WAR WITHOUT END

A parliamentary committee has been warned that an increasing number of Australian Defence Force personnel are returning from overseas conflicts to find their next battle begins at home.

STORY: GEORGIE OAKESHOTT
PHOTOS: DEFENCE DIGITAL MEDIA

For many soldiers, when one war ends another begins.

Returning home from a tour of duty is sometimes just the start of a deeply personal journey into a very dark place indeed.

Some veterans call it 'the beast' in reference to its fighting spirit, but for all those who struggle with the troublesome demons of Post-Traumatic Stress Disorder (PTSD), one of the hardest steps is the first one: acknowledging it.

Characterised by flashbacks and feelings of fear, horror, anger, sadness and hopelessness, PTSD can interfere with a person's ability to carry on their everyday life, work and relationships and can lead to other anxiety disorders, depression and problems with drugs and alcohol.

For war veterans, the beast is born in the harsh months or years exposed to the demands of irregular hours spent in dangerous situations which these days involve improvised explosive devices (IEDs), rocket attacks and the ever present threat of insurgents.

Several ex-service personnel have described their personal struggle with PTSD in submissions to federal parliament's Defence Committee which is uncovering this relatively hidden disorder as part of an investigation into the care of wounded and injured Australian Defence Force (ADF) personnel on operations.

While much of the focus of the inquiry is on the treatment of physical wounds, the committee is also looking at how the Department of Defence and Department of Veterans' Affairs deal with an individual's pyschological well-being, including PTSD, which can take months or years to rear its ugly head.

As one veteran told the inquiry, his breakdown came 40 years after serving as a conscript in Vietnam.

"The flashbacks are disturbing as they create a sense of re-experiencing a very real traumatic experience, without registering that this is an unresolved memory from the past. For many

HARROWED HOMECOMING: *Soldiers battling more than the physical wounds of war*

Left unchecked the worst mental health cases may end in suicide

veterans they appear to be occurring in real time," he told the committee.

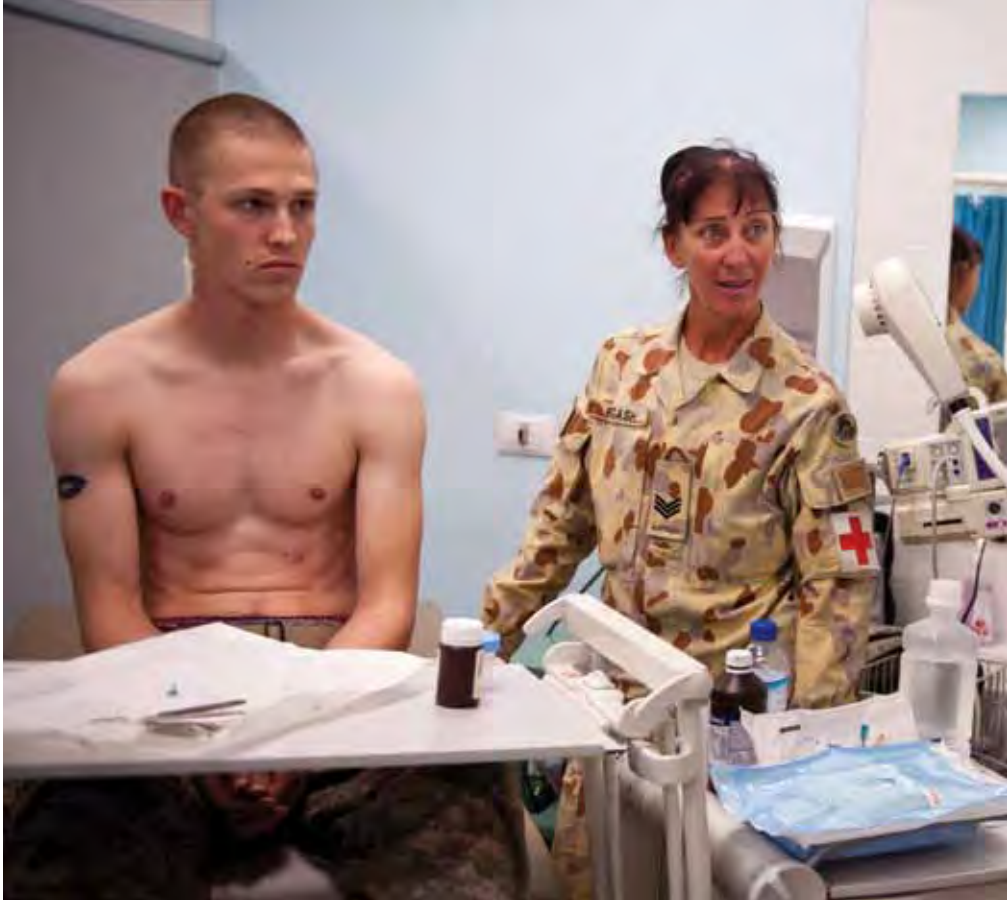
A former RAAF serviceman now struggling with PTSD described how he'd been subjected to indirect rocket attacks on a regular basis while in Kandahar in Afghanistan, but when his PTSD symptoms were identified as part of a post operations pyschological screening, no treatment was given.

He was simply told his symptoms would fade in time. But as with so many of his peers, he's still fighting.

PTSD is now listed by the Department of Veterans' Affairs (DVA) as one of the top three service-related health conditions affecting the contemporary cohort of veterans from conflicts in East Timor, Solomon Islands, Afghanistan and Iraq.

Among this group of 5,000 veterans – mostly young males – there are 3,000 cases of PTSD, tinnitus and sensori-neural hearing loss, including 1,179 cases of PTSD alone from these relatively recent conflicts.

In its submission to the inquiry, the veterans' family support group Legacy warns that left unchecked the worst mental health cases may end in suicide,



pointing to the United States where the number of veterans' suicides has reached 6,500 per year, which is the equivalent of 18 per day.

Legacy says Defence and DVA need to acknowledge a likely increase in mental health prevalence rates, as well as acknowledge delayed onset of mental illness, and be prepared to deal with the increase.

It says the departments need to apply more resources to provide resilience development pre-deployment as well as early intervention post-deployment, both of which should include partners and families, and commence resourcing capabilities to increase capacity to deal with increased mental health prevalence rates.

Legacy has also suggested changing the terminology from 'disorder' to 'battle wound' or 'operational stress injury' to help overcome the stigma associated with mental health issues.

"Defence and DVA will need to understand and find ways to overcome what is likely to be both attitudinal and knowledge barriers. Overcoming the stigma associated with mental health issues and normalising both the existence and treatment of mental health needs to be addressed."

> "Many servicemen/women (with mortgages and young families) fear the impact that disclosing pyschological injury will have on their ongoing employability"

Concerns about the stigma associated with mental illness have also been expressed by Dr Andrew Khoo, a psychiatrist at Brisbane's Toowong Private Hospital, who has worked with veterans for more than a decade.

"It is a recognised phenomenon (and a recurring theme from my therapeutic contact) that there is a stigma around mental illness in the male dominated military culture," he says in his submission.

"Further there is a pervasive suspicion that military health personnel are not bound by the same confidentiality constraints as their civilian counterparts. Given a relative lack of civilian qualifications, many servicemen/women (with mortgages and young families) fear the impact that disclosing pyschological injury will have on their ongoing employability, deployability and promotional opportunities."

He's also concerned about the process of getting recognition from the DVA for a pyschiatric diagnosis, which he says can be "gruelling, prolonged, invalidating and dehumanising".

"Whilst I understand that strict processes are required to efficiently and fairly investigate large numbers of claims and that the department has a defined budget, many veterans feel that they are viewed by DVA as trying to cheat the system until proven otherwise."

This view is supported by a former Army Reservist who served in Iraq and Afghanistan and now struggles with PTSD.

"Having proudly served my country willingly and loyally in two theatres of war, I never would have imagined the struggle that has eventuated over the past three to four years dealing with two very large, faceless and uncaring bureaucracies as my symptoms presented and became progressively worse," he told the committee.

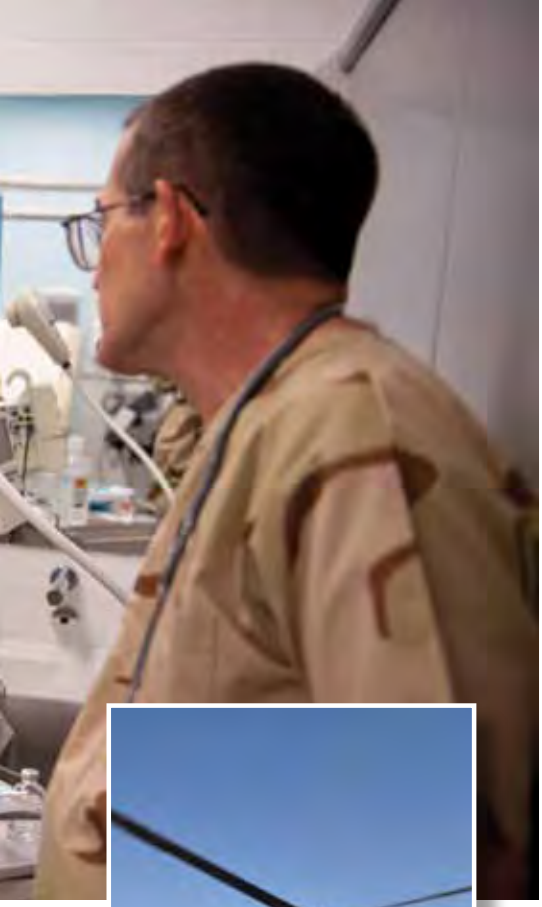
"As if dealing with trauma memories and emerging related ailments while fighting to restore my health to pre-operational levels is not difficult enough, I have also had to fight for my entitlements, my job and even my marriage."

Another ex-serviceman told the committee: "When my discharge was processed I received no help, counselling or support from the ADF or DVA. If I hadn't pushed and submitted paperwork nothing would have happened. Although this may not sound bad, when you have a soldier trained to kill people and blow things up with PTSD and major depressive disorder left to fall through the cracks this not only presents a dangerous situation to the soldier, but also to his family and the public."

In a detailed submission, the Department of Defence outlines the processes, roles and responsibilities of health care pre-deployment, during operations, and post-deployment.

It says all ADF members must be assessed as psychologically fit pre-deployment and receive pyschological screening prior to returning to Australia and three to six months following their return.

Defence says the ADF also has embedded health staff and fly-in specialist teams to provide pyschological and critical incident stress management support in areas of operation.



HELPING HANDS:
Support needed to help veterans adjust to life back home

"Having proudly served my country willingly and loyally in two theatres of war, I never would have imagined the struggle that has eventuated over the past three to four years dealing with two very large, faceless and uncaring bureaucracies"

Personnel requiring further mental health support and treatment post-deployment are offered comprehensive counselling and treatment programs using a network of Defence mental health providers and external services.

Defence has also taken a step towards recognising acute pyschological casualties as battle casualties where there is a clear diagnosis, the casualty is unable to perform their duties on operations and they require a medical return to Australia for their condition within one month of exposure.

"Acute pyschological injury has not previously been included in the ADF definition of battle casualties. However whilst uncommon there are circumstances where acute pyschological conditions arise as a result of direct contact with the enemy or as a result of direct exposure to the consequences of enemy action," the Defence submissions states.

It goes on to say that members who develop mental health conditions on deployment but not as a result of direct contact with the enemy, or subsequent consequences of the contact or post-deployment, are not classified as battle casualties.

Enter the Department of Veterans' Affairs which is tasked with providing support for veterans and their families who develop mental health conditions under these circumstances.

DVA has told the inquiry it offers a wide range of mental health treatment services including GP services, pyschiatric services, pyschologist services, pharmaceuticals and hospital services.

In addition, DVA provides direct services through the Veterans and Veterans Families Counselling Service (VVCS) which provides free and confidential counselling either face to face at one of the 15 VVCS centres nationally, or through a 24-hour hotline.

DVA is also developing a range of mobile phone applications to strengthen engagement with contemporary veterans and their families, and offers a self-help website offering mental health and well-being information at: www.at-ease.dva.gov.au

In his submission, Dr Khoo acknowledges steps are being taken in the right direction, singling out a recent initiative to grant personnel a mandatory two-year period of treatment, rehabilitation and vocational training either back into ADF employment or into the civilian world once a significant injury is identified.

However, he doesn't believe mental health issues are being treated by Defence – or funded by the government – as well as they should be.

"From 10 years' experience treating current and ex-serving personnel, I am convinced that an on-going, predominantly internal (ie one base ADF management) approach to treatment will remain a significant barrier to early identification of pyschiatric illness," he told the inquiry.

He says all returning troops need to be provided with a PFA (psychological first aid) which includes pyscho-education on human responses to trauma, basic signs and symptoms to look for, support services, non-judgmental management and access to specialist treatment.

Dr Khoo says strong consideration should also be given to group cognitive behaviour therapy given it has equivalent outcomes to individual treatment in PTSD and given the significant numbers of returning troops, the relatively low numbers of specialist veterans' mental health services, servicemen's experience of receiving training in groups, and servicemen's greater comfort and support around their military peers.

"It is my feeling that if we are going to be comfortable as a government and a nation sending our young men and women overseas where many will become permanently injured and some will not return, then we need to make similarly 'hard decisions' regarding funding the best possible care for them on their return." •

FOR MORE INFORMATION on the parliamentary inquiry into the care of Australian Defence Force personnel wounded and injured in operations, visit **www.aph.gov.au/jfadt** or email **jscfadt@aph.gov.au** or phone **(02) 6277 2313**.