Submission No 24

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

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PSYCHOLOGICAL TRAUMA RECOVERY SERVICE

SUBMISSION TO THE

DEFENCE SUB-COMMITTEE
JOINT STANDING COMMITTEE ON FOREIGN AFFAIRS,
DEFENCE & TRADE

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

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Introduction

The Psychological trauma Recovery service (PTRS) at Austin Health welcomes the opportunity to provide the following submission to the Defence Sub-Committee Joint Standing Committee on Foreign Affairs, Defence and Trade Inquiry into the Care of ADF Personnel Wounded and Injured on Operations. In providing this submission, we have duly considered the terms of reference for this enquiry as outlined below;

The Joint Standing Committee on Foreign Affairs, Defence and Trade shall examine and report on the care of ADF personnel wounded and injured on operations, with particular reference to:

A. treatment of wounded and injured ADF personnel while in operational areas;
B. repatriation arrangements for wounded and injured personnel from operational areas to Australia;
C. care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements;
D. return to work arrangements and management for personnel who can return to ADF service; &
E. management of personnel who cannot return to ADF service including:
    i. the medically unfit for further service process;
    ii. transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; &
    iii. ongoing health care and support post transition from the ADF.

Background

Austin Health is one of Victoria's largest health care providers. Comprised of Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre, Austin Health is a major teaching and research centre with numerous university and research institute affiliations.

Catering to diverse multicultural and veteran communities, Austin Health delivers vital state-wide services to Victorians and a vast array of specialty services to the people of Melbourne's north-eastern corridor in a safety-focussed, team-orientated and stimulating work environment. The new 400 bed Austin Hospital Tower opened mid 2005 and further redevelopment is underway.

The Mental Health Clinical Service Unit (MHCSU) is one of several Clinical Service Units within Austin Health. The Mental Health Clinical Service Unit (MHCSU) comprises a range of mental health services including specialist and state-wide services including:

- Psychological Trauma Recovery Service (PTRS)
- North East Area Mental Health Service
- Eating/ Mood Disorders, Mother/ Baby Unit
- Department of Clinical Psychology
- Consultation Liaison Psychiatry
- Psychiatric Intensive Care
- State-wide Brain Disorders Service
- Secure Extended Care
- Child and Adolescent Mental Health Services
- Psychiatry Training/ Education Programs
- Research
- University of Melbourne Department of Psychiatry

The Psychological Trauma Recovery Service (PTRS) is Austin Health's specialist Mental Health Service for the treatment of Trauma-related Mental Health Disorders (TRMHDs). The Service is housed in the new, purpose built Coral-Balmoral Building at Heidelberg Repatriation Hospital campus of Austin Health (Australia's largest public hospital). The PTRS provides a comprehensive and clinically-targeted service, underpinned by the best available evidence in treating Post Traumatic Stress Disorder (PTSD) and other TRMHDs.

Once known as the Veterans Psychiatry Unit (VPU), the PTRS has a 70 year history in the provision of mental health services to veterans and their families, having provided mental health treatment to veterans from World War II through to the Gulf War, Iraq, and Afghanistan. The PTRS has developed unique expertise in the assessment and management of trauma-related mental health conditions frequently observed in veteran populations and, in 2003, successfully extended its capacity to provide treatment to community groups. As a result, the PTRS now comprises two separate, yet interconnected, streams of service provision; VPU and Post Trauma Victoria (PTV).

VPU and PTV provide a comprehensive range of programs that comprise a broad array of treatment modalities within a multidisciplinary framework, applied according to the needs of each individual and the effects of trauma. Treatments are provided on an individual or group basis via a range of clinical settings, including:

- Outreach services including telepsychiatry and domiciliary services
- Hospital-based Outpatient Services
- Community-based services
- Day Programs &
- Acute Inpatient Services.

VPU provides mental health treatment to veterans and current-serving members of the Australian Defence Force, in addition to providing support to the partners, widows, and other eligible family members. VPU takes a whole-of-life approach to the provision of mental health treatment and support and, as a state-wide service provider, has the capacity to provide treatment to individuals residing interstate. First commencing in 1947 as a part of the original Heidelberg Military Hospital, VPU now takes a leadership role in the development and provision of community-based mental health treatment services for veterans and their family members. Since its initiation the VPU has seen serving military personnel. In the last decade this relationship with the Australian Defence Force has grown, and in 2011/2 the Service provided inpatient treatment to over 50 and outpatient treatment to over 100 serving ADF personnel.

Commencing in 2003, PTV has provided treatment to individuals experiencing post-traumatic mental health conditions as a result of Road Traffic Accidents, serious workplace injury, the Bali, Madrid, and London bombings, the Egypt bus crash and the 2009 Victorian Bushfires. PTV provides treatment to individuals whose mental health conditions are of a compensable nature, with a specific focus on high-risk groups.

Our Submission

The PTRS would like to commence its submission by acknowledging the importance of the effective support of ADF personnel wounded and injured on operations. In particular, we would like to emphasise the important mental health aspects of the impact of service on ADF personnel. Considerable data has accumulated to demonstrate that operational service is associated with an increased risk of mental health disorders such as mood disorders including depression; anxiety disorders such as Post Traumatic Stress Disorder and Substance Abuse Disorders (Priebe et al 2010). The importance of this in an ADF context is highlighted by the data contained in the recent 2010 ADF Mental Health Prevalence and Wellbeing Study, which clearly indicated a significant need to address the care of effected personnel.

A. Treatment of wounded and injured ADF personnel while in operational areas

The PTRS has minimal involvement in the immediate treatment of wounded and injured ADF personnel while in operational areas and thus would make no comment on this matter

B. Repatriation arrangements for wounded and injured personnel from operational areas to Australia

Again, the PTRS generally has minimal involvement in the immediate repatriation of wounded and injured personnel from operational areas to Australia. In thus making limited comment, we would submit that it is important to consider both physical and mental health aspects of care in this process, noting that those who are physically wounded are of course at higher risk of mental health disorders such as Post Traumatic Stress Disorder if exposed to relevant trauma. Relevant principles during this stage would mirror those within the concept of Psychological First Aid. This process acknowledges that many individuals exposed to significant trauma will have initial mental symptoms (potentially the majority of individuals), but with appropriate support as governed in the principles of Psychological First Aid, most of these symptoms will undergo spontaneous improvement. Current evidence would suggest that treatment interventions per se are not indicated prior to 2 weeks post trauma unless severe distress is present. We would specifically like to suggest that, at this point, there is no high level evidence to support the use of pharmacological agents to prevent the development of enduring mental health symptoms during this initial period.

C. Care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements

Current arrangements for mental health care for injured personnel on return to Australia necessitate effective screening for, assessment of, and clinical management of disorders. Treatment needs to be delivered in effective, clinically governed services delivered in a timely and needs based manner. Treatment services should ideally link well with other elements of health care and welfare. It is our strong recommendation that the provision of treatment remains separated from consideration of compensation but not of rehabilitation, both vocational and social.

Whilst considerable improvement has occurred, from our perspective, in many of these aspects over the last decade, there remain concerning areas. Health services across the ADF relevant to mental health care are not well integrated with particularly troubling operational distance between primary care, psychological and specialist mental health services. This barrier to effective care has been reduced by the recent introduction of community mental health nursing services within the ADF but the area does remain one of concern. This inefficiency is particularly troublesome in individuals with higher level mental health care needs, where mental health services external to the ADF, such as our service, are required.

We welcome the recent shift in policy to enable injured personnel to remain in the ADF for a period whilst initially receiving mental health care and would recommend this remain of sufficient duration t enable the determination of ultimate disability prior to discharge wherever possible. This process could be seen as akin to that employed by other funding agencies such as the Victorian Transport Accident Commission, or the Victorian Workcover Authority where allowance is made for resolution

of symptoms with both natural recovery and treatment prior to any determination of formal disability.

D. Return to work arrangements and management for personnel who can return to ADF service

In addition to the comments above, we would wish to acknowledge the complexity surrounding the return to operational duties, or not, of serving ADF members who developed a mental health disorder. This includes, but is not limited to those whose mental health disorder is the result of operational service. In a period of high operational demand from the ADF, the risk of exacerbating mental health disorder through further operational service is real and obviously poses operational risk beyond the effected individual. This issue may be more readily dealt with in those individuals who have an overtly declared disorder, but of concern are those whose mental heath disorder is not yet recognised. Disorders such as Post Traumatic Stress Disorder, for example, are often delayed in diagnosis. Whilst this may relate to the clinical nature of the disorder, this risk is further amplified by the ongoing concern of service personnel that declaration of a disorder may lead to the end of their military career and ostracism by their peers. Continued effort to recognise the inevitability of such difficulties for some in operational service would aid effective early identification and intervention.

E. Management of personnel who cannot return to ADF service including:

- **i. the medically unfit for further service process;**
- **ii. transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; &**
- **iii. ongoing health care and support post transition from the ADF**

The principal concern of the PTRS with current arrangements lies in the effective distance between care arrangements auspiced by the ADF and those auspiced by the DVA. The effective outcome of this distance is that many individuals with operationally related mental health disorder are often without treatment for an extended period after leaving the ADF. Part of this delay relates to the focus on treatment eligibility linked to disability. An alternative approach that facilitates entry to clinical care independent of disability claims may enhance earlier and consistent engagement with clinical treatment. Ultimately, it may be considered valuable to unite health services provided to ADF members and those provided to Veterans, such as is currently employed in a number of European and Canadian jurisdictions.

Conclusion

The PTRS welcomes the conduct of this enquiry. We would submit that mental health consequently is an inevitable outcome of operational service. We will further submit that current case protection and particularly care arrangements require further coordination to insure effective, appropriately targeted care. This will inevitably involve interaction with specialist mental health service providers external to the ADF, amplifying the need for careful case coordination and transition management.

References

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A. C. McFarlane, S. E. Hodson, M. Van Hooff & C. Davies (2011). Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report, Department of Defence: Canberra