



Submission No 23

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

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Mr Jerome Brown
Secretary
Defence Sub-Committee
Joint Standing Committee on Foreign
Affairs, Defence and Trade
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Mr Brown,

Re: Inquiry Into the Care of ADF Personnel Wounded and Injured on Operations

Thank you for the opportunity to provide a submission to the inquiry into the care of ADF personnel wounded and injured on operations. The Australian Centre for Posttraumatic Mental Health is a not for profit incorporated association, affiliated with the University of Melbourne's Department of Psychiatry. It is governed by a Board of Management which includes independent members and representatives of its key partner agencies of the Department of Veterans' Affairs, Defence, and the University of Melbourne. ACPMH's vision is improved wellbeing and quality of life for individuals and communities who experience trauma, with a particular focus on current and former members of the Defence community. It works to achieve this vision through an integrated model of provision of policy and service development advice, research, and education and training activities. Given the mandate of the ACPMH my comments in this submission will be restricted to a focus on the mental health aspects of care of ADF personnel injured on operations.

As evident from the nature and mandate of the ACPMH, it has had a longstanding relationship with Defence. Since the increase in Defence operational activity commencing in 1999 there has been significant development in the focus on mental health within Defence generally and more specifically the mental health consequences of operational service. Over the course of this period Defence has incrementally implemented a number of critical initiatives of relevance across the range of areas noted in the terms of reference of this inquiry. These have included routine psychological screening prior to returning and following return to Australia from operations; embedding psychologists on

deployment to provide interventions for psychological injury as quickly and proximally as possible; mental health, suicide prevention and traumatic stress awareness campaigns aimed at improving recognition and reducing stigmatisation and barriers to accessing care; implementing best practice critical incident management processes; conduct of longitudinal studies examining the health effects of operational service (due to report soon); an internationally leading mental health prevalence study to determine the nature of mental health need across defence and more recently the roll out of a mental health service delivery system with the aim of improved internal capacity to address mental health effects of operational service and coordinate additional services with contracted rehabilitation service providers. In addition to the above initiatives, Defence has been among the international leaders in initiatives focused on the development and delivery of training to enhance psychological resilience, which is in the process of being expanded to focus on re-iterating these strategies across a range of points in service life. Together with the ACPMH, it is also conducting a longitudinal study of psychological resilience in new recruits, with the aim of identifying factors that influence the longer term health and wellbeing of new recruits, informing future policy and practice within Defence. The past decade has also witnessed a significant increase in the collaborative relationship between the Departments of Defence and Veterans Affairs, which is critical for ensuring a smooth transition in health care and attention to needs for Defence members, particularly those wounded or injured on operations.

In the context of the above, Defence is to be commended on its substantial progress in its policy and service initiatives to care for defence personnel wounded or injured following operations. All initiatives however will continue to require time and repetition in order for changes to be consolidated and shift culture. The important next steps include ensuring the newly developed mental health service system delivers quality care. There are a number of factors that will be required to ensure this is the case.

Firstly, this will involve ensuring clinically sound and consistent assessment practice across the diverse range and location of service settings, including integration with general health services. Importantly also it will be critical that the assessment process is ongoing, retaining a focus on maximising rehabilitation outcomes, whether within Defence or through discharge fostering integration into civilian community life.

Secondly, that the mental health service delivery system that is being rolled out is adequately resourced to be able to genuinely respond to the need identified. This is a particular challenge given the shortage of specialist mental health providers across Australia, a situation that is potentially even more acute in locations such as Townsville and Darwin. Innovative and effective collaborative models with mainstream mental health services may assist in addressing this challenge.

Thirdly, ensuring that in this service system clinical roles are clearly demarcated and delineated and the providers are trained and capable of delivering current evidence based interventions for the key post-operational mental health problems and disorders. This will require not only high quality and consistent training models, but also effective on-going clinical supervision opportunities for providers.

Finally, implementation of quality assurance mechanisms to ensure that the care provided, or purchased through contracted services, is and remains of a high standard. This will require a commitment to the establishment and implementation of high quality program evaluation models from the outset, with regular review and service adjustments as indicated.

The size, nature, and geographical location of Australia's Defence Force raise many challenges for effective prevention, early recognition, and management of mental health problems. Although important improvements have been made, constant vigilance is required to ensure that current policies are being fully implemented and that future policy and program development is tailored to the particular needs of the target population.

Please do not hesitate to contact me if I can be of further assistance.

Yours sincerely,

Professor David Forbes
Director