



# DEFENCE FORCE WELFARE ASSOCIATION

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## Review Into Defence Mental Health Care Services

In a submission to the review of Defence mental health care services, DFWA National President David Jamison said that DFWA believes that there has been marked progress in mental health awareness within Defence and the veteran community, but is concerned that ADF mental health aims are being undermined by “disconnects” with other departmental actions.

**ADF Mental Health Resourcing** On the day of the launch of the ADF’s AT EASE mental health program the ADF Director of Mental Health submitted his resignation. It appears that all the positions in that Directorate are “unfunded”, and therefore dependent on the willingness of other sections within Defence to lend staff, and the Directorate has been short staffed.

**Length of Deployments** Defence has very recently adopted a policy of eight month deployments to Iraq and Afghanistan instead of the previous six months. This new policy seems largely aimed at reducing the number of rotations, and in that way addressing problems associated with the pace and tempo of current military operations.

Recent research in the UK suggests that it is the *length* of deployments, rather than their frequency, which is primarily associated with mental health problems on return. DFWA questions whether mental health issues were adequately addressed when deciding to extend deployments from six to eight months, particularly given the staffing situation in the Directorate.

**Settling back home on return to Australia** The Minister, the Secretary and the Service Chiefs have all stressed the need for those returning to Australia from operational service to have adequate time to resume a normal lifestyle and their relationships with their friends and families.

However the Defence Housing Authority has a policy whereby a single member of the ADF who is living off-base with the assistance of Rental Allowance is required to move out of his or her accommodation and place his or her belongings in storage for the duration of the operational deployment.

When that single person returns to Australia from deployment, he or she has only the clothes that they have been wearing for the past six (now eight) months, has to live in a hotel room (unless they prevail on family or friends), then obtain new rental accommodation, and *then* get their belongings moved out of storage. Many also have to cope with a change of posting and possibly location, all in the space of two weeks. That hardly gives opportunity for single members to resume a “normal lifestyle” on return to Australia.

All this happens at a time when the returnee may be just starting to have to cope with any psychological effects of their deployment. At the very least, such treatment with regards to their accommodation and personal effects can be expected to create stress, anger and frustration, which are not conducive to dealing with any other mental health conditions that may have arisen due to the deployment.

**Conclusion** These examples of “silo-thinking” within Defence seem to indicate that “fine words butter no parsnips” and, despite recent utterances about the importance of mental health in the ADF, the message has not got through. DFWA is concerned that Defence, as a whole, is not consistently committed to a pro-active role with regard to the mental health of its people.

**Note:** The review into ADF mental health care services is being conducted by Professor Dunt. DFWA has made a submission which is available at [www.dfwa.org.au](http://www.dfwa.org.au)

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