



Submission No 30

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

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Joint Standing Committee On Foreign Affairs And Defence And Trade

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

By Professor AC McFarlane AO

Relevant experience to the terms of reference (See Appendix 1)

Introduction

The particular expertise that I bring to this inquiry is in the domain of the mental health of ADF members and veterans. I have been engaged in the field of work since 1993. The lessons about the nature of psychological burden of war have been forgotten after previous conflicts, and had to be relearned in the first period of World War II and then belatedly in the aftermath the Vietnam War. These mistakes must not be repeated. It is essential that clinical services provided to ADF members and veterans are of the highest standards available in Australia and informed by the optimal expert knowledge.

In terms of the size of the problem, the number of individuals affected by the psychological injuries of war far outstrips those who sustain physical injuries. Focusing on psychological wounds is not to minimise the importance of ensuring the rehabilitation of those with physical wounds who also often suffer from psychiatric disorders. The 2010 ADF Mental Health Prevalence and Wellbeing Study¹ provides valuable insights into the size and the nature of the impact of military service and deployment.

One of the particular challenges of psychological injuries is that these conditions often become manifest long after the individual has been repatriated to Australia. As a consequence, the size of the problem is often underestimated in the immediate aftermath of war due to the delayed onset of PTSD in many veterans. It is critical that these past mistakes of underestimating the nature of the problem are not repeated. There is concern expressed on a regular basis in the Australian community, including by a number of senior ex-ADF personnel, about the potential rates of posttraumatic stress disorder in veterans of the MEAO conflict. This environment highlights the importance of ensuring optimal care for those who have served the nation.

¹ McFarlane et al. Mental Health of the Australian Defence Force – 2010. ADF Mental Health Prevalence and Wellbeing study. Department of Defence, 2011; Canberra.

Related Challenges and Scientific Matters

In considering the subject of this inquiry particularly relating to terms of reference (c), (d) and (e), the following matters are relevant.

1. Psychological impact of physical injury

While those who are physically wounded and injured are a clearly visible group who demand optimal care and treatment, a substantial body of morbidity arising from the psychological injuries of war go undiagnosed during military service. Research from the civilian sector provides consistent evidence that the rehabilitation outcomes of those with physical injuries are determined to a substantial degree by the enduring psychological effects of the traumatic stress arising from the circumstances of the injury. In this regard, post-traumatic stress disorder is only one of the common psychiatric syndromes. Depression is in fact the most common disorder and frequently goes undiagnosed. Any examination into the treatment and rehabilitation of the physically injured should equally address the adequacy of the psychological assessment and treatment for the individuals affected.

2. Context of ADF Health Care System dealing with injuries

The treatment services for the wounded and injured on operations are provided in the context of the broader models of health care delivery in the ADF. The structure and the nature of these services are matters that require consideration.

The state and private health systems play a critical role in the delivery of healthcare to current and ex-serving members. The interface between ADF services, DVA funded programs and the state and private health systems are critical points that require monitoring and management. It is much more difficult to ensure quality of service delivery in contracted services than in services that are directly controlled by the funder. It should not be presumed that either the state or private health systems provide uniform or adequate standards of services.

3. Clinical Standards in Providing Optimal Care

Many practitioners and services have little or no expertise in the area of traumatic stress including the treatment of those with physical injuries. In the civilian sector these services are underdeveloped and hence there is a particular obligation for the ADF and DVA to ensure service quality. The Younger Veterans Initiative was implemented in the early 1990 and arose because of the manifestly inadequate standards of care provided to veterans at that time. This led to the development of nationally accredited PTSD programs. There is an ongoing need for the development of standards and ongoing quality assurance for all services provided to veterans and ADF members.

4. *Challenge of Updating Knowledge and Standards of Care*

Providing the optimal quality of services to those wounded and injured on operations requires continual updating of knowledge from the international literature. Equally, ADF members should be provided with a similar quality of care to the benchmarks provided by international standards. To provide such care, it is necessary for services to be constantly monitored and to ensure that standards of care are based on these international benchmarks. Treatment services in the ADF require a broad spectrum of clinical expertise, at least at the same standard provided with optimal care in the general community.

5. *The Challenge of Post Deployment Syndromes*

Following every major conflict of the 20th century, non-specific physical symptoms have been a common presentation and determining the aetiology has often led to controversy, such as in Gulf War Syndrome or the effects of Agent Orange. Post deployment syndromes need to be anticipated and both the question of causation need to be addressed by research as well as establishing treatment programs to assess and thoroughly treat those affected. In this regard, a current area of concern is mild traumatic brain injury.

6. *The Developing Knowledge about the Neurobiology of PTSD*

There is now a substantial body of evidence highlighting how psychiatric disorders arising out of combat exposure are caused by the impact of traumatic stress on neurobiological systems. There are important interactions between the physical mechanisms of injury and the impact of trauma exposure on stress systems. One area of particular importance in considering this issue in the context of the MEAO conflicts, are the interactions between psychological disorders and mild traumatic brain injury. This is an area of particular concern to veterans and the medical community. Programmes developed for veterans need to be driven by the knowledge and clinical developments that have arisen from the research that has examined this clinical domain.

7. *The Need for Longitudinal Health Surveillance*

The ADF and Department of Veterans Affairs have recognised the importance of health surveillance research to identify the health-related injuries associated with deployment. It is critical that an ongoing programme with a pre-committed funding stream exists so that there is real identification of any emerging disorders in the veterans' population. These programs require scientific direction and clear research governance to optimise the outcomes of the major investment that has occurred to date.

The Dunt Report commissioned the 2010 ADF Mental Health Prevalence and Wellbeing Study. This study's findings showed that 22% of the ADF had had

a mental disorder in the previous 12 months, reinforcing the importance of the broader recommendations of the Dunt Report to improve the standard and oversight of mental health services in the ADF.

The Current Strategy Driven by the Dunt Report

Any future recommendations for improving or modifying services need to be considered against the background of existing recommendations arising from previous enquiries. There have been substantial improvements in the administration and management of mental health services in the ADF in the last decade. Most recent improvements were driven by the Dunt report which continues to provide an excellent framework for the future development and improvement of services in the ADF.

The report of Professor David Dunt was submitted to the in January 2009. Defence is to be congratulated for embracing the recommendations in this report. This report followed the development of a mental health strategy in 2002. Prior to that time, there was little coordination or oversight of mental health care in the ADF. In my opinion, the Dunt recommendations remain valid and their full implementation needs to continue.

The major increase in operational tempo of the ADF since the peacekeeping operations in East Timor has created urgency to better address the mental health care of ADF members. This increased awareness needs to be considered against the background of debate and concern in the Australian community at large about the inadequate quality of mental health services more generally. Equally, the ADF is part of an international coalition that creates an imperative to provide similar standards of care to service personnel, an issue addressed by the Dunt Report.

The Dunt Report also highlighted a series of problems and barriers to the full success of the implementation of the mental health strategy and identified a series of steps necessary to ensure optimal care was provided in the future. On receipt of the report, the ADF leadership are to be congratulated for their commitment to implementing the recommendations. One critical barrier that was identified was the lack of proper funding for mental health services in the ADF. It is therefore important to consider how recent budgetary contingencies may have impacted on the ability of the ADF to fully implement these recommendations.

I reiterate and support the comments from Prof David Forbes from the ACPMH in his submission to the inquiry which highlighted:

- The importance of ensuring a standardised clinical assessment process exists across the ADF and that these should continue through the course of treatment.
- The critical issue of adequate resourcing in the context of the shortage of specialist mental health providers particularly in some key regional areas needs novel solutions.

- The importance of delineating clinical roles and ensuring that the workforce is trained and capable of delivering evidence-based health care in the ADF context. To reach this standard, practitioners require ongoing clinical supervision.

Lessons since the Dunt Report: The ADF Mental Health and Welfare Prevalence Study

The Dunt Report further highlighted the importance of services to be evidenced-based and to be evaluated where appropriate. One related recommendation was that a prevalence study of mental health disorders in the ADF should be conducted. This study was conducted in 2009 and the results presented to and accepted by the ADF in 2010. This study of the ADF was the first study to ever examine the mental health of an entire Defence Force. It has led to much being learned about the rates of psychological injury in the ADF. The recommendations arising from that report deserve particular attention and monitoring.

This study found rates of psychiatric disorder that were higher than anticipated. Despite the existence of the ADF health system and a number of specific programmes aimed to address the mental health means of ADF members, particularly in the deployment context, the rates were similar to the Australian community. In the past year, 22% of ADF members were found to have suffered from a psychiatric disorder and many had not presented for treatment. These rates could be attributed to a significant extent to the higher rates of exposure to traumatic events of ADF members both while on deployment and in Australia. These findings provide opportunities for improved early intervention and targeted services that address the barriers to care.

These higher than anticipated rates of mental disorder in the ADF create further urgency in ensuring the excellent recommendations of the Dunt Report to be fully implemented. Furthermore, these findings raise the possibility that further steps beyond those recommended in the Dunt Report may be necessary to improve the operational capability of the ADF by lessening the burden of mental health disorder.

One of the surprising findings of this study was the high rates of disorder in non-deployed members of the ADF. The rate of disorder in non-deployed personnel was substantially accounted for by the prevalence of motor vehicle accidents, and interpersonal violence amongst the younger members of the ADF who were less likely to have deployed.

These findings highlight that the stress of serving at home during periods of conflict is significant. Many individuals who had been the subject of traumatic stress in a non-deployed environment were not being identified or adequately treated. Equally these rates of morbidity had not been anticipated. In the same way that careful oversight is required for personnel wounded and injured on operations, the auditing and monitoring of services for those injured whilst posted in Australia is of equal relevance and should be integrated.

The study findings also suggest that the needs of personnel wounded and injured on operations need to be considered in the context of substantial evidence that there are significant unmet needs in the mental health care of those with similar injuries not arising in the deployment environment. This is one area where further service development including screening needs to be considered, something that was not considered by the Dunt Report.

Furthermore, subclinical symptoms of depression and PTSD were identified as conveying a significant risk of the later emergence of clinical disorder with further trauma exposure. This significant group of veterans not only have a significant risk of being becoming clinically ill in the future but are probably already suffering to some extent from the impact of their service. The development of intervention programs to address subclinical symptoms in the post deployment environment should be an important priority. There is much to be gained by early intervention to minimise the emergence of disability with the attendant costs and disruption of ADF capability.

Summary

The quality of the management of those injured and wounded in the context of ADF service is judged in an international context. Mental health services provided to currently serving members and ex-serving personnel should be at the same standards or better than those provided to the Australian community, a recommendation of the Dunt Report. The nexus between Defence and DVA is even more important for those with mental health disorders than those with physical injuries due to the fact that many individuals with psychiatric injuries arising from being a member of the Australian Defence Force are discharged without being diagnosed or treated.

The Dunt Report has been and should remain the key driver to improving mental health care in the ADF. A number of its recommendations have taken on a new urgency with the findings from the 2010 ADF Mental Health Prevalence and Wellbeing Study, due to the rates of disorder identified. It remains critical that:

- The service has adequate staffing with psychiatrists and clinically trained psychologists that augment the primary health care system.. The professional development of staff remains a high priority.
- These services need to be provided in the context of an occupational health model that addresses rehabilitation in the ADF context.
- Adjustment programmes need to address the future risk associated with subclinical symptoms.
- The quality and adequacy of services provided to those injured on deployment depends on the standards of care provided within the broader ADF community.
- An ongoing health surveillance programme identifies emerging trends of physical and mental disorder in those who have deployed and monitors their treatment. These findings are initial driver for the introduction of innovative and high quality services

Appendix 1

Professor McFarlane is a Professor of Psychiatry and the Head of the University of Adelaide Centre for Traumatic Stress Studies. He is a Past President of both the International Society for Traumatic Stress Studies and the Australasian Society for Traumatic Stress Studies.

He is the recipient for the Robert Laufer Award for outstanding scientific achievement in the study of the effects of traumatic stress. In 2008, he was awarded the Organon Senior Research Award for the most significant contribution to psychiatric research in Australia. He also became the 11th recipient of the Founders Medal of the Australasian Society for Psychiatric Research, awarded to individuals who have made a contribution of significance to psychiatric research over their entire career. He is the recipient of the Lifetime Achievement Award of the International Society for Traumatic Stress Studies for outstanding and fundamental contributions to the field of traumatic stress studies.

He has held the Senior Adviser in Psychiatry to the Australian Defence Force, and the Department of Veterans Affairs. He holds the rank of Group Captain in the RAAF specialist reserve. He has acted as an advisor to many groups in post-conflict and disaster situations, including the Kuwait Government, and the United Nations. He sat on the original advisory committee that was set up under the 1992 Younger Veterans Programme that aimed to improve the treatment outcomes of Vietnam Veterans suffering from psychiatric disorders.

He has an extensive clinical and research career in the area of military and veterans health. He was on the Scientific Advisory Committee for the study of Gulf War Veterans and chaired the Ministerial Advisory Committee examining the feasibility of study the health of the children of Vietnam Veterans. He established the MilHOP research program that has been investigating the physical and mental health of all veterans and serving members who have been deployed to the Middle East Area of Operations. He is also the Principal Investigator of the Defence Health and Wellbeing Survey that measured the mental health of the entire Australian Defence Force. His research is also supported by a NHMRC program grant.

He has published over 300 articles and chapters in various refereed journals and has co-edited three books. He has also been involved in medico-legal cases in a number of jurisdictions in Australia and internationally on matters relating to traumatic stress including the military. He frequently appears in the media as a commentator on the impact of war and disaster.

In 2011 he received the Officer of the Order of Australia award. The award recognizes outstanding contribution to medical research in the field of psychiatry, particularly posttraumatic stress disorders, to veterans' mental health management, and as an author.