Submission No 34

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

Name: Dr Glen Edwards

Submission Part Two.

Dr Glen D Edwards.

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While acknowledging the ADF has a number of excellent programmes in place for the treatment and support of ADF personnel wounded or injured during active service, I bring to the attention of the committee areas of concern that would in my opinion impact negatively on the overall effectiveness of various programmes. These concerns extend to a number of services offered by Government and NGO's for ADF personnel who for medical reason are unable to continue to serve or choose to leave the ADF.

Many submissions to the "Inquiry into the Care of ADF Personnel Wounded and Injured on Operations" will correctly focus on the excellent types of services, programmes and research activities that continue to benefit ADF and ex-service personnel who are wounded of injured or who leave the service. All these programmes, services and research activities are critically important in ensuring our serving and ex-serving members receive the best support, resources and care available.

Having said that, from my experience I believe we need to take a 'step back' and focus on the culture within the military which is often at odds with civilian culture often, for very good reasons. I strongly believe it is important to look at the culture of the ADF and how this impacts on the individual seeking services, during and post service and how services are provided. Often it is the "little things" the "little things" we overlook that make a difference in how we perceive events and respond. My submission will focus on issues of mental health and how military culture significantly influences the way in which serving and ex-serving members perceive and or respond to the various services available to assist and support them.

I believe service providers and organizations must have an understanding of the military culture in what I term a "micro level approach" if they are to provide efficient and effective quality service and treatment to our ADF personnel who are being repatriated, rehabilitated or who have transitioned out of the ADF.

I submit the following points listed below which are based on my experience working with veterans and their families;

They are in line with the terms of reference for the "Inquiry into the Care of ADF Personnel Wounded and Injured on Operations."

1. MILITARY CULURE: There is a need to be aware of how aspects of military culture are imprinted consciously and sub-consciously on individuals during training and service. Failure to acknowledge and or address this can impact of the service provided.

2. ATTITUDES, VALUES and BELIEFS: These change from a civilian way of thinking and behaving to a military way or thinking and behaving which is often contradictory and confusing for the individual and impact on their emotional and psychological health and that of their family. This process takes place at a time the individual is most vulnerable to change.

3. POST TRAUMATIC STRESS DISORDER: Following the Vietnam War our understanding of Post Traumatic Stress Disorder has progressed in leaps and bounds. Unfortunately when assisting ADF personnel presenting with emotional or psychological difficulties emphasis is often on PTSD. We need to determine the ability of the individual to understand and process aspects of their treatment.

4. RECOGNITION of MENTAL HEALTH ISSUES: ADF and ex-service personnel are good at hiding and burying their true emotions and feelings to outsiders. The presenting problem is often not the problem. Prejudice and stigma assist in delaying the individual from seeking assistance for mental health issues.

5. CONFIDENTIALITY and SERVICE PROVIDERS: Confidentiality is often the single most important issue preventing the individual from seeking mental health services. Trauma brings on unwanted feelings; individuals seeking professional help are often required to repeat their trauma experience to different service providers.

6. IF IT WORKS DON'T BREAK IT: There have been programmes that have worked for veterans but have been axed due to budget restrictions or resulting from change of administrators.

7. VOLUNTEERS: Volunteers are a much needed addition to services in assisting ADF and ex-service personnel however, they too need assistance.

8. OUTREACHING Vs REACHING-IN: There are excellent services in place to reach out to veterans and their families. Having said that, there are a multitude of problems with veterans "reaching in" to access services.

9. ONGOING PSYCHOSOCIAL EDUCATION: There is a need to engage academic institutions to assist in the trauma recovery process. Also, to educate the public of issues faced by ADF members. School children are "the messenger" therefore we have an opportunity to give them information to share with their parents in efforts to reach veterans.

10. THE WAR IS NEVER OVER: Once service men and women return we must not drift into thinking the war is over, for many it has just began. There is a whole process of readjusting from a life changing experience and it is not always a smooth process. Closing the door and leaving behind your identity is something that needs to be openly addressed.

11. BUREACRATIC ORGANIZATIONS: Organizations like the DVA has its limitations; everyone receives the same service and is treated identically irrespective of their circumstances. This results in veterans feeling that they are viewed as cheating the system.

12. VETERANS HELPING VETERANS: What is it about veterans' self-help groups that attract veterans? Are self-help groups a hindrance or a road to recovery?

From my experience assisting veterans it is clear most seek treatment for their health issues **NOT** compensation despite often being economically disadvantaged due to their service. As a nation we have a moral obligation to provide what is necessary to ensure the quality of life of each and every ADF individual and family member. Support and assistance must be priority based, taking into consideration the needs and life experience of the individual.

Sincerely
Dr Glen D. Edwards.