AFOM
Australian Families of the Military
Research and Support Foundation Ltd
Never Forget

Patron: John Cantwell AO, DSC Major General (Retd)

James Wain OAM
Immediate Past National President
Vietnam Veteran's Federation of Australia Inc
Canberra ACT

Dear Jim,

Thank you for the opportunity to collaborate with you on your submission to the Productivity Commission, and for more detail on the adverse effects of Military Life on the families.

AFOM have been lobbying the Department (and others) for quite some time for a newer approach to assisting both Veterans and Families, which we believe from our research and working with Families for 20 years, has a much stronger approach to reach better outcomes for all.

For example, we have previously proposed an indicative model that would be fiscally beneficial for the whole of Government approach and reach a larger target audience: See Attachment 1.

While attempts by the Department to "trial" various courses/programs have been made, the latest figures have shown a fivefold increase in veteran suicides, from 17 to 86, based on figures gathered by the advocacy group The Warrior's Return. This is in spite of

spending millions of dollars. AFOM believe it is because it is still a top down approach the Department uses. When there is a crisis, as is so often the case, people still have to seek out the Department for help, without the assurance of immediate peer, and professional, support. AFOM argues that its model (bottom up approach with more educated peer-to-peer care) would deliver better outcomes by limiting the ongoing stressors experienced by the Veteran, their families and their essential others.

To quote former Chief of the Defence Force, Air Chief Marshall Mark Binskin "*How do we break the nexus between seeking assistance for psychological scars of military service and the perception that this is somehow a sign of weakness?"*

AFOM argues that if the mould is changed to more innovative, and evidence-based, 21st Century peer-to-peer informal models, that this will help to break the stigma, and help people at a much earlier stage. It makes sense that to look after those who will be looking after those who will need support and help for possibly years to come. They are in fact the first line responders in many cases.

Research Supporting the AFOM Model:

Research has shown that exposure to combat is associated with an increased risk of developing Post Traumatic Stress Disorder (PTSD). Combat trauma has also shown to have negative impact in dyadic relationships. This has also been shown to occur with non-combat Military Service.

Riggs, Byrne, Weathers, and Litz (1998) indicated that over 70% of US Vietnam veterans and partners in their sample of couples where the veteran had PTSD, reported clinically significant levels of relationship distress, compared to 30% of the non-PTSD couples.

Studies into more current dyadic relationships in younger, and more educated couples, where the veteran has PTSD, has continued to show similar results (Erbes, Polusny, MacDermid, & Compton, 2008; Renshaw & Caska, 2012; Renshaw, Rodrigues, & Jones, 2008), as previous war/conflicts (J. Beckham, Lytle, & Feldman, 1996; J. C. Beckham, Sampson, W.S., Feldman, M. E., Hertzberg, M.A., & Moore, S.D., 2002).

Dekel, Solomon, and Bleich (2005) explored the relative impact of the veterans' impairment along with the partners' distress related to partners' marital adjustment. They found that the partners' distress mediated the relationship between the veterans' level of impairment and the partners' marital adjustment. That is, veterans' level of impairment was

related to greater distress in their partners, which in turn reduced well-being outcomes in the veteran (Dekel, Solomon, et al., 2005).

Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005 found that peacekeepers from more recent conflicts also report that exposure to traumatic events elevated the risk of developing PTSD symptoms. For example, in a study of 3481 Dutch peacekeepers, the prevalence of PTSD ranged from 3.7% to 8.0% approximately six years following deployment, with their partners also reporting more marital/relationship problems. Interestingly, partners of Dutch military peacekeepers with PTSD reported greater marital/relationship problems than the partners of non-PTSD peacekeepers

All of our research strongly suggests the negative impacts of family life. There is consistent evidence that combat trauma leads to a substantial long-term impact on family functioning. Solomon, Waysman, et al. (1993) found combat stress reaction and PTSD in veterans to be related to impaired marital, family, and social relations in wives. For example, Nelson- Goff and colleagues (Goff, Crow, Reisbig, & Hamilton, 2007) reported that combat trauma in war veterans significantly predicted lower marital satisfaction in the veterans and their partners within the first year post-deployment. These effects of combat on veterans' health can subsequently negatively impact on the veterans' family members (J. Beckham, Lytle, Kudler, Feldman, & Palmer, 1997), and may interfere with the outcomes of PTSD treatment for veterans (Dekel, Solomon, & Bleich, 2005). Findings from overseas (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Dirkzwager et al., 2005; Frančikovišć et al., 2007a; Salimi, Azad-Marazbadi, Karaminia, Mirzamani, & Hosseini-Sangtrashani, 2006; Sayers, Farrow, Ross, & Oslin, 2009) and Australia (MacDonell, Marsh, Hine, & Bhullar, 2010; Outram, Hansen, MacDonell, Cockburn, & Adams, 2009; Westerink & Giarratano, 1999) reveal that partners of war veterans have a significantly higher risk of developing psychosocial problems as a result of living and caring for their veterans, particularly if the veterans suffer from PTSD.

Results from research appear to be universal, and can best be summarised by the statement that research findings support the contention that partners of combat veterans have a significantly higher risk of developing psychological problems as a result of living with, and caring for, their veteran partners, and that the prevalence of these problems compares unfavourably with the general population (Alessi, Ray, Ray, & Stewart, 2001).

See Attachment 2 for an AFOM News Release that summarises this research. This was released on September 2016.
https://www.une.edu.au/connect/news/2016/09/veterans-partners-at-higher-risk-of-mental-health-problems

Conclusion

- AFOM fully supports the suggestion/s given by the Vietnam Veterans Federation; that spouses/partners should be more readily looked after, and this can include a non-liability Health Care Card. Anything that efforts at early intervention that is not a Top Down approach would be welcome.
- There is sufficient evidence from Australia and overseas to justify this course of action. We believe that there is no justification for more further reviews. There has been much money already spent on reviews that have not reduced the Suicide Rate nor rate of distress in families. The paradigm needs to shift in line with the reliable and consistent research already completed.
- The uniformity of issues across countries, types of conflict and age is clear. The psychological impact of warlike service is pervasive, and breaking the nexus, a la Binskin, must be a priority. This is time for action, not more reviews.
- The AFOM model is based on contemporary research and theoretical knowledge, is client-focussed, and is able to be evaluated.

Thank you for this opportunity

Dr Gail MacDonell OAM RN PhD MAPS
Executive Director
AFOM

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Attachment 1

Brief: AFOM Model

Many organisations focus on supporting the veteran.

The AFOM/ collaboration's point of difference is that its focus is on upskilling and supporting the partner/family of the Veteran, along with essential others.

They are in the prime position for the 'front line' to see the first signs of maladjustment that can be the precursor to much more complex issue later on.

AFOM proposes to offer the following support services within the already existing Lifeline type (or other) structure: Preventative measures Programs (A*):

- Applied Suicide Intervention Strategies Training (AS 1ST)
- Mental Health First Aid (MHFA) training
- Accidental Counsellor

Post Intervention Measures:

- Peer Support Groups
- Face to face counselling

Crisis Intervention:

- Crisis Line (National)
- VVCS

Another point of difference linked and research program (UNE). Data will be collected from all major activities and analysed by independent professional researchers - to test all best practice. It will make for a constant evolving program/s adjusting for different groups & social change.

Education program will be developed and delivered by practitioners already working with families affected by trauma, particularly military trauma.

Budget - 2 years start up: -

1. Training Program - prepare & delivery$100,000
2. Research $120,000
3. Marketing & Media (flood/intense) $250,000
4. Project Co-ordinator $140,000
5. Community Forums $ 40,000
6. Delivery of Programs (A*) $100,000 for peer support people and subsidy/ies for retreat

This plan would involve up to 33 Counsellors including 5 Psychologists

Total: $750,000

Compared 3 full-time equivalents psychology for 2 years = $780,000 – to assist those who had already reached crisis point in current system.

The area we intend to cover has 22,000 identified Active Military Personnel and DVA entitled card holders. This number does NOT include their partner/spouse, parent, siblings etc. so that number could be up to four to five-fold on that.

Outcomes:

- Raise Community Mental Health Awareness, Increase Community Mental Health Literacy. Therefore, Reducing Stigma
- Reduce burden on VVCS
- Reduce burden on Public health
- Reduce burden on Public Mental Health
- Reduce Overall Disease Burden via early intervention
- Reduce Suicide

Research Outcomes:

- More and improved evidence-based practices
- Improved snapshot of suicidality
- Improved knowledge of mental health, suicide & suicidality self-harm

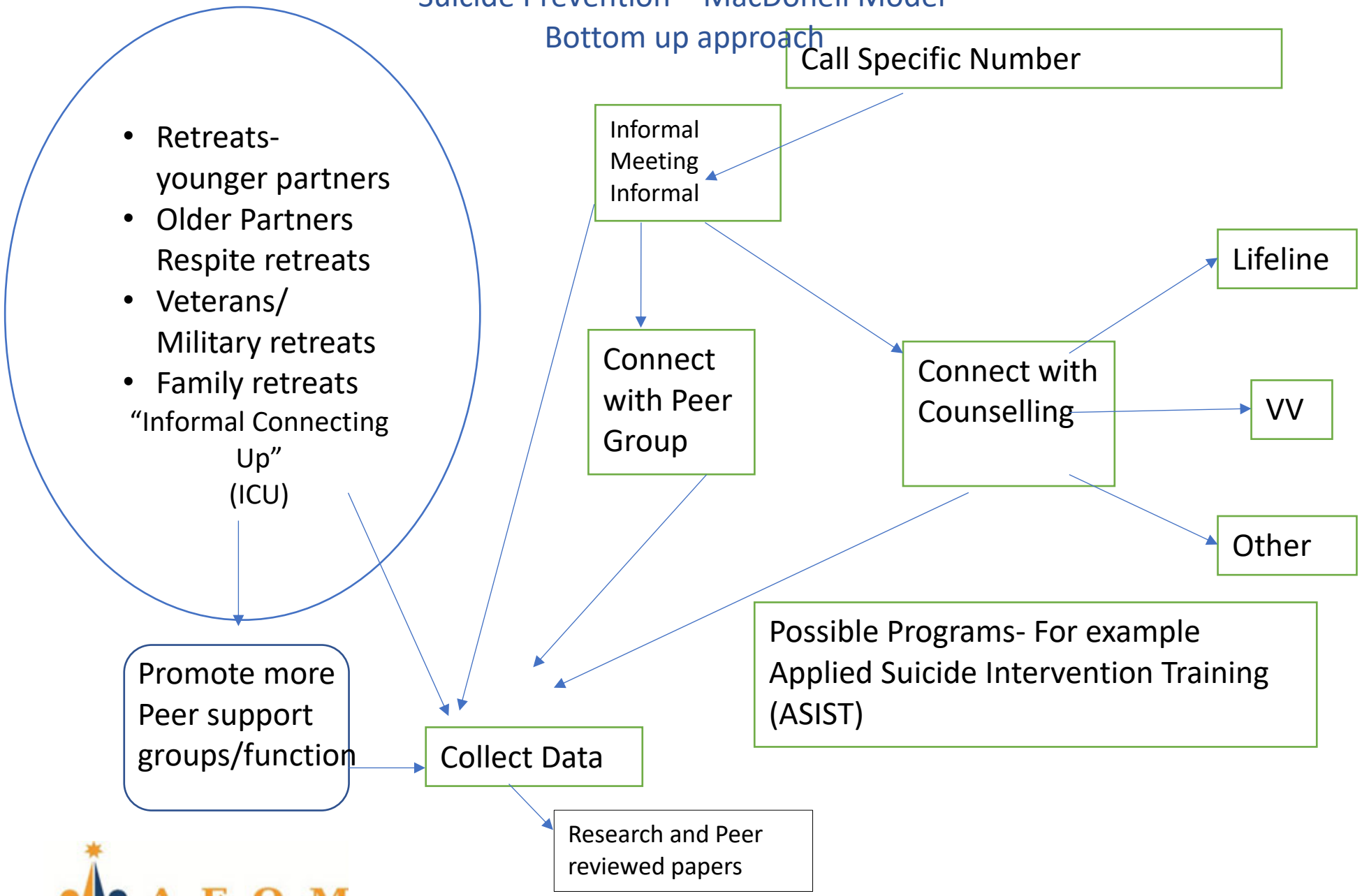
We are also asking for 50-50 funding from the Government as per the McGrath Foundation – see 'overall proposal'.

For Further Information contact

Gail MacDonell

Suicide Prevention – MacDonell Model

Bottom up approach



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Can be applied to all

Attachment 2

Press Release: September 2016.

https://www.une.edu.au/connect/news/2016/09/veterans-partners-at-higher-risk-of-mental-health-problems

The partners of Australian combat veterans are at an increased risk of experiencing mental health problems, according to new research by the University of New England. Mental Health as we are all aware, affects lifestyle choices and physical illness.

Dr Gail MacDonell, Dr Navjot Bhullar and Associate Professor Einar Thorsteinsson from the School of Behavioural, Cognitive and Social Sciences, found that there was a link between the number of deployments and the depression, stress and anxiety in partners of certain military personnel.

"We examined depression, anxiety, and stress in the partners, based on the theory that multiple deployments tend to lead to higher rates and severity of Posttraumatic Stress Disorder (PTSD) and subsequently the higher the severity of PTSD in the Veteran the poorer the psychosocial functioning of the partner. We also found in this study that military lifestyle could itself produce negative outcomes for the partners," said Dr MacDonell.

The study involved 360 female partners of Australian veterans from various conflicts including World War II, the Gulf War, Vietnam, East Timor, Afghanistan and Iraq.

"Separation, unpredictable duty hours, frequent relocations and single parenting are just a few stressors that face partners of veterans on a regular basis. Attempting to build a career while being a partner of a veteran is difficult, with some suggesting that existing gender inequality in the workplace gives partners a dual disadvantage."

Dr MacDonell says there is a growing interest in understanding the relationship between veterans' deployment stressors and exposure to combat and their partners' risk for mental health problems.

"Previous research suggests that the partners of combat veterans have a significantly higher risk of developing psychosocial problems as a result of living and caring for their ex-service partners, particularly those with PTSD."

It also investigated the degree of psychological distress in partners of veterans serving in three different military services; those who have left the military, current serving Special Air Services Regiment (SASR), and currently serving military who are partners of non-SASR veterans.

The partners of Australian combat veterans reported significantly greater symptoms of depression, anxiety and stress than the comparative Australian population norms.

“For some non-SASR partners they can be relocated every two to three years from one side of Australia to another and have to form new relationships and support systems after each move. Constant relocation combined with multiple deployments may lead to higher levels of stress.

“Lessons and protective factors can be learnt from groups within the current military as to what may assist partners/primary carers and families to maintain a better level of psychosocial health.”

Logic would tell us that to have better outcomes for Military personnel would be very much dependent upon having their support system (mainly intimate other and parents) who have a healthy well-being, psychologically and physically.

Previous research has shown that the longer the partner is caring for a veteran the more exhausted the partner becomes (MacDonell et al., 2010). This has grave implications for years to come, given the health budget in the future.

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