regimental Sergeant Major (Army) this is the senior advisor of their unit's commanding officer, with leadership, discipline and welfare responsibilities for up to 650 officers and soldiers and their equipment.

Commissioned officers

An officer's authority to command is vested in them by the head of state (in Australia's case the Governor General representing the Queen) and this authority is known as their commission. Officers are responsible for around 30 people at the most junior levels of command, up to tens of thousands at the highest levels.

Officers progress through the ranks as follows:

Officers completing initial training are referred to by the rank of Midshipman (Navy), Staff Cadet (Army) or Officer Cadet (Air Force; and Army if studying at the Australian Defence Force Academy - their rank is then changed to Staff Cadet upon entry to the Royal Military College, Duntroon).

Sub-Lieutenant (Navy), Lieutenant (Army) and Flying Officer (Air Force] rank are typically held for three years and normally command units of up to 30 personnel.

The rank of Lieutenant (Navy)/Captain (Army)/Flight Lieutenant (Air Force) is normally second-in-command of a sub-unit of up to 120 personnel. They are key players in the planning and decision-making process within tactical level units, with responsibility for operations on the ground as well as equipment maintenance, logistical support and manpower.

Promotion to Lieutenant Commander (Navy)/Major (Army)/Squadron Leader (Air Force) generally occurs after 8-10 years service. Majors are field rank officers who command a sub-unit (a company, squadron or naval unit) of up to 120 personnel with responsibility for their training, welfare and administration as well as the management of their equipment. Lieutenant Commanders/Majors/Squadron Leaders are also employed across all levels of headquarters in staff roles.

A Commander (Navy)/Lieutenant Colonel (Army)/Wing Commander (Air Force) typically commands units of up to 650 personnel containing several sub-units. They are responsible for the overall operational effectiveness of their unit in terms of military capability, welfare and general discipline. They also hold headquarters staff officer appointments. The term 'Commanding Officer' usually applies to someone of this rank.

The Captain (Navy)/Colonel (Army)/Group Captain (Air Force) are the first of the senior officer ranks. Typically they are principle operational advisors to senior officers.

The 'one star' rank of Commodore (Navy)/Brigadier (Army)/Air Commodore (Air Force) commands at the Brigade/Squadron level and are also Directors General within Service Headquarters. They are responsible for branches within the headquarters such as Personnel, Operations and Career Management.

The 'two star' rank of Rear Admiral/Major General/Air Vice Marshal commands formations of division/force size, or equivalent, and holds senior executive appointments within the Department of Defence.

The 'three star' rank of Vice Admiral/ Lieutenant General/ Air Marshal is the second-highest active rank in the Australian Army, and held by the Chiefs of Service or when an Officer is the Vice Chief of the Defence Force, the Chief of Joint Operations, or the Chief of Capability Development.

The ‘four star’ rank of Admiral/ General/ Air Chief Marshal is the highest active rank of the ADF and is only held when an Officer is appointed as the Chief of the Defence Force.

The following table provides a summary of the different ranks across the ADF.

Royal Australian Navy	Australian Army	Royal Australian Air Force
Admiral of the Fleet	Field Marshal	Marshal of the Air Force
Admiral	General	Air Chief Marshal
Vice Admiral	Lieutenant General	Air Marshal
Rear Admiral	Major General	Air Vice Marshal
Commodore	Brigadier	Air Commodore
Captain	Colonel	Group Captain
Commander	Lieutenant Colonel	Wing Commander
Lieutenant Commander	Major	Squadron Leader
Lieutenant	Captain	Flight Lieutenant
Sub Lieutenant	Lieutenant	Flying Officer
Midshipman	Second Lieutenant	Pilot Officer
Warrant Officer	Warrant Officer Class 1 (or Regimental Sergeant Major)	Warrant Officer
Chief Petty Officer	Warrant Officer Class 2 (or Company Sergeant Major)	Flight Sergeant
	Staff Sergeant	
Petty Officer	Sergeant	Sergeant
Leading Seaman	Corporal (*Bombardier* in Artillery)	Corporal
	Lance Corporal (*Lance Bombardier* in Artillery)	
Able Seaman		Leading Aircraftman
Seaman	Private (*Trooper* in Armoured Corps), (*Gunner* in Artillery), (*Sapper* in Engineers), (*Signaller* in Signals)	Aircraftman

A more detailed comparative table of ranks including current and discontinued ranks can be found here: http://www.awm.gov.au/atwar/structure/rank-comparative

AUSTRALIAN DEFENCE FORCE
BADGES OF RANK AND SPECIAL INSIGNIA

Some consequences of the emphasis on rank

Officers and other ranks do not mix socially except on specified occasions. Experience shows that over familiarity can lead to a breakdown of discipline. Intimate relationships between officers and other ranks are expected to be declared

Significant career focus is placed on achieving the role and status that goes with each successive rank. Securing promotion generally depends on proficiency at work, consistently high ratings on annual written reports, completion of mandatory as well as recommended training courses and a willingness to take certain postings.

Increased responsibility, pay and prestige are attached to each rank. Some ranks are seen as key milestones. Not achieving these or the next available rank can and does present significant career and psycho-social setbacks for some individuals.

Military discipline dictates that first names are rarely used unless by those of the same rank. Other ranks refer to officers as 'Sir' or 'M'am'. Other ranks are referred to by their rank and surname e.g. Sergeant Boyle. Formalised modes of address like this are important for maintaining military courtesy and showing respect for the rank the person has no doubt worked hard to achieve.

Junior personnel generally defer to senior personnel in a group setting. If you are in a mixed-rank situation expect some social awkwardness and unwillingness to engage in personal disclosure, especially if it is perceived as a weakness to either superiors or subordinates.

Further insight into the military culture of the ADF and its consequences for current members and veterans can be gained through the online training program, *Understanding the Military Experience* found at: https://at-ease.dva.gov.au/professionals/

Resilience Training in the ADF

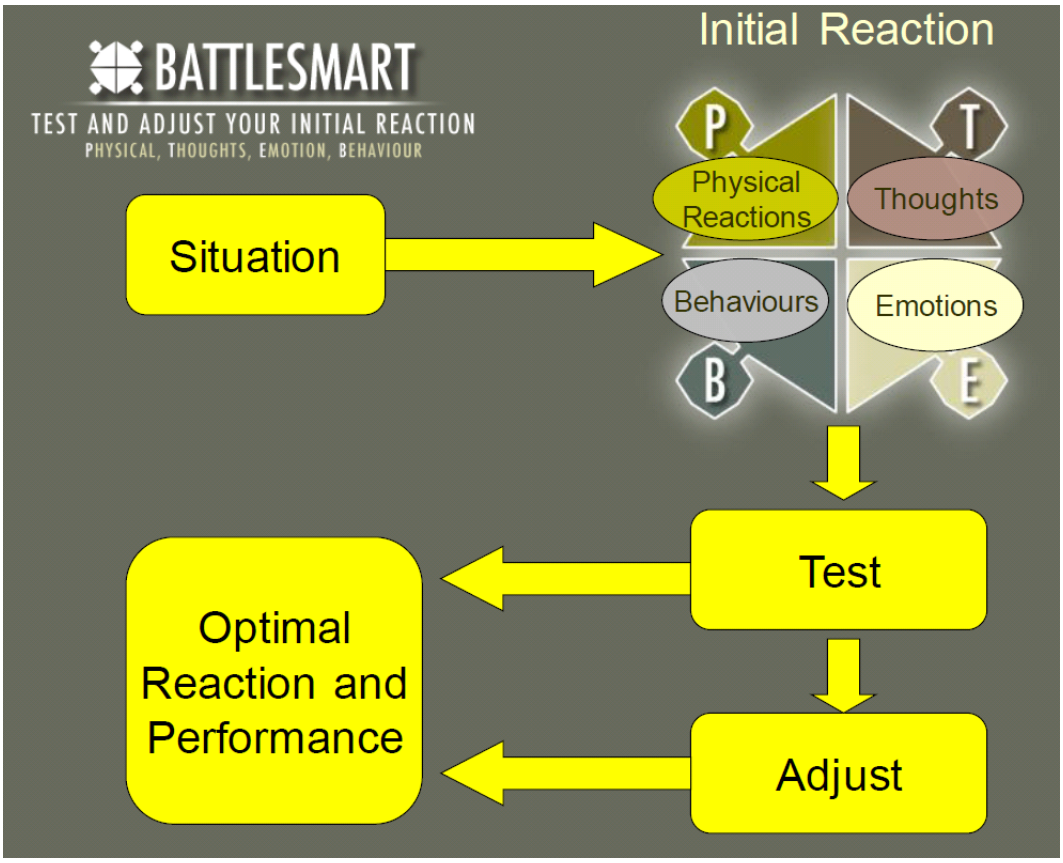
ADF resilience building begins at Recruit training and extends throughout a service career. ADF Resilience building is based on the SMART (Self-Management and Resilience Training) framework. The core training program, BattleSMART, involves evidence-based approaches from cognitive behaviour therapy and attribution retraining to develop both arousal reduction techniques (the self-management component) and adaptive cognitive coping strategies. ADF personnel learn to identify adaptive from maladaptive responses to stressful situations and adjust their responses as necessary.

While the SMART label is new, the principles have underpinned military training for decades. Redeveloped in mid-2009 from an existing ADF enhanced coping skills program, the aim of BattleSMART is to encourage optimal emotional and behavioural outcomes that are considered to promote resilient psychological functioning, by adjusting one's coping strategies in response to adverse events. The program builds on and enhances individual and group coping strategies to deal with the challenges of military service, both in Australia and while on deployment.

The BattleSMART Program

In BattleSMART, strategies for coping are taught in four domains:

Domains	Responses	Strategies
Physical Reactions	Adaptive physiological response	Understand the flight-flight response and that although panic attacks may feel dangerous, they are not
Thoughts	Adaptive ways of thinking about the stressful situation	Positive self talk, learning to solve problems in a structured way and to apply coping strategies, Prioritise spending time and reconnecting with social supports e.g., sympathetic family members and friends, local interpersonal community activities
Behaviours	Adaptive behaviour	If a member is experiencing irritability or outbursts of anger, management strategies such as progressive muscle relaxation, breathing, reframing, grounding
Emotions	Emotion management	Where a member is feeling withdrawn and purposely avoiding thoughts, feelings or conversations about trauma, controlled breathing is suggested.



Individuals are taught to *test* their initial responses in these four domains and to *adjust* if the initial response is unhelpful, or is not going to achieve optimal performance. The skill of being able to test and adjust is fundamental to the SMART program. The aim of the program is not only to enhance individual mental health and resilience but also to realise optimal performance for the individual and the team.

The theme, ‘Test and Adjust' is central to the BattleSMART program and a concept familiar to most current or recently serving members. Open Arms clinicians should be alert for opportunities to reconnect current or recently serving clients to their ADF resilience training, where appropriate, to assist their recovery

Note 1. Connecting to BattleSMART may be contraindicated where the client has had a negative separation experience from the ADF and is antagonistic towards their military experience.

Note 2. While BattleSMART is an ADF-wide initiative, it is important to note that the term will not be familiar to all ADF members, especially former members.

Who gets SMART?

BattleSMART modules have been developed for delivery at those points in a person’s career cycle that are particularly challenging, including recruitment training, deployment and high-risk roles. For example, it is used during initial recruit training and officer training to aid retention by helping new entrants be more resilient to the rigours of military life. BattleSMART programs are conducted by ADF psychologists as part of pre-deployment preparations and post-deployment, as part of the decompression cycle. Decompression is the term used for the briefings, psychological support and assessments returning members receive following a deployment. A variation of BattleSMART has been developed called **Keep Your Mates Safe (KYMS)**. KYMS is a peer support and leadership program aimed at suicide prevention.

Other variations of the CBT-based, SMART framework have been developed to support resilience building during transition out of the ADF and also for families of ADF members. **LifeSMART** aims to assist personnel transitioning from the ADF. It is currently delivered by an ADF psychologist at ADF Transition Seminars. The aim of assisting members manage their transition to civilian life with more resilience. **FamilySMART** is an awareness package developed by the Defence Community Organisation to assist partners of ADF members identify and build on their strengths, learn techniques to cope with the stressors and challenges of the military lifestyle and become more resilient, positive and self-reliant.

Trauma Assessment by Defence

On deployment

In addition to the BattleSMART training, the ADF also has in place a mental health screening process to detect as early as possible members who are in need of mental health intervention.

While on deployment, commanders can activate *Critical Incident Mental Health Support (CIMHS)* following exposure to a critical incident or potentially traumatic event. The CIMHS involves a screening interview with a mental health professional. Similarly, groups engaged in high risk activities, such as engineers, may be offered Special Psychological Screen interviews mid-deployment.

The CIMHS initial screen includes the Acute Stress Disorder Scale (ASDS) and the Mental Status Examination. The CIMHS follow-up screen includes the Kessler Psychological Distress Scale (K10), the Posttraumatic Stress Disorder Checklist – Civilian* (PCL-C) and the Alcohol Use Disorders Identification Test (AUDIT).

* The civilian version is used for screening because it is not linked to a specific event

The Special Psychological Screen includes the K10 and the ASDS.

Returning from Deployment

Decompression

Decompression is a period of usually 2-5 days at the end of a tour, where troops begin to unwind while still overseas but away from the workplace prior to returning home. During this time medical and psych screening, and quarantine checks, are conducted. Ideally troops are not required to carry weapons or be in uniform.

Return to Australia Psychological Screening (RtAPS) is conducted during decompression and includes:

- a psycho-educational briefing (usually conducted in a group setting) that discusses the realities of reintegration to the home environment including homecoming challenges and tips from previous tours;
- completion of questionnaires including screening tools including the K10, the PCL-C, the Traumatic Stress Exposure Scale (TSES-R) and an Occupational Stress scale. Based on responses, troops are identified for immediate follow-up or routine follow-up via POPS; and
- a one-on-one screening interview with a military psychologist or accredited psychological examiner including early intervention for low level mental health and reintegration concerns (early identification of at-risk individuals may result in more comprehensive assessment and treatment or referral to Open Arms).

Reintegration

Reintegration is sometimes confused with decompression, but technically follows on from it. It is the period of typically 2-5 days immediately following *Return to Australia* (RtA), where troops are re-united with families but still required to spend part-days at work prior to going on leave.

During this time troops complete administrative and outstanding medical appointments, refurbish equipment, and attend briefings. It can be a frustrating period for troops and families who want to spend time together reconnecting, and can be particularly hard for those whose families are not co-located with the unit. However this period is an important part of easing back in to life in Australia. It also allows the Chain of Command to monitor any individuals experiencing a difficult homecoming or significant abnormal reaction.

The briefs consist of presentations from ADF Consumer council (Finance), Department of Veteran Affairs, Rehabilitation and compensation Group, Rehabilitation staff, Defence Community Organisation, Open Arms – Veterans & Families Counselling, Defence Housing / Defence Relocations and Housing Manager / Toll, Centrelink and Child Support Agency.

Open Arms may be formally invited by local bases to present standard Open Arms presentations (PowerPoint) during reintegration and to promote Open Arms services through provision of marketing materials. This could be as simple as pens or magnets where members do find it easier not to carry show bags, or it could be the complete set of brochures in the show bags.

Post-Operational Psychological Screening (POPS) is usually conducted 3-6 months post-RtA. Similar to RtAPS, troops complete a K-10, PCL-C and Audit, and have a 1-1 screening interview with a psychologist or examiner. Referral options are given if indicated.

Note 3. RtAPS and POPS have been compulsory since the East Timor campaign in 1999. In the decade prior, group debriefs based on the 'Mitchell Model' were conducted.

Trauma Keys

Between 5 and 20 per cent of veterans experience Post Traumatic Stress Disorder (PTSD) at some point in their lives. Some of this will be related to deployment, some to non-deployment military service, and some unrelated to military service. It is clear that exposure to a traumatic event places an individual at a higher risk for developing PTSD, resulting in rates of PTSD between 18% and 36% in trauma-exposed individuals (Heinzelmann & Gill, 2013).

Most trauma-exposed individuals recover and do not develop PTSD.

The **MEAO Prevalence Study findings suggest** there are certain experiences within military service, such as seeing atrocities or accidentally injuring or killing another individual, which may be particularly damaging to an individual's psychological health. The same study found that in 29.9% of the ADF (14,941) exposed to combat and 31.5% (15,781) involved in peacekeeping, the most prevalent traumatic event was seeing somebody badly injured or killed or unexpectedly seeing a dead body (which had been experienced by some 44.4% of the ADF).

The 2010 **ADF Mental Health Prevalence and Wellbeing Survey** found a relationship between being in a vulnerable situation or in fear of a particular event, unable to respond to a threatening situation, or witnessing human degradation and increases in psychological distress, depressive symptoms, PTSD symptoms, alcohol use and somatic symptoms. These exposures were similar to those identified in the survey as being associated with the greatest risk of PTSD.

The major causes for PTSD diagnosis in the ADF are:

- seeing somebody badly injured or killed or unexpectedly seeing a dead body;
- having somebody close die;
- being mugged, held up or threatened with a weapon;
- being involved in a life-threatening automobile accident;
- being in combat; and
- being exposed to atrocities such as mutilated bodies.

In terms of experiences that increase the risk of PTSD, the study also indicated that:

- longer most recent deployment correlated with increases in PCL scores;
- increases in PCL score was greater for those in a combat role or who operated outside a main support base; and

- participants who had a very high number of *traumatic exposures** during deployment showed the greatest increases in PCL scores.

* Traumatic exposures included coming under fire, being in vulnerable situations or fear of events, casualties among those close to you, seeing/handling dead bodies, being in danger of being killed/injured, discharging own weapon, being unable to respond to a threatening situation (e.g. because of rules of engagement), being exposed to human degradation and being involved in actions resulting in injury or death.

Neither number of previous deployments nor total time on previous deployments correlated with a greater PTSD risk. Combat exposure in a previous deployment did not correlate with a greater PTSD risk.

Regardless of the nature of the deployment, observing traumatic, combat-related situations is more likely to trigger PTSD. The Middle East Area of Operations (MEAO) study also found that there was no evidence of patterns of PTSD symptoms specific to MEAO deployments. Traumatic events are more likely to cause PTSD when they involve a severe threat to life or personal safety, and the more extreme and prolonged the threat, the greater the risk of developing PTSD in response (Smith & Segal, 2013). Furthermore, traumatic exposures in military populations have been found to be associated with a greater proportion of *delayed onset* PTSD (Bonanno et al., 2012).

Trauma Responses

People react in different ways following trauma, and the trajectory of trauma response can vary from no lasting impact, through immediate serious traumatic stress symptoms to delayed (sometimes significantly) onset of traumatic stress symptoms. Although the nature of traumatic exposure varies, and the trauma trajectory varies, PTSD symptoms still remain consistent with the set of symptoms described in DSM-5 and measured by symptom checklists such as the PCL. Therefore, although the specific trauma experiences will vary and the associated memories will be specific to those trauma experiences, the effective treatments are common and well documented. The treatments supported by evidence include Prolonged Exposure Therapy (PE), Trauma Focussed Cognitive Behaviour Therapy (TF-CBT), Cognitive Processing Therapy (CPT) and Eye Movement Desensitisation Reprocessing therapy (EMDR).

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Marx, B.P., Doron-Lamarca, S., Proctor, S.P., & Vasterling, J.J. (2009). The influence of pre-deployment neurocognitive functioning on post-deployment PTSD symptom outcomes among Iraq-deployed Army soldiers, Journal of the International Neuropsychological Society, 15, 840 – 852.

McGuire, A., Bredhauer, K., Anderson, Renne., & Warfe, P. (2011) Review of PTSD Group Treatments Programs: Final Report, Centre for Military and Veterans Health, 1 – 78.

Smith, M.A., and Segal, J. (2013) Post-Traumatic Stress Disorder (PTSD)

Resources

Symptoms, Treatment and Self-Help for PTSD, can be accessed at helpguide.org.

A discussion of BattleSMART:
http://www.psychology.org.au/publications/inpsych/2010/april/cohn/

A DCO resilience factsheet:
http://www.defence.gov.au/dco/documents/Resources/Your%20resilience.pdf
2011 Australian Defence Force Mental Health and Wellbeing Strategy:
http://www.defence.gov.au/health/dmh/docs/2011%20ADF%20Mental%20Health%20and%20Wellbeing%20Strategy%20.pdf

CHAPTER 3:
THE OPEN ARMS CLIENT

Overview

Australia's operational commitments overseas have increased substantially in the two decades since 1990:

- Between 1980 and 1990, there were 16 Australian Defence Force (ADF) operational deployments involving just over 1,000 personnel.
- From 1990 to 2000 there were 82 operational deployments involving nearly 17,000 personnel. The ADF had approximately 1,700 members deployed around the world on operations including border protection, United Nations operations, coalition operations and third country deployments.
- Operation SLIPPER commenced in 2001 and by the 2013 draw-down, over 25,000 troops had been deployed to Afghanistan.

Although service personnel are well trained and mentally prepared for war through physical conditioning, unit training, live-fire exercises, leadership training and team-building activities it is difficult to fully replicate in training the reality of actual combat, casualties and near-death experiences.

General operational experiences, perceived threat, low-magnitude stressors, exposure to civilian suffering and exposure to death and destruction, have each been found to contribute to risk for chronic PTSD for example. It should also be emphasized that the trauma of combat is coloured by a variety of emotional experiences, not just horror, terror, and fear. Candidate emotions are sadness about losses, frustration at bearing witness to suffering, guilt about personal actions or inactions, and anger or rage about any number facets of war (e.g., command decisions, the behaviour of the enemy).

The pure physical demands of activities in a war-zone should not be underestimated, especially the behavioural and emotional effects of circulating norepinephrine, epinephrine and cortisol (stress hormones), which sustain the body's alarm reaction (jitteriness, hypervigilance, sleep disruption, appetite suppression, etc.). Every conflict is unique in ways that cannot be anticipated.

Post 1975 Conflict

Border Protection Personnel

Operation RESOLUTE is the ADF's contribution to the whole of government border patrol operation (Operation Sovereign Borders). Up to 800 ADF personnel are assigned to Operation RESOLUTE.

Border Protection personnel may be exposed to dangerous situations such as boarding unseaworthy vessels and recovery of potential irregular immigrants (PII) from the water (including children and elderly people). There have been instances of ADF personnel having to recover bodies in advanced stages of decomposition.

When bodies are recovered they are brought aboard Australian ships, where details are documented, photographs taken and the bodies placed in body bags. The

number of bodies recovered and the size of the vessel undertaking the recovery will dictate where the deceased are placed on the vessel until being handed over to the appropriate authorities. Sometimes sailors are in close proximity to bodies for many days.

Submariners

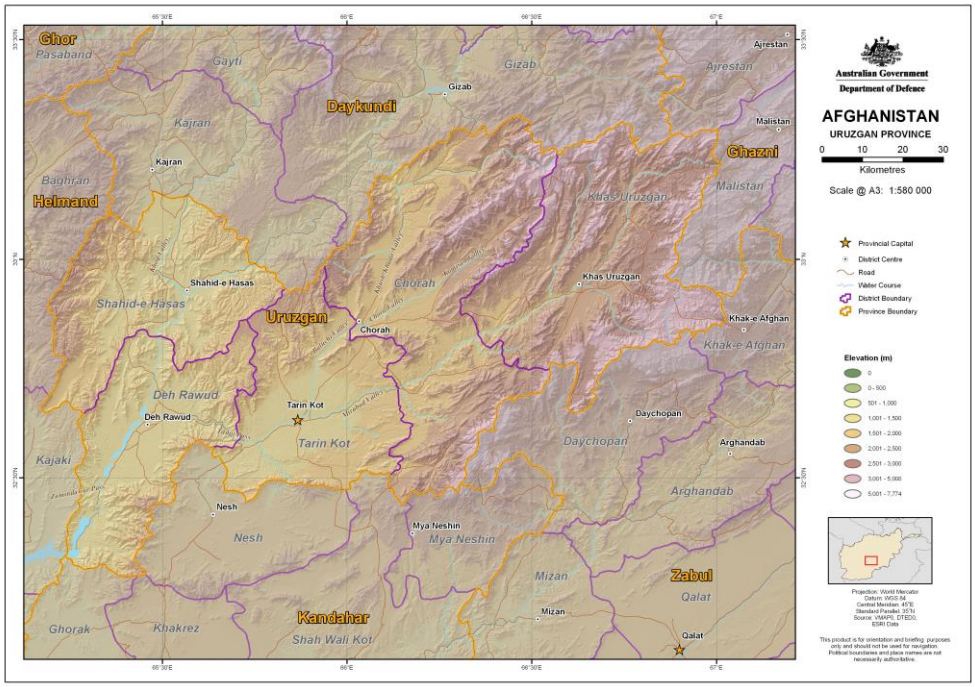
On operations, submariners live and work in the close quarters environment of a submarine. The cramped world of a submarine places unique demands on its crew. Prospective submariners are expected to be able to cope with the cramped and confined conditions of being on board a submarine and to be able to get on with their shipmates for long periods of time (as long as eight weeks) and in an emergency to perform not only their own job but the basics of most other crew members' jobs.

Submariners generally work to a system of two watches, (six hours on/off rotation) with half the crew on watch throughout the boat while the off-watch crew spend most of their time sleeping, reading, doing maintenance and watching movies. While personal hygiene is important when there are 60 or more men living together, showers are not a regular luxury. Living quarters are a little larger than the size of an average wardrobe often shared with four to eight other crew members; also known as 'hot bunking'.

Submariners can be submerged for several months at a time and as the patrol progresses, days and nights merge into one and track of time is lost. Time is usually determined by of the type of meal that is on a submariner's plate or if the control room is illuminated with red lighting it must be night time.

Afghanistan

Australia's military contribution to the International Security Assistance Force (ISAF) in Afghanistan was Operation SLIPPER. Australia's mission was to combat terrorism, help stabilise Afghanistan and to support Australia's international alliances.



Source: www.defence.gov.au

The ADF in Afghanistan were primarily located at the Multi National Base – Tarin Kot in Uruzgan province. By December 2013, over 26,500 men and women of the ADF have served in Afghanistan (since 2002); 261 Australians were seriously wounded; and 40 people had been killed.[1]

Australian service personnel were exposed repeatedly to combat and trauma in Afghanistan (and Iraq) which included being fired upon, handling dead bodies and the constant threat of IEDs. Isolation from the broader community was also a common experience, particularly when Australia soldiers were changing locations on a regular basis.

In 2014, ADF personnel continue to be engaged in Afghanistan through training and advising the Afghan National Security Forces in Kabul and Kandahar. Through to the end of 2014, Australia is providing instructors, advisors and support staff to the UK-led Afghan National Army Officer Academy in Kabul, which includes a force protection platoon.

Iraq

Australia's involvement began in March 2003, as Operation Falconer attempted to find 'weapons of mass destruction'. Troops were withdrawn later that year and then re-deployed to Iraq in 2005. This was known as Operation Catalyst. Bombing of Iraqi cities preceded a swift advance to Baghdad where the regime of Saddam Hussein, was overthrown.

Much like Afghanistan, Australia troops who were deployed to Iraq were often exposed to repeated warfare experiences such as firing a weapon, being fired upon (by enemy or potential friendly fire), witnessing injury and death, and going on special missions and patrols. Australia service personnel may have been involved in removing dead bodies after battle. They may have seen homes or villages destroyed or they may have been exposed to the sight, sound, or smell of dying men and women. These experiences may have been intensely demoralizing for some and is also likely that memories of the aftermath of war (e.g., civilians dead or suffering) are particularly disturbing and salient.

The ADF also provided dedicated security to Australian government officials operating in Iraq since the conclusion of combat operations in 2003 until mid-2011. The ADF's Security Detachment (SECDET) Baghdad provided close personal protection for key Australian government officials as well as physical security for the Embassy precinct and protected transport for travel within Baghdad and other areas of Iraq.

During the eight years of security operations, the SECDET adjusted its capability to reflect periods of increasing danger or improved security in post-2003 Iraq. Initially deployed under Operation Catalyst, SECDET transitioned to Operation Kruger on 1 July 2008 and remained in Baghdad after the ADF's larger commitment to the rehabilitation of Iraq concluded in mid 2009.

Peacekeepers

Australia has been involved in United Nations and other multi-national peacekeeping and peacemaking operations since 1947. These activities have included military

[1] Minister for Defence – Statement on Afghanistan (11 Dec 2013)

observation, monitoring cease-fires, clearing landmines, humanitarian aid and the repatriation of refugees.

Australian peacekeepers are regularly placed in situations that differ greatly from those experienced by service personnel in combat situations. The peacekeeper's role demands neutrality, and while service personnel involved in conventional warfare may apply extreme force and aggressive action as necessary, peacekeepers are required to limit the application of force to the minimum necessary for self-defence.

The nature of the conflicts in which peacekeepers serve often exposes them to distressing and potentially traumatising events. Peacekeepers often live and work in hostile environments, in poor living conditions, and the nature of this service tends to intensify the stresses experienced by service personnel. Feelings of frustration, helplessness, and vulnerability occur and stress is further intensified by non-military tasks such as clearing civilian bodies, casualty handling of women and children, and food distribution.

Due to the increasing role of the ADF in peacekeeping situations, there is growing acknowledgement that such missions place unique stressors on the personnel involved. PTSD is not as prevalent in peacekeepers, rather, the presenting problems tend to be more integrated with everyday life situations encompassing physical and mental fatigue, relationship difficulties, lack of motivation, substance abuse and a myriad of other interrelated problems which cause a cumulative, and potentially debilitating effect on service personnel lives and work performance.

East Timor (Timor-Leste)

In September 1999, Australian forces were sent to East Timor as part of a UN force to provide security and restore peace. Operation ASTUTE is the Australian Defence Force's (ADF)'s continuing contribution to the maintenance of peace and stability in East Timor.

Operation ASTUT commenced in 2006 following a request from the Government of East Timor to the Australian Government for the creation of a multi-national security force to assist with stability operations within East Timor.

Australian troops are part of the International Stabilisation Force (ISF) that consists of a number of sub-groups, including the Timor-Leste Aviation Group (TLAG), which operates S-70 Australian Army Blackhawk helicopters, and the ANZAC Infantry Company, which comprises Australian and New Zealand infantry soldiers. Other ISF groups include command, logistic, signals and maintenance/repair teams.

Rwanda

Peacekeepers experience in Rwanda was unique as it involved army medical personnel and infantry protection parties who were ordered not to open fire. They were forced to watch helplessly while militia units massacred the local people in front of their eyes. Troops saw refugees slaughtered with gunfire, machetes, clubs and other forms of physical assault. Unable to intervene in local conflicts, troops witnessed victims trying to buy their lives and the lives of their children but to no avail. This experience was very traumatic for service personnel.

Somalia

Soldiers deployed to Somalia were exposed to a great deal of operational fatigue as a result of the ambiguities of dealing with the political complexities of rival warlords

and clans. Other potential stressors included large-scale corruption and great difficulty in identifying combatants.

For example, Australian soldiers reported being repeatedly fired upon by children as young as 12, firing from positions on the ground with their mothers standing over them knowing that the Australians would not fire back. Extreme poverty was common and seeing children die because humanitarian aid was misappropriated had a marked effect on soldiers deployed there.

Reservists

Reservists have played an important part in Australian history since early colonial days. There are around 45,000 Australian Reservists, both in service and on stand-by, making up 45 percent of the total Defence Force.

They volunteer for part-time service in the Navy, Army and Air Force. They can join as new recruits or move from full-time Defence service to Reservist service.

Reservists contribute in a number of ways locally, nationally and internationally. Examples include:

- Serving in Afghanistan, the Solomon Islands and East Timor.
- Serve in Malaysia as part of Australia's commitment to the Five Power Defence Arrangement.
- Humanitarian relief to communities in Pakistan, Thailand, Rwanda and Somalia.
- Increase security and stability in Bougainville.

Deployed reservists may have different expectations of military obligations, different levels of preparedness and fitness and are likely to be deployed as individual reinforcements rather than with their own units. This reduces the immediate peer support available to them making the transition to in-theatre operations more challenging. The contrast in tempo between civilian life and a high intensity 24/7 operational deployment can be quite stark and some reservists need assistance to adapt.

Challenges also exist for reservists when transitioning back to civilian life. Habits and routines developed on deployment that help them cope in stressful or traumatic situations can be misunderstood or problematic in civilian life. Because reservists tend to join a unit for deployment rather than work with the unit on a full time basis on return to civilian life they don't have others around them who have experienced similar experiences. Feeling that others do not understand what they had been through, having difficulty resuming their usual social activities and feeling unsupported by the military is not uncommon in this group.

Vietnam War

In 1962, Australia became involved in what was to become one of the longest conflicts in the nation's military history – the Vietnam War. At first, Australian advisers were sent to South Vietnam to help train the South Vietnamese army against their communist neighbours in the north. Over time, further forces were committed to aid the South Vietnamese and American forces in direct conflict against the armies of the local Viet Cong and North Vietnam. Australia's main commitment to the Vietnam War

included elements of the Australian Army, RAN and RAAF as well as service nurses and lasted until 1973.

The Vietnam War was conducted as a guerrilla war, largely in the jungle, by the Viet Cong. Their strategies included surprise attacks, ambushes, acts of sabotage and booby traps. Extensive underground tunnels were dug by the Viet Cong, enabling them to quickly disappear after such attacks. Supporting the South Vietnamese were military forces from the United States, Australia and other countries in the region. The US relied heavily on extensive conventional bombing and the use of chemicals such as napalm, Agents Orange, Blue and White etc. Vietnam was a war without a front line where no one could be completely sure if an area was safe from infiltration by the Viet Cong.

Australian troops in Vietnam lived under constant threat of injury or attack. Many would have seen friends wounded or killed and been involved in operations where they engaged and killed enemy combatants or saw civilians including women and children killed or maimed. The fighting was fierce and often at close quarters. Troops lived with constant threat and uncertainty of landmines, booby-traps and mortar attacks. Feelings of fear, helplessness and sometimes horror were not uncommon. To survive in such an environment loyalty and mateship were key.

Many veterans today have recurring thoughts and feelings about the traumatic events they experienced resulting in mental health issues, such as Posttraumatic Stress Disorder (PTSD), anxiety or depression. The legacies for some veterans of the Vietnam war include:

- difficulty making sense of the emotions they feel and sense in others
- difficulty maintaining relationships
- emotional outbursts and emotional bluntness
- resorting to learned action responses (violence and other forms of abuse) and
- difficulty relating to Asian people living in Australia

Troops returning to Australia found a country significantly divided in its support for the War. Conscription was one factor that fed that division. In addition, the Australian public had for the first time, been exposed on a nightly basis to the horrors of war on their televisions. Returning home parades for Vietnam veterans were often cancelled as these events became a focus for the, sometimes hostile, public opposition to Australia's involvement in the war. This opposition often turned to criticism of those who had served. There were large public demonstrations and many veterans felt personally betrayed by their country, rather than supported and recognised for their sacrifice and actions. Some felt they had become cut off from their previous lives. They had undergone period's of life-threatening service at the behest of their government while others back home enjoyed the 'easy life'.

Being involved in an unpopular war, being withdrawn before the war was over and feeling rejected by society on their return resulted in many veterans remaining silent about their experiences. Some may not even acknowledge that they are a Vietnam veteran; many have never marched in an Anzac Day parade or joined an ex-service organisation. Many veterans feel isolated and disconnected from the mainstream community and experience a range of psychological and other problems. However, veterans can overcome these feelings and reconnect with their families and communities by talking to others about their experiences or seeking assistance through counselling and other specific treatment programs.

Pre-1960 Conflict

The pre-1960 period covers a number of conflicts including World War II, the Korean War, the Malayan Emergency and the Indonesian Confrontation.

World War II

When Britain declared war on Germany in September 1939, Australia supported Britain. During the war, Australian men and women fought in the Australian Army in Europe, North Africa and the Mediterranean and later in Malaya and the islands of the Pacific. Australia also had to defend its own territory against Japanese attack in 1942 and 1943 when towns such as Darwin were bombed and merchant ships were sunk around the coast.

Throughout the war the RAN escorted merchant marine convoys and participated in naval actions in the Atlantic, the Mediterranean, the Indian Ocean and the Pacific. RAN personnel also served with the Royal Navy. The RAAF (Royal Australian Air Force) sent thousands of airmen to serve with the Royal Air Force in Europe and the Mediterranean as well as fighting in the war in the Pacific. Australian women saw significant war service both on the home front and in the women's services.

Australians who enlisted in the 2nd Australian Imperial Force (AIF) for service in World War II were often quite young as many soldiers falsified their ages ion order to enlist. Australians served in a number of theatres of war and their individual experiences would have been quite different however the threat of death or injury was common to all battlefields and it afflicted men of all ranks.

For many WWII veterans, PTSD symptoms became prominent in midlife. Significant precipitants were retirement, the deaths of friends, one's own deteriorating health, children becoming autonomous, divorce, and other losses associated with aging. Other precipitants include current events that trigger memories of one's own combat experience, e.g. the September 11 terrorist bombings, Australian fighting in other wars.

The effect of the formal recognition of PTSD in 1980, as well as the widely reported experiences of Vietnam veterans may also have encouraged WWII veterans to speak about their symptoms.

There is also anecdotal evidence that the WWII generation, for a variety of sociological reasons, downplayed the effects of their personal trauma.

This generation lived through the Great Depression and many individuals experienced severe deprivation and trauma prior to going to war. One might hypothesize that such pre-war experiences at least partially inoculated some individuals from the effects of combat-related trauma. The stigma of mental illness, and seeing a mental health professional, was quite strong, and the use of alcohol to deal with emotional pain was widely accepted. They were also conditioned not to complain about their hardships, so many combat veterans may have suffered in silence after their return from the war. They returned to a soon thriving economy, which may have distracted some combat veterans, at least temporarily, from their war experiences. The fact that WWII veterans returned home in victory may also have deterred them from reporting "negative" experiences and symptoms.

Korean War 1950–1953

A short five years after the end of WW2, Australian forces were again called into action. Some 17,000 Australian troops fought with the United Nations forces during the Korean War. The cost was 346 Australian war dead.

Malayan Emergency 1948–1960

Of the 36 Australian war dead from this conflict, the majority are buried in Malaysia at the Kamunting Road Christian Cemetery, Taiping, West Malaysia. Several are buried at Western Road Christian Cemetery, Penang and one lies at Terendak Military Cemetery, Malacca, Malaysia. A small number are buried at Kranji War Cemetery in Singapore.

Indonesian Confrontation 1963–1966

There are 17 Australian war dead from this conflict. They lie in the Terendak Military Cemetery in Malaysia and Kranji War Cemetery in Singapore.

Families

Today, the family members of veterans make up over half of all Open Arms clients. Partners are usually the first to notice telltale behavioral changes in a veteran, such as emotionally detachment, wanting to always be alone, aggressive or angry outbursts, or increased substance misuse. They are often also the first to notice if a parent's military service is having an adverse impacts on children.

Partners need be aware of how such an environment can affect their own emotional wellbeing and health. It is not unusual for partners to feel unsupported as a veteran works though the emotional impacts of service. Partners may feel that they are shouldering more than their fair share of family responsibilities during the adjustment period or as a veteran works to address mental health concerns.

Service members returning from deployment often find that their relationships present the greatest challenges. The family may have undergone changes in the persons absence:

- their partner may have adopted new routines or changed existing ones (i.e. taking on full responsibility of day-to-day life);
- family members may have changed their work and social patterns and adopted new responsibilities;
- the family is also likely to have experienced stress and worry about the service member's safety, which may manifest itself in unexpected ways when they return home;
- children may have grown and changed and their emotional dependence may have transferred to other family members; and
- some members may have difficulty separating their service and home lives, inadvertently barking orders at their spouses or children.

The stress of deployment can affect behaviour. On return members need to relearn how to feel safe, comfortable and trusting again with family members. This means getting reacquainted and communicating with spouses, children, parents, friends, co-workers and others.

Sometimes the everyday stress of family life can feel overwhelming and he or she may become more irritated or react disproportionately to common family issues. Anger and aggression are common combat stress reactions but these reactions may scare spouses and children and even the person.

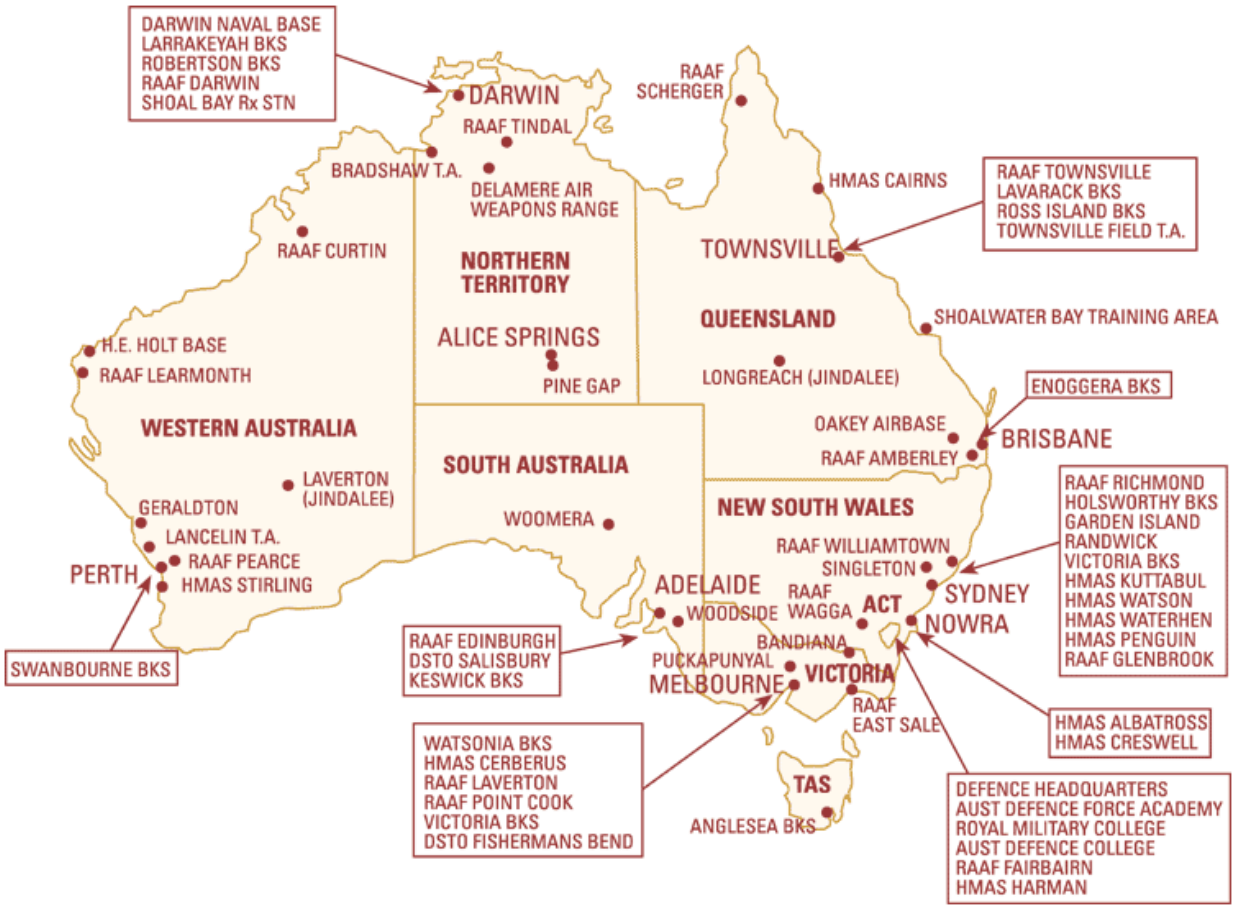
Challenges associated with returning to children after a lengthy absence are common. Everyone will need some time to reconnect. Children may feel resentment, abandonment, sorrow or anger when a parent leaves. During deployment, a child may have learned to rely more on the parent who remained at home. Homecoming may bring back the child's normal fears of separation.

Children experience military deployments through their serving parents, as absence and potentially, the effects of trauma, can impact on even the best parental intentions. A child of a veteran may experience the loss of the parent they 'knew' and have a veteran parent who is preoccupied and distant from them, or who can be unpredictable and volatile. These factors may contribute to psychological and behavioural challenges for some children of military families.

Open Arms can work with the parents and children as a family unit and directly support older children of veterans with the consent of their parents.

CHAPTER 4:
ADF BASES

The Main ADF Bases in Australia (2014)



Visiting Bases

Accessing Army, RAAF and Navy bases across Australia will vary and each base security level may vary over time. It is important to refer to your base and confirm the procedure required to access that base at that time.

Generally, current photographic identification and a current serving member to sign you in and escort you while on base is required.

CHAPTER 5:
DEFENCE HEALTH

Joint Health Command

As part of the Vice Chief of the Defence Force Group (VCDF), Joint Health Command (JHC) provides health care and, from the health perspective, ensures the preparedness of Australian Defence Force (ADF) personnel for operations, as well as preparing deployable elements of JHC for deployment in support of operations. To effect this JHC develops strategic health policy, provides strategic level health advice and exercises technical and financial control of ADF health units. The Directorate of Defence Clinical Services (DDCS) coordinates the provision of high quality health support within the National Support Area. Health staff within Joint Operations Command (JOC) and the environmental commands are responsible for health aspects of deployable capability.

Joint Health Command (JHC) comprises four branches:

- Policy & Research Coordination;
- Mental Health, Psychology & Rehabilitation;
- Health Capability; and
- Garrison Health Operations.

The majority of health care providers are employed within operational units under command of their respective single Services.

Commander Joint Health Command

The Commander Joint Health Command (CJHLTH) is responsible for the provision of health care to members of the Australian Defence Force (ADF) and, from the health perspective, the preparedness of the ADF for operations. CJHLTH is also responsible for preparing Joint Health Command for deployment in support of ADF operations and for the technical control, specified program management requirements and certain administrative support functions of the JHC. These responsibilities involve the provision of advice and the development of policy on a range of health issues. CJHLTH is also Chair of the Australian Defence Human Research Ethics Committee, and the Surgeon General Australian Defence Force.

Surgeon General Australian Defence Force Reserves

The Surgeon General Australian Defence Force Reserves (SGADFR), has responsibility for the ADF Health Reserves. He is Chair of the Defence Health Reserve Executive Committee and Patron of the Australian Military Medicine Association. He is assisted by three Directors General who are the senior reserve health officers for their respective Service, with both tri-Service and Single Service responsibility.

National Support Area

National Support Area (NSA) health care is controlled by the Directorate of Defence Clinical Services (DDCS) using a Regional Health Service (RHS) model. The RHS's are located in each of the Defence regions and include a mixture of both operational and non-operational health support units. The RHS's report, for financial, technical and NSA matters, to the Director DDCS.

Deployable Health Units

Operationally deployable health units (including psychology elements) are part of the single Service structure and are under command of their environmental commands (Maritime, Land and Air). CJHLTH exerts technical control, on all health related matters, over operational health units.

Garrison Health Operations Branch

The Branch is primarily responsible for the delivery and management of quality, safe, efficient and effective health care to ADF personnel within Australia and on non-operational postings overseas.

The following Directorates are listed under Garrison Health Operations Branch :

- Directorate of Defence Clinical Services – Provides health support services to Joint Health Command and the Australian Defence Force through Clinical Governance, Operational and Overseas health and Regional Health Services.

  There are five (5) regions, each with a Regional Health Director:

  - Central & West (SA, WA and NT);
  - Northern New South Wales;
  - Southern New South Wales;
  - Queensland; and
  - Victoria & Tasmania.

  Area Health Services Locations

- Directorate of Defence Force Dentistry/Specialist Clinical Advice
- Garrison Health Transition Project

Mental Health, Psychology & Rehabilitation Branch

The Branch is compromised of four Directorates which also serve as the Technical Authorities for occupational psychology, operational mental health support, non-operational mental health services and rehabilitation services.

The following Directorates are listed under Mental Health Psychology & Rehabilitation Branch:

- Directorate of Mental Health Clinical Programs and Standards
- Directorate of Strategic & Operational Mental Health Programs
- Directorate of Occupational Psychology & Health Analysis (DOP&HA) – research and information support

- Directorate of Rehabilitation and Compensation – Rehabilitation, compensation support, Paralympic Sports Program, and Integrated People Support Strategies activities.

Mental Health is a multi-disciplinary Joint Health Command Directorate that consists of uniformed and civilian specialists from medical, psychiatry, psychology, nursing, chaplains, social workers and administrative staff. Located in Canberra and with Mental Health Teams throughout Australia and operationally on overseas deployment who help provide support to Defence members and their families.

Mental Health has an integrated, multi-disciplinary focus for the delivery of a broad spectrum of mental health services, including mental health promotion, training, prevention, early identification, treatment and rehabilitation. They recognise that mental health is not solely related to diagnosable mental disorders, but encompasses a broad range of lifestyle, mental wellbeing and job performance factors. Through the ADF Mental Health Strategy (MHS) they focus on prevention and evidence-based treatment to maximise retention and enhance the quality of life for Defence personnel.

Mental Health Branch has six key initiatives:

- Integration and Enhancement of ADF Mental Health Services,
- ADF Mental Health Research and Surveillance,
- Enhanced Resilience and Wellbeing in the ADF;
- ADF Critical Incident Mental Health Support,
- ADF Suicide Prevention Program, and
- Alcohol, Tobacco and Other Drug Program.

Regional Mental Health Teams

While Mental Health coordinates the integration of mental health services at a policy and strategic level, Regional Mental Health Teams (RMHT) have been established at a local level to implement mental health policy and facilitate the delivery of products and training.

RMHT are multi-disciplinary bodies comprised of representatives from the range of ADF mental health services. Usually, the Team includes the local Command, Chaplain, Social Worker, Psychologist, Medical Officer, and Psychiatrist. Other mental health professionals may be invited to participate as regional need dictates.

The role of the RMHT is to facilitate the development of mental health support at a regional level across the ADF. Broadly, the RMHT functions to:

- endorse and promote the strategic and policy framework for the management of mental health in the ADF,
- ensure the viability of and enhance regional mental health initiatives in the region, and
- assist regional command(s) to ensure compliance with all legislative and policy obligations relevant to managing mental health in the ADF context.

Accordingly, the first duty of the RMHT is to regional command(s) to which it owes a duty of care. It has as a primary concern the mental health interests and aspirations of the ADF members within that regional command structure.

Open Arms and Defence Health

Open Arms Centres are most likely to have contact with Base Health Services, both Regional Mental Health Teams and Medical Officers, in relation to current serving members, either Defence referred or self referred.

Open Arms Central Operations has regular contact with Mental Health, Psychology & Rehabilitation Branch in relation to management of the Agreement for Services, which governs Defence referral arrangements.

CHAPTER 6:
CLINICAL

Clinical Guidance

Clinical guidance is provided in the Open Arms Clinical Policy and the Open Arms Practice Standards Treatment and Assessment of Clients.

Information on clinical AfS services and reporting are provided in the Defence Referrals Guide.

Clinical reporting templates are located in VERA.

Cognitive Processing Therapy

Posttraumatic Stress Disorder (PTSD) has been identified as a significant risk of military service (as well as other events in life) and it requires specific treatment using one of a small number of therapies:

- Cognitive Processing Therapy (CPT)
- Trauma Focussed Cognitive Behaviour Therapy (TF-CBT)
- Prolonged Exposure Therapy (PE); and
- Eye Movement Desensitisation Reprocessing Therapy (EMDR).

Cognitive Processing Therapy has been selected as the treatment of choice for PTSD by Open Arms clinicians and a cohort of Open Arms clinicians have been trained in its application with the support of the Australian Centre for Posttraumatic Mental Health (ACPMH). However, any of the above can be used based on clinical competence, appropriate assessment and client agreement.

The Australian Guidelines for the Treatment of Posttraumatic Stress Disorder (ACPMH, 2013) are available at Australian Guide to Treatment of PTSD.

Mental Health and Wellbeing Prevalence Study

The mental health of contemporary veterans has recently been reported in the 2010 ADF Mental Health & Wellbeing Study Executive Report

The summary outcomes of the report include:

Mental health status

Prevalence of mental disorder is similar to the Australian community sample but profiles of specific disorders in the ADF vary.

ADF lifetime prevalence rates are higher while experience of mental disorder in the previous 12 months is similar.

22% of the ADF population (11,016), 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 are the most common mental disorder type in the ADF, with higher prevalence among females.
- Post-traumatic stress disorder is 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 experience higher rates of affective disorders than the Australian community sample. This is 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 disorder was significantly lower in the ADF, with most of the disorder in males in the 18–27 age group.
- Younger ADF females (age 18–27) have much lower rates of alcohol disorder 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 is not significantly greater than in the general community.
- The number of reported deaths by suicide in the ADF is 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 disorder and monitor trends in the ADF.

Deployment

- 43% of ADF members reported multiple deployments, 19% 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 year 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 account for the greatest number of days out of role.

CHAPTER 7:
ADF SUPPORT SERVICES

Defence Community Organisation (DCO)

Defence Community Organisation

DCO offers a broad range of programs and services for Defence families.

The best way to access any of these services is to contact the all-hours Defence Family Helpline on DefenceFamilyHelpline@defence.gov.au or 1800 624 608.

24 Hour support

If you need support, help, or advice at any time, the Defence Family Helpline operates 24-7 and is staffed by qualified human services professionals including social workers and psychologists.

Support during deployment and time apart

Time apart from families due to deployments, training or other Service requirements is an integral feature of Defence life. DCO services seek to inform and prepare families for these times and provide support to make these experiences positive and strengthening ones for Defence families.

Support during relocation

DCO offer support, practical assistance and resources to help Defence families to manage a mobile lifestyle, and reduce the effects of relocation on family wellbeing.

Partner employment and education

Partners of ADF members can access funding for education and employment services to enhance their career options and to help them to secure employment when posted with their partner. DCO also help partners develop stress management strategies and build on their strengths and resilience.

Children's education

DCO provide information, resources and programs to help minimise the disruption to children's education caused by relocation. Our Regional Education Liaison Officers are experienced teachers and are available to advise Defence families on education issues. School based Aides and Mentors support Defence children through the process of changing schools and times of parental absence.

Childcare

Children of mobile Defence families can receive priority of access to Defence childcare centres around Australia. Funding may also be available for community organisations which provide childcare services and Defence partners seeking to set up a family day care business.

Dependants with special needs

Families who have dependants with special needs can obtain practical assistance to reduce the impact of relocation.

Emergency and crisis support

Practical assistance is available to families facing a crisis when an ADF member is absent from home for Service reasons. In other times of need, families can access 24-hour support, social work and assessment, or referral from the all-hours Defence Family Helpline. DCO also provide support programs in instances of illness, injury or bereavement.

Community connection

Families seeking to connect with or contribute to their local community can obtain personalised advice or access DCO's directory of Defence- and community run organisations, groups and events in their local area. Not for profit community organisations running programs in support of Defence families can apply for financial support.

Transitioning to civilian life

DCO provide a range of practical guidance and support to assist ADF members planning to leave Defence to make a seamless transition to civilian life.

Defence Family Matters magazine

DCO produce *Defence Family Matters*, a free tri-annual lifestyle magazine specifically for the families of military personnel.

Defence Family Matters (DFM) is sent to all permanent ADF personnel or those on Continuous Fulltime Service who have one or more dependants. It is sent out three times a year and it is also available as a free subscription to interested parties. DFM provides ADF families with a reliable information source relating to matters that directly affect them such as information on pay and allowance changes, support mechanisms for families and partners, housing, and advice and tips on dealing with posting issues. It also provides community support information from not for profit community focused groups.

Services for Reservists

The families of Reserve members can access a broad range of support services, particularly when the Reservist is on continuous full-time service or away on deployment or exercise.

Defence Families Australia

http://www.dfa.org.au/
Defence Families of Australia (DFA) is a group formed to represent the views of Defence families. Its aim is to improve the quality of life for Defence families by providing a recognised forum for their views and by reporting, making recommendations and influencing policy that directly affects families.

Welfare/Chaplains

Each Service carries a chaplaincy unit. Army chaplains are commonly known as ‘padres’. The roles of ADF chaplains are to:

- advise commanders and their staff on religious, spiritual, moral, ethical, cultural and welfare matters
- provide pastoral care, personal guidance and help in crisis situations to soldiers and their families
- attend to the spiritual needs of members and lead chaplaincy activities within units

Members will often confide in the chaplain when they fear that seeking medical or psychological support might jeopardise their careers.

All-hours Support Line

The All-hours Support Line (ASL) is a confidential telephone service for ADF members and their families that is available 24 hours a day, seven days a week. The ASL is designed as a triage line, which simply means that it is there to help members and their families access ADF or civilian mental health services more easily. Services include psychology, medical, social work, and chaplain services.

The ASL is provided by a very experienced outside agency that has been contracted by the ADF to provide this service. The company employs health professionals (nurses, psychologists, and social workers mainly) as their operators and provides this type of service to a number of other government agencies and private companies in Australia and overseas. The company's personnel have been trained on the issues that ADF members and their families face, and what services are most appropriate to assist them.

National Welfare Coordination Centre

National Welfare Coordination Centre Home Page

The National Welfare Coordination Centre was established to provide a 24-hour point of contact and information service for families of personnel deployed or in support of operations and designated exercises.

Phone: 1800 801 026
Email: nwcc.australia@defence.gov.au

CHAPTER 9:
TRANSITION

Ending the military experience

Many personnel leaving the military report experiencing feelings of uncertainty and a loss of confidence, but at least initially, most successfully make the adjustment to civilian life. For some, however, the move away from the structure and familiarity of military life can be overwhelming.

To many serving members the military is more than a job, it is a 'way of life' involving values, priorities and beliefs about the world that often affect all aspects of a person's life. Moving away from the unique culture of the military to civilian culture, where less value is placed on conforming to the needs of the 'unit' or team can be very challenging. Some ex-military personnel report feeling isolated or 'different' to civilians and some find it hard to develop new friendships once they leave the military.

For all those leaving the ADF, and particularly for those who are leaving earlier than planned due to medical issues, evidence suggests that the processes of transition to civilian life is a major turning point in their lives and potentially, a highly stressful time. For many, this is the first time they have had to manage all aspects of their life themselves such as housing, employment, healthcare and so on and the challenges involved in doing this, even for those who are healthy, let alone for those with physical and mental health problems should not be underestimated.

Open Arms clients who are going through the separation process may require additional help from support services. This includes practical information and seminars, personalised assistance to prepare for transition, referrals, help with administration and, support for training and civilian employment.

Members making the transition to civilian life may:

- Have trouble readjusting to family they have not lived with for a long period. This can include resuming parenting responsibilities.
- Feel cut off from people or feel unable to connect with anyone.
- Find it hard to accept the difference between civilian life and experiences in military service.
- Feel ashamed, angry or humiliated if they left the military involuntarily.
- Experience a loss of role, identity or purpose.
- Find it difficult getting a new job. Further, a new job can be challenging if they have to readapt or learn new skills.
- Have financial problems and concerns about supporting the family, possibly on a lower wage.
- Feel less valued or appreciated with a sense of diminished status in life.
- Find it challenging making new friends, and coping without old friends.
- Find civilian life chaotic due to perceived lack of structure, order, and direction.
- Not know what to do with free time.

Stepping Out

Stepping Out program

DVA provides the Stepping Out program, operated by Open Arms, for ADF members and their partners, who have recently separated or are about to separate from the military.

This free program is considered as 'on duty at another location' for current ADF members who are transitioning within three months.

The program enables participants to examine their transition process and what it means to go from military life to civilian life as an individual and as a family – in both practical and emotional terms.

Stepping Out programs in each Centre are timed to occur about six weeks following a local ADF Transition Seminar, and use the Open Arms presence at the Transition Seminar to promote Stepping Out to transitioning ADF members. Stepping Out also has a dedicated page in the ADF Transition Handbook and the Stepping Out Calendar is on the ADF intranet.

Defence Support

Transition Support Services

Transition Support Services

Transition services provided by Defence are coordinated by Transition Support Services (TSS), which now sits within the Defence Community Organisation (DCO).

Figure 2 illustrates the range of transition supports and when separating members are able to access them.

Investigating Separation	Preparing to Separate	Post-Separation
TSS Website – Information	TSS Website – Information	TSS Website – Information
Transition Centre – Information and advice	Transition Centre – Information and advice – Initial separation interview – CTAS approvals – Separation process support – Final separation interview – Separation checklist – Separation paperwork	
	External career transition support (CTAS approved) – Career planning – Interview skills, – Resume development	
Transition Seminar – Information and advice	Transition Seminar – Information and advice	
	Stepping Out Program –Extended transition support	Stepping Out Program –Extended transition support

Figure 2: Transition Support Services Pathway for ADF Separation

TSS supports a website that is easily accessible from both the DCO and Defence home pages (internet and intranet), and provides information and links to Defence services for members separating or considering separation. TSS also provides information on transition services in Handbook form. TSS operates Transition Centres (ADFTC) located in every state (multiple centres in Queensland and NSW), and mostly located on or near Barracks, RAAF Bases or Naval installations.

TSS, through the website and Transition Centres, perform a range of functions for transitioning members, including:

- Interviewing the member upon notice of separation;
- Advising the member of entitlements and benefits;
- Assisting the member to complete Career Transition Assistance Scheme (CTAS) forms;
- CTAS approvals;
- Ensuring termination leave audit and final pay details are complete;
- Updating PMKeyS mailing and contact details;
- Completing post-separation paperwork.

CTAS includes access to transition service providers who support eligible separating members with resumé and interview preparation and other skills to assist job seeking, including stress management. Toll Transitions provide removal/relocation services for members in Defence housing.

Transition Seminars

TSS also host regular Transition Seminars nationally.

Transition Seminar Dates

Transition Seminars are run over two days and include a variety of agencies and subjects relating to transition and separation from ADF. These include:

- An ADFTC manager provides an overview of the role of Transition Support Services;
- A Defence mental health team member provides a brief LifeSMART presentation focussing on self management and resilience training;
- DCO provides a detailed presentation addressing civilian careers, career planning and job seeking;
- ADF Reserves promotes ongoing ADF involvement through a Reserves career;
- A ComSuper representative discusses medical separations, MSBS and DFRDB;
- An ADF Rehabilitation Program representative discusses rehabilitation after separation;
- A DVA representative discusses military compensation;
- A Open Arms representative presents on the range of Open Arms services including Stepping Out;

- An Ex-Service Organisations (ESO) representative describes ESO roles and services;
- The ADF Financial Services Consumer Council provides a detailed financial planning presentation including private sector superannuation options and seeking professional advice;
- A Defence Health representative overviews the civilian healthcare system.

ADF Transition Handbook

TSS publish an updated ADF Transition Handbook every year.