

**Senate Foreign Affairs, Defence and Trade  
References Committee**

**SUBMISSION COVER SHEET**

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**Inquiry Title:** Defence Health Arrangements Prior to Deployment

**Submission No:** 06

**Date Received:** 03.12.03

**Organisation:** Australian Peacekeepers & Peacemakers Association

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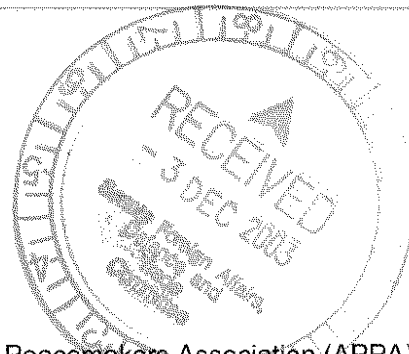
**Name/Contact:** Mr Paul Copeland  
National President

**Date Authorised:**

**Cassidy, Lauren (SEN)**

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**From:** Paul Copeland [prcopey@ozemail.com.au]  
**Sent:** Tuesday, 2 December 2003 10:57 PM  
**To:** FADT, Committee (SEN)  
**Subject:** ATTN: BRENTON HOLMES  
**Importance:** High



Dear Brenton,

It is with great pleasure that I present the Australian Peacekeepers & Peacemakers Association (APPA) Submission to the FADT Senate Hearing for an Inquiry into an improved system within the Defence and Veterans' administrations which will give greater assurance to the individual that their health risks are minimised, and fully recorded for the purposes of future compensation where justified.

Please do not hesitate in contacting me, should you wish to further discuss this submission.

Many Regards -  
"Looking After Our Own"  
Paul Copeland, AHRI,  
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"In the Service of Peace"  
'Australian Younger Veterans - Working Together'

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# AUSTRALIAN PEACEKEEPERS & PEACEMAKERS ASSOCIATION

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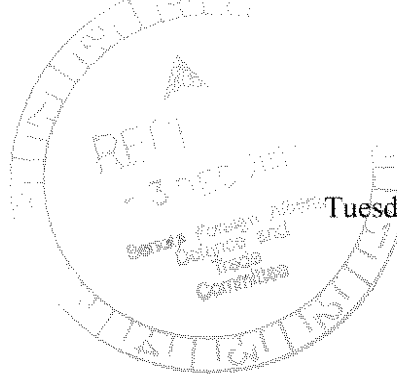
Website: [www.peacekeepers.asn.au](http://www.peacekeepers.asn.au)

Member of:

The Australian Veteran & Defence  
Service Council (AVADSC)

The National Younger Veteran  
Consultative Forum

Listed Ex-Service Organisation with the Department of Veterans' Affairs ESO Directory



Tuesday, 2 December 2003

**Mr Brenton Holmes,**  
Secretariat,  
Legislative Committee,  
Foreign Affairs, Defence and Trade,  
Parliament House,  
CANBERRA, ACT, 2600

RE: FADT Inquiry into Improved Systems for Defence and Veterans' administrations.

**Subject: Australian Peacekeepers & Peacemakers Association Submission to FADT**

Dear Brenton;

It is with thanks that the Australian Peacekeepers & Peacemakers Association (APPA), submits our document to the FADT Inquiry into an improved system within the Defence and Veterans' administrations which will give greater assurance to the individual that their health risks are minimised, and fully recorded for the purposes of future compensation where justified.

The document was authored by Mr John Coyne of our ACT/NSW Branch, along with Robert Kennard (APPA Liaison Officer Victoria) and Andrew Ormsby (APPA S.A. Branch Chairman).

Please do not hesitate in contacting me, should you wish to further discuss this paper.

Respectfully,

**P.A. Copeland,**

CBUS (USQ), Adv Dip Comms Mgt, Dip Proj Mgt (UNE), Dip FM (I), Cert Radio Freq Mgt, AHRI

**National President**

*"Looking After Our Own"*

*The Australian Peacekeepers & Peacemakers Association  
Submission for the Senate Estimates Committee Hearing  
For an Inquiry into an improved system within the Defence and Veterans'  
administrations which will give greater assurance to the individual that their  
health risks are minimised, and fully recorded for the purposes of future  
compensation where justified.*

### **Introduction**

1. The Foreign Affairs, Defence and Trade (FADT), Legislation Committee have invited the Australian Peacekeepers & Peacemakers Association (APPA), to provide a submission into an improved system within the Defence and Veterans' administrations. The Committee is seeking changes which will give greater assurance to the individual that their health risks are minimised, and fully recorded for the purposes of future compensation where justified.

### **Background**

2. The APPA is an arms and services focussed association, with a potential constituency of 65,000 Regular, Part-Time Australian Defence Force (ADF) Personnel and Police Force veterans, who have served on Peacekeeping, Peacemaking, and Humanitarian operations since 1947. The APPA does not include the veterans of the British Commonwealth Occupation Force (BCOF) – Japan, The Korea War, Malayan Emergency, the Borneo Confrontation, nor the South Vietnam conflicts. Those operations are already well represented by their respective associations.

3. The APPA was established in Brisbane on United Nations Day, 26th of October 1997, and has been in operation for over five years. It is a fledgling association, which is gaining growth and recognition from various Ex-Service Organisations and from the Department of Veterans' Affairs.

4. The APPA has Training Information Program (TIP) qualified Advocates, Pension and Welfare advocates and also specialises in the Military Compensation Rehabilitation Scheme (MCRS). Our main focus is to assist veterans, with regards to providing a welfare network and a focal point of contact for serving and ex-serving ADF and AFP personnel, Peacekeepers, Peacemakers, Gulf War, Afghanistan and Iraq War veterans.

### **Aim**

5. The aim of this submission is to convince the Senate Foreign Affairs, Defence and Trade Legislation Committee (FADT Committee), to provide recommendations for an improved system within the ADF and Department of Veteran Affairs (DVA) administration, which will ensure a focus on the long-term psychological welfare of ex service personnel.

### **TOR (1) (b) The adequacy of record keeping of individual health and treatment episodes, and access to those records by the individual.**

6. The APPA recognises that the Department of Defence has endeavoured to improve the record keeping for deployed personnel specifically in the area of physical health. These successes withstanding there are continuing difficulties with Defence's recording of critical incidents that may affect psychological well being, and DVA's recognition of them in relation to compensation. There has been

substantial anecdotal evidence that many incidents, which form potential stimuli for possible mental health problems have not been accurately reported by Defence. The current systems major problem is its susceptibility to human error.

7. In 2000, an International Force in East Timor (INTERFET) veteran, who served as an infantryman with the 2<sup>nd</sup> Battalion, Royal Australian Regiment (RAR), was involved in a combat incident. The veteran later suffered a psychological condition, which can be linked to the stimuli of the incident. The incident was not however recorded by Defence and the veteran's account was in contradiction to a DVA historian's opinion that it "never occurred", and the veteran's claim subsequently disallowed.

8. The incident serves as an example of problems with Defence adequately recording operational stressors, threat/ living conditions and critical incidents for the purpose of DVA claims and provision of appropriate counselling.

***Recommendations:***

- a. *That the Senate Committee recommends that Investigating Officers in DVA accept that documentation for critical incidents on operations are not always prepared.*
- b. *That the Senate Committee recommends that DVA examine claims based on critical incidents on the Basis of Evidence rule of the "Reasonable Hypothesis".*
- c. *That the Senate Committee recommend that the Department of Defence endeavour to adequately record all operational stressors, threat/ living conditions and critical incidents for the purpose of DVA claims and provision of appropriate counselling.*

**TOR (1) (f) The adequacy of the current research effort focusing on outstanding issues of contention from the ex-service community with respect to health outcomes from past deployments.**

9. The APPA remains concerned over the issue of mental health of young veterans. The exact status of mental health across the young veteran community is at present unclear. The APPA has anecdotal qualitative evidence, which indicates high incidences of substance abuse, alcoholism, depression, Post Traumatic Stress Disorder (PTSD), domestic violence, suicide, and relationship breakdowns amongst young veterans that can be linked to operational stress injuries. The APPA strongly believe that early detection and addressing of operation stress injuries is the key to reversing this trend.

10. The APPA have major reservations with regards to Pre-deployment psychological screening and preparation of Defence members by the Australian Defence Force. These reservations are compounded with the inclusion of post-deployment psychological screening. The APPA recognizes that Defence has significantly improved all Psychological briefings and post deployment services over the last five years. APPA also recognizes Defence's innovative response to increased operational tempo with the new ADF Mental Health Support Service. The APPA believes that the ADF does not screen its members' mental health for their suitability for deployment on operations.

11. Neither Defence nor DVA have a clear picture of the state of the mental health of young veterans. Furthermore they have not conducted sufficient research to understand the specific differences in the mental health's problems associated with War Like Service and peace keeping. There still exists a problem with identifying differences in mental health problems associated with Peace Keeping opposed to Peace Making operations. There is a clear requirement for Defence's Centre for Military and Veterans Health to

undertake extensive research into the symptoms and signs of operational stress related injuries for each type of stress injury to ensure the development of better rehabilitation and compensation programs. The simple facts of the matter are that, besides the Gulf War Veteran Study released mid 2003, there is no data available on the health of younger veterans. The link between physical and mental health has been positively proven by numerous research attempts. This premise accepted there is a need for ongoing research into mental and physical health of young veterans to facilitate greater prevention, treatment and compensation of mental health problems.

12. It is also important to recognize that Defence's improvements to Psychological Support have not been present until recently. In 1994 (Australian Service Contingent (ASC), to the United Nations Operation in Somalia (UNOSOM)), a typical debrief from the operational deployment consisted of a 15 minute debrief, in country, by a military psychologist. To add to the less than satisfactory debrief procedure, these debriefs were conducted in the safety of the United Nations compound, with the sound of small and medium arms fire reverberating in the background. In other deployments, mass debriefs were conducted with up to 150 ADF members with an Army psychologist (ASC The United Nations Transitional Authority in Cambodia (UNTAC)). The deployment to Cambodia saw a permanently posted Army Psychologist (Major (E)), to the Australian Contingent, which offered support to the posted personnel for immediate attention to incidents. Most post-deployment Psychological De-briefings are more likely to be conducted by an organisational (military) psychiatrist, rather than a civilian clinical psychiatrist, and concluding with a group session asking if any member believed he or she had any problems. This situation would promote the declination of those deployed personnel to have further input and present their concerns and feelings. In many of these earlier deployments young veterans would return to Australia, and be granted up to six (6) weeks war service leave, (dependant upon policy), with no follow up debriefing. However, young veterans today can expect that within around six (6) months of returning, veterans will be actively pursued by ADF Psychologists for a more personal de-brief (post-1995/1996).

13. The APPA, in 2003, had the opportunity to speak to a member of the ADF that had completed multiple rotations in East Timor (4). The APPA asked the member what the operational debrief entailed and did the member believe that it was sufficient. To both questions the member answered in the negative, stating his debrief consisted of being tapped on the shoulder, whilst washing down a vehicle that was due to be returned to Australia, by an officer of field rank, asking the member, within hearing distance of other members of the contingent, did the member believe he had any problems he wished to discuss. The military culture contributes to this problem with fear and peer criticism associated with receiving psychological support. The current regime of debriefings is inconsistent, and the quality is arbitrarily dependent upon resource availability.

14. In providing holistic mental health support to young veterans APPA believes that it is essential that Defence and DVA work together to analyse and research the well being of the younger veteran community. At present defences research generally includes only serving personnel and fails to examine the entire veteran community and compare the symptom statistics with cross sections of the wider Australian community. This research is essential for planning whole of life support and prevention for past, present and future veterans.

***Recommendations:***

- a. ***That the Senate Committee recommend the Department of Defence undertake further development of pre and post deployment briefings and screening to improve the support to individual defence members.***

- b. *That the Senate Committee accepts that qualitative evidence indicates higher than normal rates of mental health problems amongst young veterans, which can be associated with their military service.*
- c. *That the Senate Committee recommends that the DVA direct the Repatriation Medical Authority and CMVH to coordinate the completion of qualitative and quantitative research, to include a census, on the mental health of younger veterans.*
- d. *That the Senate Committee recommends that DVA and Defence consult with the APPA during the conduct of mental health research on young veterans.*
- e. *That the Senate Committee recommends that the RMA achieve a synthesis of the results of any research on the mental health of young veterans with the continual adjustment to the VEA Statement of Principles.*
- f. *That the Senate Committee recommend that the Department of Veterans Affairs direct the Repatriation Medical Authority and CMVH to coordinate the completion of extensive research on the differing affects of War and Non war like service on the mental health of defence members.*

## **Conclusion**

15. In conclusion, there are a growing number of cries for help in the younger veteran community that are going unanswered. Although Defence continues to develop mental health support products for serving young veterans there is an absence of effective research guiding this well-intentioned support, and as such it may be wasted. APPA seeks holistic solutions whereby compensation is the last resort with prevention and rehabilitation the preferred goal. This is not possible without the conduct of extensive research into the veteran community's mental health by the DVA and ADF 's CMVH.