

Healing invisible wounds

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Illustration: Dyson

Defence personnel who return from combat with mental health problems will continue to suffer while the stigma remains.

IMPORTANT questions about the mental health effects of military deployment have been raised by reports in this newspaper and by last night's Four Corners program on the ABC. Psychiatric casualties are a part of war and always have been, with descriptions appearing in the writings of the ancient Greeks. And while we can probably never eliminate them unless we also eliminate war, we can try to prevent them and improve the recognition, early intervention and long-term management of these complex and potentially disabling problems.

It would be easy to gain the impression from recent media coverage that most serving personnel will develop mental health problems. This is not the case. The majority of serving men and women are highly resilient and, with good leadership and unit cohesion, will not experience adverse mental health effects from their military service.

A substantial minority, however, will have difficulty adjusting on their return to Australia, with a potential impact on relationships, work performance and quality of life. Some of those will go on to develop more serious, longer-term problems — such as depression, post-traumatic stress disorder and substance abuse — that may continue long after their military career is over.

For their part, defence forces around the world have come a long way in the past decade in their acknowledgment of mental health issues and in their attempts to manage them more effectively. While much stigma remains, as it does in the broader community, progress has been made in making it more acceptable for serving personnel to acknowledge psychological problems and to seek help.

The Australian Defence Force now has a mental health strategy, with several initiatives designed to improve psychological outcomes. These include information programs about mental health issues, pre-deployment briefings on stress management, post-deployment screening for mental health problems and access to specialist mental health care when required. While these initiatives are to be applauded, their implementation is too often

compromised by inadequate resources and questionable commitment from some in the organisation.

Screening deployed troops following their return to Australia is designed to identify personnel with adjustment problems, with the aim of providing early intervention and a rapid return to optimum health. Although objective research is lacking, this process is considered best practice internationally and there is good reason to assume that it is probably helpful. If nothing else, it raises awareness about mental health. For those willing to acknowledge that all is not well, it provides an opportunity to ask for help.

There are two major problems with mental health screening. First, it relies on individuals being honest in their responses. Contrary to popular myth, mental health professionals cannot read minds. If an individual denies any problems, then that response usually needs to be taken at face value unless there is clear evidence to the contrary. The culture of an organisation is obviously important here. Is it acceptable to acknowledge psychological problems? Will it adversely affect the individual's career? There are no easy answers to these questions. In some cases, just as with a physical injury, a mental health injury will adversely affect an individual's career in the military by making it difficult or impossible for them to be deployed again. In other cases, however, especially if treated early and effectively, there is every reason to expect that the individual will return to full health and to their previous role.

The second concern with mental health screening and support is that it relies on adequate resourcing — properly trained personnel to administer and interpret the screen and, importantly, mental health practitioners to provide care to those who need it. This care will often be provided by specialists outside the defence force, but resources within defence are needed to make referrals and co-ordinate access to appropriate care.

Stronger involvement of families is crucial and better links with existing community services, particularly in the area of mental health, should be high priorities. All of these initiatives cost money and serious questions exist about whether the Australian Defence Force has adequate resources in the mental health area. This is a difficult issue for the community in general, and government in particular. At a time of shrinking budgets and financial hardship, health is often an area that suffers.

Within the health area, it is often mental health that takes a disproportionate hit. It is simply not possible to provide best-practice mental health services in the military from existing budgets. Rather, a quarantined budget for mental health must be identified if we are to provide the best possible care for the young men and women of our defence force.

The Australian Defence Force is working hard to improve the recognition, prevention and management of mental health problems. But much remains to be done, and the broader community must support it in addressing these problems more effectively.

This will involve continued culture change within the military, effective leadership throughout the organisation around mental health issues, and adequate resourcing to provide accessible and effective mental health services for personnel in need.

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