



Australian Government
Department of Defence
People Strategies and Policy

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Sara Edson
Inquiry Secretary
Standing Committee on Education and Employment
Inquiry into Mental Health and Workforce Participation
PO Box 6021
Parliament House, Canberra, ACT, 2600

Dear Ms Edson

**ADDITIONAL INFORMATION FROM DEFENCE REGARDING THE INQUIRY
INTO MENTAL HEALTH AND WORKFORCE PARTICIPATION**

1. On 14 October 2011 the House of Representatives Standing Committee on Education and Employment held a public inquiry into mental health and workforce participation.
2. I attended the hearing, accompanied by Mr Neville Tomkins, First Assistant Secretary Defence People Solutions, and Mr David Morton, Director General Mental Health, Psychology and Rehabilitation.
3. The Committee requested additional information be provided to Defence in relation to:
 - a. the Early Intervention Case Management Tool;
 - b. the Strategic Intervention Team;
 - c. reported figures for work-related stress for Defence Australian Public Service employees; and
 - d. the resilience training program, BattleSMART.
4. Information on these initiatives and topics for the Committee is enclosed.

Yours sincerely

G.P. FOGARTY
Major General
Head People Capability

21 December 2011

Enclosures:

- I. Additional Information for the Committee

***ADDITIONAL INFORMATION – EARLY INTERVENTION CASE
MANAGEMENT TOOL (ECMAT)***

1. The Early Intervention Case Management Tool (ECMAT) is a central repository of essential case management information. It is designed to provide Defence's Rehabilitation Case Managers (RCM) with guidance on actions to undertake in order to facilitate effective and prompt case resolution, within the first 12 weeks of an injury occurring to a Defence APS employee
2. The tool is based on the Comcare's Flag Model, which is an indicator of issues that may adversely impact on an employees' return-to-work outcomes, or their recovery from illness or injury. These flags include categories such as: 'medical'; 'psychosocial', 'worker perceptions' and 'issues that affect all workers equally'. RCM's must address any flags that have been identified.
3. Once information has been entered into the ECMAT, a Total Illness/Injury Impact Score is provided, together with a classification and Actions Matrix. The Total Illness/Injury Impact Score is calculated using information on recovery duration, based on the 2001 Accident Compensation Corporation (ACC) Treatment Profiles, and in consideration of other case-specific factors. These include: occupation; type of work undertaken; (e.g. sedentary, light, heavy etc); and other factors that may influence return-to-work outcomes. The Total Illness/Injury Impact Score categorises the case into classifications such as 'non-significant', 'potentially significant', 'significant' and 'complex' and provides guidance to case managers on how these classifications need to be managed.

ADDITIONAL INFORMATION – STRATEGIC INTERVENTION TEAM

1. The Strategic Intervention Team (SIT) was established in 2011 as a part of the Defence/Comcare Premium Injury Management and Claims Improvement Strategy 2010-12. The SIT will ensure that Defence APS employee psychological cases are managed effectively by Defence People Solutions case managers from the time that a manager seeks their assistance. The team actively monitors and addresses mental stress cases in a timely manner and identifies trends and hot spots that may need to be addressed in consultation with key stakeholders within Defence.
2. The SIT is required to manage at times some of the more difficult, often multifaceted, rehabilitation/medical cases. Presently, the SIT provides oversight and advice on around 60 complex cases. These cases typically have one or more of the following factors:
 - a. Mental stress;
 - b. Workplace conflict;
 - c. Perceived bullying and harassment;
 - d. Unreasonable complainant behaviour;
 - e. Code of conduct investigations;
 - f. Solicitor or lawyer involvement;
 - g. Union involvement; and/or
 - h. Involvement of multiple internal and/or external parties.

WORK-RELATED STRESS STATISTICS FOR DEFENCE APS EMPLOYEES

Reported figures for work-related stress for Defence APS employees

1. From July 2010 to September 2011, Defence (including Defence Material Organisation) has recorded around 2,800 cases of Defence APS employees that required active case management support for an illness or injury. Of these, around 16% were categorised as being due to a psychological illness or injury. The top three general psychological conditions identified by Defence APS employees were:

- a. stress (19%);
- b. depression (18%); and
- c. anxiety (13%).

Claims accepted by Comcare for work related psychological illness or injury

2. Defence monitors all its active compensable and non-compensable cases. The table below provides a summary of claims accepted by Comcare for work-related psychological illness, or injury over the past five years. Comcare groups these cases under the category of 'Mental Disorders'.

Table 1. Accepted Defence claims for work-related psychological illness/injury: 2007-2011 (as at 25 October 2011)

Illness/Injury type	2007	2008	2009	2010	2011	Total Last 5 calendar years
Anxiety/Depression combined	9	7	17	13	2	48
Anxiety/Stress Disorder	8	20	7	11	0	46
Depression	6	8	3	5	2	24
Reaction to stressors – other, multiple or not specified	6	6	3	3	3	21
Post-Traumatic Stress Disorder	3	3	1	1	1	9
Short term shock from exposure to disturbing circumstances	1	0	0	0	0	1
Mental diseases unspecified	0	0	0	1	0	1
Other mental diseases, not elsewhere classified	0	0	0	0	0	0
Total	33	44	31	34	8	150

Employee Assistance Program Utilisation

3. Defence offers support to its APS employees through its Employee Assistance Program (EAP). EAP provides **free, confidential and professional** counselling services for all Defence APS employees, and their immediate families, to assist them resolve work-related problems and/or personal problems that may impact on the Defence employee's working life. Australian Defence Force supervisors of APS employees can also access the EAP Manager Hotline component of the program to assist them when dealing with difficult workplace issues.
4. Utilisation of the EAP by Defence APS employees is slightly below the Commonwealth APS average. For example, in 2010, 1.3% of Defence APS employees used EAP, in comparison to 1.5% of the APS.
5. When a Defence APS employee obtains EAP assistance, the counsellor will seek to clarify the issue/s for which assistance is sought. During such discussions, more than one issue may be reported by employees, and/or identified separately by the counsellor. Provided below is a table that summarises the number of Defence employees that sought EAP assistance for work-related issues during calendar years 2009-2011.

Table 2. EAP Utilisation by APS employees 2009-2011: Work-related Issues (as at 25 October 2011)

Issue	2009	2010	2011 (see note)	Total
Work - Interpersonal Conflict	69	59	49	177
Work - Stress (non-violent)	61	72	30	163
Work - Harassment	68	55	19	142
Work - Performance	37	37	15	89
Work - Vocational	33	27	13	73
Trauma/Shock	22	24	10	56
Work - Administration	25	17	9	51
Work - Environmental	19	17	6	42
Work - Equal Employment Opportunity	10	13	4	27
Work - Stress (violent)	6	8	3	17
Retirement/ Redundancy	4	8	2	14
Total	354	337	160	851

Note: Utilisation as at 30 June 2011.

ADDITIONAL INFORMATION – BattleSMART PROGRAM

Introduction

1. Following the Dunt Review, the Government's 2007 commitment to a Mental Health Lifecycle Package for ADF personnel, and the Centre for Military and Veterans' Health Think Tank, in 2009 the ADF commenced rolling out a comprehensive whole of career resilience training program named BattleSMART (Self Management and Resilience Training).

Purpose

2. BattleSMART is a modularised educational program that operates across the ADF, teaching resilience training at key points throughout a member's career. It is a preventive program designed to enhance an individual's ability to cope effectively with increased stress and adverse or potentially traumatic events in their lives. By teaching BattleSMART at key career points, the program is also able to prepare personnel for the specific challenges they are likely to face. The program also promotes both individual and collective optimal performance through the enhancement of individual coping.

Content

3. Each BattleSMART module aims to teach both the SMART model and core resilience skills, before demonstrating how the model and skills can be used in the situations they are likely to face at that point in their career. Reinforcement of a consistent model and skills at different time points results in the model and skills becoming entrenched in both the individual, and the unit culture. Reinforcement in different environments also helps to demonstrate to personnel the flexibility and wide ranging applicability of the model and strategies taught.

4. Each BattleSMART module typically covers:

- a. the likely realities or challenges they will face at that career time point;
- b. the BattleSMART model;
- c. physical, cognitive, behavioural and emotional reactions that may indicate that a person is not coping in an optimal fashion;
- d. how to identify when reactions need to be modified;
- e. detailed explanation and demonstration of strategies to modify unhelpful physical, cognitive, behavioural and emotional reactions; and
- f. examples of the model and strategies relevant to the career time point.

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5. Each BattleSMART module typically takes between two and three hours to deliver. While most of the training is delivered in large groups, the latter two components (explanation and demonstration of strategies, and relevant examples) are delivered in small groups of up to 20 personnel wherever possible.

Current Implementation

6. The first module of BattleSMART was rolled out at the Army Recruit Training Centre in July 2009. Since then it has rolled out to all ADF ab initio training establishments except for Navy Officer training which will commence in January 2012. Pre-deployment BattleSMART was implemented in the second half of 2010. Post-deployment BattleSMART was developed in early 2011 and was administered during a trial in May-Jul 2011. A module of BattleSMART has been developed which has a strong focus on peer support. This module will be implemented in the near future.

7. A module for personnel transitioning from the ADF called LifeSMART has been delivered at ADF transition seminars since early 2011. LifeSMART contains abbreviated content due to the limited time available (20 minutes). FamilySMART is a resilience awareness package that has been developed for families by the Defence Community Organisation.

Evaluation

8. An evaluation of ab initio BattleSMART at the Royal Military College Duntroon in January 2011 revealed the following very positive results:

- a. overall average rating for the program was 9.25 out of 10;
- b. average rating for training relevance was 4.85 out of 5;
- c. there was a significant improvement in how confident a person was to help a mate after the training compared to before; and
- d. confidence in using the BattleSMART coping techniques taught increased significantly after the training compared to before.

9. A large scale evaluation (approx 700 personnel) of Pre-deployment BattleSMART is currently underway with results expected to be available in early 2012. Post-deployment BattleSMART was trialled as part of the Third Location Decompression trial during May-June 2011. The preliminary results from the pilot group of the trial were very encouraging. Results from the full decompression trial are expected to be available in the first quarter of 2012.

Future Development

10. Enhancements to the SMART continuum are also being developed. Work is currently underway to produce a BattleSMART DVD that instructors will be able to

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use to demonstrate to participants how the model and techniques can be used in real-life scenarios.

11. Funding has also been set aside to develop online interactive versions of the SMART modules. This will provide an opportunity for serving members to review the training as required, involve their families to a greater extent and provide access to the training for those not deploying in large formed bodies. This capability is likely to take 12-18 months to develop.

Conclusion

12. Enhanced resilience is widely thought to be associated with better psychological and physiological adaption following stress. Through the BattleSMART program Defence has proactively sought to improve the resilience of its members in order to enhance individual mental health outcomes, individual performance and organisational performance.