



The Next Post

Young people transitioning from military service and their mental health



The Next Post

Young people transitioning from
military service and their mental health

Project genesis

The mental health of serving and ex-serving Australian Defence Force (ADF) personnel and the potential consequences for themselves, their families and community is a current focus of much public, departmental and government attention. This attention includes coordinated data collection and reporting of deaths by suicide (Australian Institute of Health and Welfare); a Transition Taskforce examining reforms to the transition process [Department of Defence and Department of Veterans' Affairs (DVA)]; and the joint Defence and DVA Transition and Wellbeing Research Programme (led by the University of Adelaide and the Australian Institute of Family Studies).

The experiences and needs of young serving and ex-serving personnel who transition out of the ADF before the age of 25 can differ from those of older personnel. The circumstances and experiences of transition among this group can further exacerbate the risks to their mental health.

Orygen, The National Centre of Excellence in Youth Mental Health has partnered with Phoenix Australia, Centre for Posttraumatic Mental Health to undertake this project. Phoenix Australia brings research, policy and service development experience in the prevention and recovery from the potential adverse effects of trauma and military-related mental health problems. The experiences of young ex-serving personnel and the knowledge and perspectives of key stakeholders from government departments and non-government organisations have contributed to the policy opportunities outlined in this report. Orygen and Phoenix Australia would like to sincerely thank individuals and organisations for the valuable contributions they made in the development of this report.



Contents

Project genesis	4	DVA health system	21
Abbreviations	6	Public health system	22
Acknowledgements	6	Department of Health	22
		General Practitioners	23
		headspace	23
		Community mental health services	23
		Support for practitioners	24
Executive Summary	7		
Young people, military service and their mental health	11		
Mental health prevalence, risk and barriers to service access	13	Stakeholder engagement	27
Prevalence	13	Stakeholders	27
Suicide	13	Young ex-serving personnel	27
Mental health	13	Key Themes	27
Risk factors	14	Wellbeing considerations for young ADF personnel	27
Duration of service	14	Transition considerations for young ADF personnel	29
Non-voluntary separation	14	Gaps in current transition services and initiatives for young ADF personnel	31
Loss of protective factors	14	New services and initiatives to meet the needs of young transitioning and ex-serving ADF personnel	33
Barriers to service access	14	The Role of ESOs in transition	35
Measuring access	15		
Culture and stigma	15	Improving support for young people	39
Awareness	15	Policy opportunities	39
Cost	15	New initiatives	39
Location	16		
Young men	16	Appendix	45
Support through transition and beyond	19	Questions	45
Preparing for transition from the start	19		
Recruitment	19		
Service	20		
Transition	20		
Post-separation	21		

Abbreviations

ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
ANAO	Australian National Audit Office
CTAS	Career Transition Assistance Scheme
DCO	Defence Community Organisation
Defence	Department of Defence
DVA	Department of Veterans' Affairs
ESOs	Ex-service Organisations
GP	General Practitioners
MBS	Medicare Benefits Schedule
NMHC	National Mental Health Commission
PHN	Primary Health Network
PTSD	Posttraumatic stress disorder
VVCS	Veterans and Veterans Families Counselling Service

Acknowledgements

Our partner

This policy paper was led by Orygen, The National Centre of Excellence in Youth Mental Health in partnership with Phoenix Australia, Centre for Posttraumatic Mental Health. Phoenix Australia builds the capability of individuals, organisations and the community to understand, prevent and recover from the adverse mental health effects of trauma including past and present members of the Australian Defence Force (ADF). Phoenix Australia contributed resources, expertise and leadership through all stages of the development of this report.

Engagement

Orygen, The National Centre of Excellence in Youth Mental Health and Phoenix Australia, Centre for Posttraumatic Mental Health would like to recognise key organisations and individuals who participated in interviews and focus groups and provided briefings which informed the development of this paper.

These included:

Key Stakeholders

David Morton

Director General Mental Health, Psychology and Rehabilitation Branch, Joint Health Command, Defence

Veronica Hancock

Acting First Assistant Secretary Health and Community Services, Department of Veterans' Affairs

Dr Stephanie Hodson

National Manager Veterans and Veterans Families Counselling Service

Suzanne Desailly

Acting Chief Executive Officer Mates4Mates

Talissa Papamau

Modern Solider

Maree Sirois

National Convenor Defence Families of Australia

Department representatives

Paul Way

Director General Defence Community Organisation, Department of Defence

Gina Craig

Director ADF Transitions, Defence Community Organisation

Angela Metschke

Assistant Director ADF Transitions, Defence Community Organisation

Alex Gerrick

Assistant Secretary Communications & Stakeholder Engagement, Department of Veterans' Affairs

Renee Wilson

Assistant Director Transition Taskforce, Department of Veterans' Affairs

Melissa Jones

Acting Director Transform Engage Design, Department of Veterans' Affairs

Joanna Devereux

Assistant Director Transform Engage Design, Department of Veterans' Affairs

Natasha Cole

First Assistant Secretary Health Services Division, Department of Health

Emma Gleeson

Assistant Secretary Health Services Division, Mental Health Early Intervention Branch, Department of Health

Sally Bishop

Acting Director Suicide Prevention Section, Mental Health Early Intervention Branch, Department of Health

Ex-serving personnel

Orygen, The National Centre of Excellence in Youth Mental Health and Phoenix Australia, Centre for Posttraumatic Mental Health would like to recognise and express their appreciation to the ex-serving personnel who shared their experiences of transition and post-transition and for their contribution of ideas which informed the development of this paper.

Executive Summary

Transition from military to civilian life can be difficult. Just how difficult it is for some ex-serving personnel is evident in the experiences heard by The Senate, Foreign Affairs, Defence and Trade References Committee and the committee's findings in its 2017 report, *The Constant Battle: Suicide by Veterans*.

A higher prevalence of suicidality is observed among young ex-serving Australian Defence Force (ADF) personnel. This is combined with the highest rate of onset mental ill-health occurring in young people aged under 25 years in the general community, underlining the importance of developing specific policies, programs and services for this group. There is growing recognition that young serving personnel and those who have discharged from service have particular needs.

Findings from the Transition and Wellbeing Research Programme's first report, the *Mental Health Prevalence Report*, reveal increasing rates of psychological morbidity as individuals leave full-time military service. Those who had served in the ADF less than four years were at an increased risk of depression, panic attacks, suicidality, and alcohol disorder following transition.

The need for increased engagement with young serving personnel from recruitment, through their career and then during transition and post-discharge is well recognised by the Department of Defence (Defence) and Department of Veterans' Affairs (DVA). A joint Transition Taskforce has identified improvements to the transition process, including trials that will see DVA 'reach in' to the ADF to improve engagement. Additional initiatives focused on young serving personnel, starting from the recruitment process and initial training would complement existing trials.

Interviews with key stakeholders from within Defence, DVA and non-government Ex-service Organisations (ESOs) raised a number of issues relating to the health and wellbeing of young serving and ex-serving personnel. Themes that emerged from this process of stakeholder engagement included the need to identify those

“ Young ex-service members are particularly at risk of not receiving the mental health treatment they need, as they do not necessarily maintain links with the ADF or engage with DVA after they leave the military, and they have proven difficult to reach through traditional means such as the ex-service organisations.

Australian National Audit Office (2012)

at higher risk of poor mental health outcomes; gaps in existing services and supports for young transitioning and ex-serving personnel; and ideas for new services or initiatives to meet their needs. There was recognition that more direct engagement, including comprehensive health assessments and exit debriefs are required to ensure young transitioning personnel are better supported.

Ex-serving personnel who transitioned out of the ADF before turning 25 were also engaged to understand their experience of transition and support services. The need for more structured transition and post-transition support services was identified. It was also recognised, however, that not all young personnel will necessarily be in the right 'headspace' to enable them to engage with, or benefit from these services during or immediately following transition. The influence of military culture and initial training on the development of young personnel's self-identity was raised, including the potential mental health consequences and barriers to transition back to civilian life.

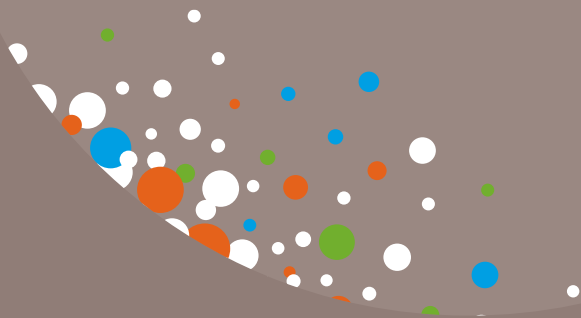
There are many opportunities to improve the transition process within the ADF for young serving personnel and the relevance, acceptability and level of post-transition support provided to young ex-serving personnel by DVA, ESOs and community health and wellbeing services. Three principal policies have been identified from the opportunities developed in this policy paper.

Principal policy opportunities	
Opportunity	Mechanism
<p>Comprehensive psychosocial health assessment</p> <p>Mandatory and comprehensive psychosocial health assessments by a military and youth aware mental health professional prior to transition to:</p> <ul style="list-style-type: none"> ▪ assess mental health/psychosocial health ▪ 'debrief' on their experiences of military service ▪ identify risk factors relating to transition ▪ establish connection with services they can access in the future. <p>This assessment will guide the selection of suitable services, and where required, facilitate referrals to appropriate mental health services.</p>	<p>Coordinated by Defence. Provider considerations:</p> <ul style="list-style-type: none"> - service with the capacity/staffing to sustain assessments - ability to service regional/rural areas - ability to link young person to range of suitable service providers - ability to include family in process where appropriate.
<p>Targeted support hubs</p> <p>Targeted and uniquely branded support 'hubs' for transitioning and young ex-service personnel (with scope to extend into the 25-29 age range) are required.</p> <p>While linked with Defence and DVA as a transition support service, a focus on this age group will be central to the design of these hubs. Younger ex-serving personnel should be co-designers of this service to ensure it is appropriate to their requirements.</p> <p>Comprehensive support from the commencement of the transition process for a period of up to 12 months post-discharge would be provided with the objective of connecting people with the appropriate Defence, DVA, community-based and specialist health, mental health, vocational, family and other support services.</p> <p>These local hubs would provide:</p> <ul style="list-style-type: none"> ▪ a point of coordination and (if necessary) case management for the individual, family, command and appropriate services ▪ an accessible point of contact for ex-serving personnel to navigate available support. <p>Three levels of service would be provided based on the risk (low, moderate, and high) of mental health or psychosocial adjustment problems. The program would be staffed by professionals with experience working with young people who are militarily competent and have the skills to provide tailored guidance on appropriate services to support individuals at different stages of their transition as well as low-intensity psychological interventions targeting transition-related issues.</p> <p>The hubs could be delivered through a variety of sites to maximise engagement. Sites could include military bases, existing VVCS services, DCO Transition Centres or through innovative or distance based mobile services or some combination of the above.</p>	<p>Coordinated by DVA and Defence with linkages with PHNs, veteran and community specialist mental health services and ESOs.</p> <p>Service development undertaken in consultation with veteran and youth mental health experts (e.g. Orygen and Phoenix Australia)</p> <p>Provider considerations:</p> <ul style="list-style-type: none"> - service with the capacity/staffing to sustain support and integrate with other services - ability to service regional/rural areas - ability to link with young people from the commencement of transition process, until 12 months post-transition - ability to link to services outside of Defence and DVA as appropriate.

Principal policy opportunities	
Opportunity	Mechanism
<p>Improving engagement</p> <p>New initiatives to develop accessible service pathways for young service personnel (especially those with less than one year of service) and young ex-serving personnel.</p> <p>An additional Transition Taskforce 'reach in' trial be undertaken with a specific focus on engaging young service personnel during the recruitment process, initial training and within their first year of service.</p> <p>A dedicated suite of online, mobile and social media platforms (e.g. Orygen's Moderated Online Social Therapy) be developed and evaluated for service access and treatment delivery for young ex-serving personnel.</p> <p>Learning from existing youth services will assist DVA to develop acceptable awareness campaigns and service delivery models. The potential benefits of a 'youth' focused brand and approach developed in partnership with young serving and ex-serving personnel should be investigated.</p>	<p>DVA</p> <p>Digital health experts</p> <p>Veteran and youth experts and young serving and ex-serving personnel</p>

.....

There are many opportunities to improve the transition process for young serving personnel and the relevance, acceptability and level of post-transition support provided to young ex-serving personnel.



Young people, military service and their mental health

Young people experience the highest rate of mental ill-health of any age group in the Australian Defence Force (ADF). Within this cohort there will be vast differences in their experience of military service and associated mental health needs. Service experience will range from those who do not complete entry level training or their initial period of engagement, those who are discharged involuntarily due to medical or administrative reasons, through to those who will voluntarily discharge after many years of service, including multiple deployments. The range of experiences and reasons for leaving will be factors in the potential mental health outcomes for young serving and ex-serving personnel.

Despite the risks, there is limited information on the mental health of young people under the age of 25 years transitioning out of the ADF, or who have transitioned back into civilian life. Lessons learned from the development of youth-focused mental health service systems provide insights for the work that needs to be done to better reach young ex-serving personnel.

Suicide is the leading cause of death among young men (aged 15-24 years) in Australia.² Among young ex-serving male personnel (aged 18-24 years) the rate of suicide is twice that observed for Australian men of the same age.³ This highlights the need to focus policy, service innovation and improvement and research efforts on addressing the mental health needs of young serving and ex-serving personnel.

Services provided by the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) to support the mental health of serving and ex-serving personnel have been the subject of a number of reviews and inquiries. While acknowledging the substantial investment of both Departments in mental health programs and services, past findings have included shortcomings in existing systems and delays in implementing reforms and new initiatives. In

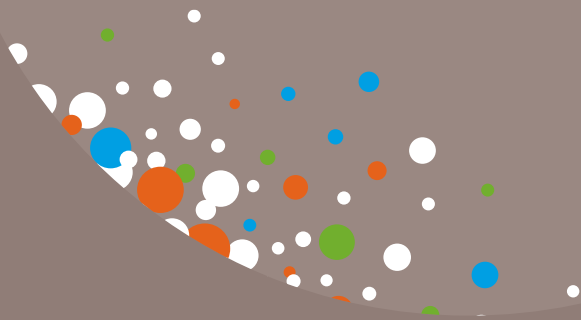
late 2017, the Australian Government allocated \$31 million in additional mental health supports for ex-serving personnel indicating an increased willingness and momentum to develop new approaches to supporting serving and ex-serving personnel and their families.

Two key programs are underway to better understand the experiences and needs of serving and ex-serving personnel. The Australian Government has established a Transition Taskforce jointly chaired by Defence and DVA. The first report from this taskforce represents the insights and ideas shared by serving and ex-serving personnel and their families. Complementing the work of the taskforce is the Transition and Wellbeing Research Programme, which will establish prevalence rates of mental disorders in transitioned personnel, and identify how currently serving and transitioned personnel access treatment and mental health information and support, and the strategies required to improve engagement rates, retention and delivery of best practice care.

The current policy paper brings a specific focus on the mental health needs of young (aged under 25 years) serving and ex-serving personnel. The paper first outlines what is known, and more importantly, unknown about the experiences of mental ill-health and the barriers to service engagement. The findings from stakeholder consultations and engagement with young people is then presented. Finally, the policy opportunities for improving service design and delivery for this group are provided.

.....

Young people experience the highest rate of mental ill-health of any age group in the ADF, with vast differences in their experience of military service and associated mental health needs.



Mental health prevalence, risk and barriers to service access

Young men and women make up a quarter (25.4 percent) of full-time serving personnel in the ADF. By comparison this group represents only 5.7 percent of ex-serving personnel and 15.9 percent of the Australian population (16-85 years).³

A need to prioritise DVA, Defence and Ex-service Organisations (ESOs)^a strategies to engage and support young serving and ex-serving personnel at risk of suicide was identified by the National Mental Health Commission (NMHC) in its 2017 *Review into the Suicide and Self-Harm Prevention Services available to current and former serving ADF members and their families*.⁴

This section reports on suicide and mental ill-health among ex-serving personnel, outlines specific risk factors for this group and barriers they may face accessing services.

Prevalence

Although the rate of mental ill-health is similar for young people serving in the ADF and the general community,^{5,6} the disorder profile differs between the respective groups. The *2010 ADF Mental Health Prevalence and Wellbeing Study* report found a higher rate of affective disorders, as well as posttraumatic stress disorder (PTSD) among males, in the ADF compared with the general community. The study found that serving ADF personnel aged 18-27 years had the highest rate of mental ill-health.⁷

In 2017 the Transition and Wellbeing Research Programme reported an increased rate of psychological morbidity as individuals leave full-time military service. It was estimated that almost one in two transitioned personnel met the diagnostic criteria for a mental disorder in the previous 12 months and more than half of those had at least one mental disorder comorbidity. Of note, those who had served in the ADF less than four years were at an increased risk of depression, panic attacks, suicidality, and alcohol disorder following transition.

Suicide

The rate of suicide among male ex-serving ADF personnel aged 18-24 years is twice the rate observed for Australian men the same age.³ A similar risk in ex-serving personnel aged under 25 years is evident in the United Kingdom (UK)⁸ and the United States (US)⁹. In Australia, the small proportion of ex-serving women (all ages) who have died by suicide (7 percent of all identified deaths by suicide among ex-serving personnel) limits statistical analysis. In the US, suicide deaths among female ex-serving personnel (all ages) was found to be three times the rate in the general population. A correlation between younger age, combat exposure/deployment and poor mental health is evident in cases of suicide among ex-serving personnel in the US.¹⁰ Higher rates of suicide among ex-serving personnel aged under 25 years compared with the general population is evidence of the impact of mental ill-health on this group.

Mental health

Due to the nature of military training and tasks, military personnel may be exposed to potentially traumatic events on operations, during border protection tasks, providing disaster and humanitarian relief, as well as through training accidents and other lifetime traumatic events experienced in either their personal or work lives. The *2010 ADF Mental Health Prevalence and Wellbeing Study* report highlighted that the rates of mental disorder were not higher in those who had deployed versus those who had never deployed.⁷ Therefore, while it is important to consider the impact of deployment related exposures on mental health, a range of other factors, including military service and lifetime traumas exposures must also be considered.

^a ESOs are member based organisations that support serving and ex-serving personnel and their families.

A number of studies have found a link between mental health and suicide among military personnel. In Australia, a strong association between mental disorders and suicidality has been identified in the ADF.⁷ A US study found that the presence of PTSD symptoms is linked with suicidal ideation. One study (average age 29 years) found the risk was greatest in those experiencing emotional numbness compared with ex-serving personnel with re-experiencing symptoms or hyper-arousal. The study also found the risk was greater where PTSD was comorbid with depression than either disorder alone.¹¹

The combination of mental ill-health and other health problems adds complexity to the service needs of young serving and ex-serving military personnel. These more complex presentations include comorbid physical and mental health (including the onset of mental ill-health in physically injured personnel). While alcohol and other drug use is less problematic among young serving ADF personnel compared with the general community⁷ international evidence suggests a higher prevalence among young ex-serving personnel with mental health disorders.^{12, 13} Gaps in knowledge about the experience of young ex-serving personnel in Australia highlights a need for further research into the mental health of young ex-serving personnel.

Risk factors

Alongside risks associated with the experiences of military service are additional risk factors faced by young ex-serving personnel, including duration of service, non-voluntary separation, and individual and social adjustment during and following discharge.

Duration of service

Shorter periods of service have been found to be associated with the incidence of suicide. In Australia, ex-serving male personnel with less than one year of service have an increased likelihood of dying by suicide compared with ex-serving personnel with ten or more years of service.³ A shorter length of service has also been found to increase suicide risk in UK Defence populations.⁸ The average age of UK personnel who did not complete their contracted period of service was 27 years.¹⁴ A study of this group found they faced a greater risk of common mental health disorders and PTSD.¹⁵

Non-voluntary separation

Non-voluntary separation has been identified as a contributing factor to increased risk of mental ill-health among young ex-serving personnel. Forms of non-voluntary separation vary and include both medical and involuntary separations. The suicide rate among ex-serving personnel (18-29 years) involuntarily discharged for medical reasons between 2001 and 2015 was 2.4 times higher than for Australian men the same age, and 1.9 times higher for those involuntarily discharged for non-medical reasons.³ In 2016/17 the top three reasons for separation among ADF personnel with less than 5 years of service were voluntary, administrative and medical.¹⁶

Loss of protective factors

A range of protective factors exist for serving personnel that, when removed can increase the risk of mental ill-health and suicide for ex-serving personnel. A summary of these factors were presented in the NMHC's *Review into the Suicide and Self-Harm Prevention Services available to current and former serving ADF members and their families*. These factors include:

- a loss of social support, belonging, identity and purpose, especially among ex-serving personnel who are involuntarily discharged
- the challenge of adapting to a civilian context in which traits suited to active service (e.g. strength, toughness, resilience and perseverance in the face of adversity) can potentially enhance an individual's vulnerability to mental ill-health
- the consequences of having to learn 'life skills' following the structured environment of service life.

These three factors are likely to increase the risk of experiencing mental ill-health in young ex-serving personnel. They need to be considered in the development of new and innovative approaches to supporting young serving personnel in transition and ex-serving personnel post-separation.

Barriers to service access

Young serving and ex-serving personnel can face many barriers to seeking help from mental health services. Many of these barriers share similarities faced in some form by young people in the community. Further, young men experiencing mental ill-health access services at a lower rate than young women.¹⁷ Barriers include concerns about stigma and threats to career prospects, lack of awareness of mental health issues and services, and the cost and location of services. A lack of data on service access by young ex-serving personnel in turn limits measurement of the impact of barriers on service access.

Measuring access

It is difficult to determine how many young ex-serving personnel are accessing mental health services. For example, the current ADF Post-discharge GP Health Assessment is one part of a broader Medicare Benefits Schedule (MBS) itemised health assessment. As such, Medicare cannot identify the number of ex-serving personnel who undergo this assessment.¹⁸ Current and former ADF members seen by the Veterans and Veterans Families Counselling Service (VVCS) who are under the age of 25 (2016-17 FY) = 646 personnel. This equates to 10.4 percent of all current and former ADF (6229 personnel) presenting to VVCS in the period who identified this way. In terms of total unique clients in the period, this cohort accounted for 4.3 percent of all clients.

The evidence from overseas studies suggests that service access among younger ex-serving personnel with diagnosable mental disorders is low. In one US study (average age 28 years), only 52.4 percent of those who screened positive reported receiving mental health treatment. The proportion receiving treatment for alcohol and other drug treatment was even lower (19.2 percent).¹⁹ A UK study reported that contact with specialist mental health services by ex-serving personnel was lowest among those aged under 25 years.⁸

Culture and stigma

It is difficult to disentangle the relationship between the culture of the ADF and stigmatisation of mental health and help-seeking. Both factors have been identified as primary barriers to accessing mental health services among serving and ex-serving members.^{4,20} While a

culture of individual strength and devotion to the organisation and colleagues is required to maintain an 'effective fighting force', this culture can prove detrimental to the mental health needs of some individuals.²¹ In the US, a study of serving and ex-serving personnel (average age 25 years) found that traditional masculine norms were an influence on enlisting for service among young men. Traditional masculine norms are reinforced by a cultural primacy on being tough. The dichotomy of this "toughness" is a perception of weakness in asking for help, undermining organisational efforts to promote mental health services.²²

Efforts have been made to counter the negative effects of cultural perceptions and practices within the ADF. In the *Dents in the Soul* documentary, ADF members talked about their own experiences of PTSD.²¹ Looking out for other's mental ill-health was framed in the documentary as a duty to one's mates and among commanders to their subordinates.²⁰ The themes of self-care, looking out for others and importance of early help-seeking for any mental health concern have been reinforced through a series of DVDs and command-led activities conducted during the ADF's annual Mental Health Day which was initiated in 2012. This is one of a number of ADF initiatives to address stigma and barriers to care and increase early help-seeking behaviour.²³

Awareness

The *2010 ADF Mental Health Prevalence and Wellbeing Study* report highlighted that most ADF personnel, including junior personnel, were aware of where to access mental health care, and help-seeking behaviour was more influenced by stigma and other barriers to care.⁷ The ADF has various initiatives to increase awareness of mental health include resilience training, the annual ADF Mental Health Day and the ADF Suicide Prevention Program.

For ex-serving personnel where to access mental health care in a civilian setting is new knowledge they need to acquire. It is important that ex-serving personnel are aware of their own mental health and available services following separation and in the following years. As the time since separation extends, initial connections with services through transition programs can be lost and changed circumstances may reduce the level of understanding among family and friends, effecting their ability to provide effective support.

Cost

The cost of mental health services is a recognised barrier to service access. The Australian Government has addressed this barrier with the decision to provide 'free and immediate' treatment for mental health conditions (post-traumatic stress, depression, anxiety, alcohol abuse, and substance abuse). Serving and ex-serving personnel with one or more days of full-time service in the ADF can access these services.²⁴ This reform removes the need to prove a mental health condition was caused by their service.

Alternatives to DVA funded mental health care may be preferred by some young ex-serving personnel. While public health services (considered below) are subsidised, possible out-of-pocket expenses may continue to be a barrier.

Location

The location of services can also be a barrier to access. Where young ex-serving personnel live and work is a factor in the level of service available to them. For example, there is reduced access to mental health services in Tasmania and in rural and remote areas.²⁰ Little is known about where young ex-serving personnel relocate to post-separation. A general pattern of younger^b ex-serving personnel residing in the north of Australia has been reported²⁵ with two trends of settling in remote mining locations, and in proximity to ADF bases²⁶. The NMHC has stated that addressing location as a barrier to access for ex-serving personnel should be considered when designing and commissioning mental health services.⁴ The need to establish permanent, or fly-in-fly-out support services, for ex-serving personnel living in remote mining locations has been proposed to reduce geographic barriers to service access.²⁶

Young men

Young men are an underserved population relative to their mental health needs. There is growing recognition that for young men, symptoms of mental ill-health manifest through externalising behaviours including anger, alcohol and other drug use and risk taking rather than affective symptoms such as feelings of worthlessness or hopelessness.²⁷ As such, their symptoms can be missed as they may not readily fit with existing diagnostic syndromes.

Traditional masculine norms, such as being tough and self-reliant, mean that many young men learn to avoid expressing emotions or behaviours that show vulnerability. Some of these norms are valued in the selection and formation of recruits and the culture of the ADF more generally. These social norms have also been identified as a barrier to health professionals recognising mental health problems in young men.²⁸

^b It is important to note here that the term "younger" covers a wide age range, extending to 45 or 55 years of age depending on the definition used.



SUMMARY

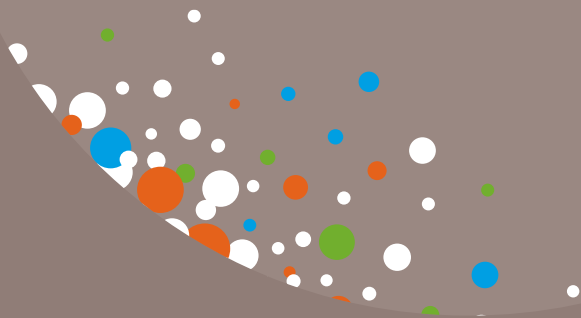
There is a higher rate of suicide in young ex-serving personnel compared with those of the same age in the community.

A shorter period of service and non-voluntary separation increases the risk of experiencing mental ill-health.

Many of the same barriers to help-seeking that other young people face are also experienced by young serving and ex-serving personnel.

.....

A range of protective factors exist for serving personnel that, when removed can increase the risk of mental ill-health and suicide for ex-serving personnel.



Support through transition and beyond

Transition is the process of leaving the ADF and entering civilian life. This separation brings with it a change in the responsibilities a young person has. These responsibilities include finding somewhere to live, finding employment or retraining, possibly renting for the first time, registering for Medicare and learning how to access primary health services.

A Transition Taskforce has been established to identify opportunities to improve the transition process and structures to better support serving and ex-serving personnel. The taskforce is a joint project of Defence, through the Defence Community Organisation (DCO), and DVA. The establishment of the taskforce recognises existing shortcomings of support systems and processes for serving and ex-serving personnel, despite increased collaboration between Defence and DVA over recent years.

In February 2013, Defence and DVA signed a Memorandum of Understanding intended to ensure that eligible wounded, injured or ill ADF members and their families who required support received it during service, through transition and following separation. A 2016 ANAO report, *Administration of Rehabilitation Services Under the Military Compensation Act 2004* found that neither Defence nor DVA could demonstrate whether transition services for personnel medically discharged were effective or efficient.²⁹ In 2017, the need for greater collaboration between ADF and DVA to ensure seamless support before, during and after transition including better promotion and alignment of mental health services was again identified.^{4, 30}

Reforming the role of transition in the operation of the Defence and DVA represents a systemic challenge. In the past, transition has been perceived as the ending of a relationship between the ADF and an individual, and the beginning of a potentially life-long engagement with DVA. More recently, the approach to transition has been moving to one which begins at recruitment and

continues through service and separation with greater integration of DVA within the ADF. The need for Defence and DVA to collaborate on the transition of serving personnel recognises the potential complexity, organisational intersections and multiple pathways transition may take.

This section outlines the role for preparation and support for transition from recruitment, through service, during transition and following separation.

Preparing for transition from the start

Preparing for transition from recruitment and continuing through service recognises the significance of the transition process and shortcomings of previous approaches. Starting from recruitment will provide a stronger foundation for young serving personnel should they separate before the age of 25.

Recruitment

At the point of enlistment, following a considerable period of time in the application phase and preparing for enlistment, most young people will be optimistic and enthusiastic about their emerging career. Young people entering military service are also of an age in which identity formation, attachment and development of independence is critical. As such, contemplating transition at this early stage may be confronting for some recruits. Since 2016, DVA has been able to connect with serving ADF personnel including recruits in order to establish a DVA file in preparation for a future separation. The largest resistance to this engagement has been from personnel with less than one year of service. Balancing a long-term perspective in which a young person may no longer serve, alongside an emphasis on developing the skills and capacity for service requires a nuanced approach.

Service

Serving personnel have access to a range of mental health services provided through Joint Health Command and the single Service psychology assets. These services are delivered by a range of mental health professionals within the ADF and through contract psychiatric and psychological services. Health services available to serving members are in many cases of a higher standard than that available in the community.⁴

While a multi-level mental health service and workforce framework is implemented across the ADF, service gaps have been identified.⁴ For example, the need to work more closely with families to identify the support they need in supporting serving and ex-serving personnel has been identified. The NMHC has outlined a need for a broader range of 'step-up' services along with 'step-down' services for members returning from mental health related absences.

Transition

The ADF Transition Support Service is designed to prepare serving personnel for the transition to civilian life and the changes this entails. Transition support includes: seminars; development of a transition plan; retraining and job search preparation and liaison with ADF rehabilitation, DVA and ESOs. Rehabilitation, education and re-skilling can support increased employment prospects and support mental health outcomes.

The Career Transition Assistance Scheme (CTAS) provides time limited employment support to service and ex-service personnel. The level of employment support transitioning service personnel receive is determined by their length of service and reason for transitioning. Personnel transitioning for medical reasons have access to all employment support services irrespective of their length of service.¹⁶ A new initiative is allowing these employment services to be accessed for up to 12 months following separation. A review of CTAS is scheduled for 2017/18.

The ADF Transitions Handbook includes a page on mental health advice and services available through DVA including details about the VVCS and the ADF Post-discharge GP Health Assessment. A further page of seven community mental health resources is provided toward the end of the handbook.³¹ Recognising the potential mental health needs of serving and ex-serving personnel, a further two-day voluntary transition

program, *Stepping Out* is provided by the VVCS. This program is available prior to separation. A 2012 ANAO report, *Administration of Mental Health Initiative to Support Younger Veterans* found, however, that uptake had been low with only 17 percent of the sessions funded by the government being delivered.¹ A 2016 ANAO audit of rehabilitation services concluded that there is a lack of evidence for effective transition support, inconsistency in coordination of services and duplication of transition rehabilitation services for serving personnel who are medically discharged.²⁹

Although a range of supports are available, accessing transition support is not compulsory. Making participation optional may result in young personnel, who are non-voluntarily transitioning or whose experience has resulted in them disengaging from the ADF, missing out on the information and support they need. The quantity of information provided in the two-day transition seminars has also been criticised for the potential to be overwhelming, making retaining and understanding information difficult for attendees.²⁰ The time period between attendance and transition can also be lengthy, during which time the needs of personnel may change with gaps in retained knowledge leading to missed access to support.

The NMHC has stated that greater engagement of mental health services with serving personnel and during transition could improve access to services.⁴ Mental health screening at the point of separation could further enable connections to be made for personnel with a high risk of mental ill-health and appropriate services. The development and implementation of such an approach needs to take into account reported perceptions among serving personnel that volunteering mental health problems might delay discharge.²⁰ Transitioning ADF personnel may also avoid medical assessment or reporting to keep open the possibility of returning to service at a later date. The importance of identifying and supporting 'at risk' groups of transitioning personnel for additional support has previously been identified by The Senate, Foreign Affairs, Defence and Trade References Committee²⁰ and reiterated in its 2017 report, *The Constant Battle: Suicide by Veterans*.³⁰

Through the work of the Transition Taskforce a number of changes have been made or are planned for the transition program. These changes include: encouraging families to participate; the implementation of a transition coaching model;

individual planning (including leaving with appropriate documentation including Medicare registration); recognition of military qualifications; post-separation follow-up phone call and survey; and moving to a single medical assessment process. The importance of integration and sharing of information to improve the transition process has been identified by DVA.

Further enhancement of mental health services within the transition process will be informed by the Transition and Wellbeing Research Programme. This research examines the mental, physical and social health needs of contemporary serving and ex-serving ADF members and their families. The first report, Mental Health Prevalence Report, details prevalence rates of mental disorders in ADF members who transitioned from full-time service between 2010 and 2015, and is due to be publicly released by the end of 2017.

Post-separation

A range of services are in place to support young serving personnel through transition to civilian life and to continue support post-separation. Most of these support services are provided by the Commonwealth through Defence and DVA. Additional services are provided by ESOs to meet the needs of ex-serving personnel that are not met by existing services or not accessed by ex-serving personnel.

The Transition Taskforce is developing three trials to increase the intersection between DVA and serving personnel, including the identification of serving personnel at risk; in-reach case management; and embedding DVA staff within the chain of command to ensure connections are made.

Engagement between Defence, DVA and ESOs is another avenue that has been pursued to provide post-separation support to ex-serving personnel. An increase in ESOs over the past two decades has been attributed in part to real or perceived gaps in services for younger (broadly defined) ex-serving personnel.⁴ It is unclear how acceptable ESOs are to young ex-serving personnel aged under 25 years, particularly those who have non-voluntarily separated and/or are experiencing mental ill-health.

Over recent years Defence and DVA have actively engaged with ESOs with the aim of better coordinating services for serving and ex-serving ADF personnel and their families. Several of the recommendations from the 2017 NMHC Review

into the Suicide and Self-Harm Prevention Services available to current and former serving ADF members and their families refer to the importance of continuing to improve this collaboration between Defence, DVA and the ESOs into the future.⁴ Recognising the role ESOs can have in supporting younger ex-serving personnel, DVA funds the Supporting Younger Veterans grants program. This funding includes mentoring programs and team building or self-improvement activities.³⁰ The first round of grants funded 11 programs of which two identified mental health needs of ex-serving personnel.³² Increasing engagement between Commonwealth departments and ESOs requires a collaborative working relationship.

The NMHC, however, has reported concerns regarding adversarial relationships between some ESOs and DVA and other government services. Such adverse relationships have the potential for well-meaning interventions by some ESOs to negatively affect the mental health of ex-serving personnel for whom they advocate. Concerns have also been raised regarding governance, competition between organisations and a lack of coherence with strategic priorities.⁴ To mitigate these risks, self-regulation of the sector (e.g. monitoring, evaluation and accreditation) has been proposed.²⁶

DVA health system

DVA is responsible for the provision of health treatment to eligible individuals including rehabilitation and treatment for physical and mental health conditions. Those who are eligible are provided with either a DVA White Card for treatment of service-related accepted conditions, or a DVA Gold Card which entitles the holder to funding for services for all clinically necessary health care needs. Ex-serving personnel who have not applied for or who do not have eligibility receive health care through either private health insurance or the national Medicare system.

In relation to mental health care, for anyone who has served at least one day in the full-time ADF, DVA will pay for treatment for any mental health conditions, whether or not they are service-related. This is known as 'non-liability health care'.

Similar to the community, specialist, allied mental health or in-patient services for ex-serving personnel are accessed through referral by a GP or through VVCS. Services include psychologist and social work services, psychiatric services,

pharmaceuticals, trauma recovery programs for PTSD, and in-patient and out-patient hospital treatment. DVA funds these specialist services through a 'purchaser-provider' model. Funding for these services are demand driven and is not capped. The VVCS remains the only treatment service provided by DVA.

VVCS is an accredited community mental health service and provides free and confidential, nationwide counselling and support, to serving and ex-serving personnel, and their families. Services include individual military-aware counselling, group programs, complex case coordination, as well as suicide prevention training, and the VVCS Vetline which is a 24-hour support line for the veteran community. VVCS provide services in capital cities and a range of regional centres; a 'satellite centre' model providing services through medical services near ADF bases; and a national network of contracted outreach counsellors.

The strengths of the DVA purchaser model include access to a more diverse group of providers across a comprehensive service system. However, there is also the risk of disconnections and fragmentation of the service system, and the loss of veteran-specific clinical expertise. A need for VVCS to achieve a higher profile among serving and ex-serving personnel (during transition and post-separation) has also previously been identified, noting that more recent investigations have revealed largely positive views about VVCS services when they are accessed.¹

Public health system

Public health services and subsidised private services are provided by a combination of Commonwealth and state and territory funding. Through respective health departments a range of services are provided including primary mental health care and specialist services. A brief overview of alternatives to DVA provided mental health services is provided here. The overview includes the role of Primary Health Networks (PHNs), GPs, headspace and community mental health services.

Department of Health

The Commonwealth Department of Health recognises that Defence and DVA have the expertise and pre-existing relationships to be the primary organisations responsible for transitioning personnel and ex-serving personnel. Reflecting this perspective, the Department of Health's new digital mental health gateway (headtohealth.gov.au) directs enquiries regarding the mental health of ex-serving personnel to the VVCS homepage. Not all young serving and ex-serving personnel, however, access ADF or DVA funded mental health services. Public health services are an alternative option available to serving and ex-serving personnel.

If young serving and ex-serving personnel seek help through the publicly funded primary health services then the Department of Health becomes the responsible department. GPs are the largest provider of Medicare-subsidised mental health related services for young people (15-24 years). In 2015/16 GPs provided 32 percent of these service, followed by non-clinical psychologists (26 percent), clinical psychologists (21 percent) and psychiatrists (18 percent).³³ Some of these services would have been provided through headspace. In 2013/14 headspace provided 194,968 occasions of service to 45,195 young people.

PHNs are the mechanism for delivering primary health care through the integration of a range of service providers. The Australian Government has identified mental health as one of six key priorities for PHNs. Selected PHNs are conducting trial suicide prevention programs including one in Townsville (Northern Queensland PHN). The capacity for primary health services to attend to the potentially unique service needs of young serving and ex-serving personnel requires an appropriately skilled workforce. The Fifth National Mental Health and Suicide Prevention Plan recognises that ADF personnel require services and practitioners who are sensitive to the specific circumstances serving and ex-serving personnel may have faced.³⁴

Identifying if a young person is serving or has served in the ADF has been identified as a key issue by the Department of Health in relation to the provision of appropriate mental health services for young ex-serving personnel. Health records present a barrier to GPs identifying young ex-serving personnel and their health histories. Although digital health records (My Health

Record) include a veteran identifier – if they have previously self-identified – GPs are unable to view this identifier. Adding to this barrier is a lack of integration with ADF health records, where digitised health records have only been introduced in the past couple of years, and many records are still at least partially paper based. To avoid barriers presented by health records, health care providers should ask about military service to better identify and assess mental health risk.³⁵

General Practitioners

GPs are one possible entry point into the public health system for young ex-serving personnel. Risk factors for mental disorders among ex-serving personnel may be different compared with the general population. For example, for GPs, recognising and screening for depression is central to effective suicide prevention.⁹ Clinical suspicion of a mental disorder, such as alcohol-related injuries and unexplained symptoms, has been a prompt for a broad health assessment, especially where ex-serving personnel may be avoiding a mental health issue.³⁶

The MBS includes an ADF Post-discharge GP Health Assessment. The health assessment is intended to promote early detection and intervention for mental (and physical) health concerns, however, the optimal time post-separation for an assessment is not known.³⁷ Ex-serving personnel are only eligible for one assessment.³⁸ The assessment includes alcohol and other drug use, psychological distress, PTSD, risk of harm to self or others and anger problems. A screening tool is available to assist GPs to screen for these health factors.³⁹

The Department of Health understands that in order to provide an appropriate response to young ex-serving personnel requires identifying GPs who want to work with this group and developing specific skills in suicide prevention appropriate to them. The availability of service providers with an understanding of military experience is perceived by ex-serving personnel to be a feature of effective services.^{4 19}

headspace

headspace^c – at a national level – has not looked into the service needs of young ex-serving personnel group. headspace data collection does not ask whether a young person is a serving or ex-serving member of the ADF. The Townsville headspace informed authors that as a garrison city young serving and ex-serving personnel are well served by dedicated mental health services. These include Defence and DVA services, Mates4Mates and the Townsville Private Clinic. headspace Townsville does, however, see the children of serving and ex-serving personnel through referral from DCO and VVCS. A potential role in delivering mental health literacy among the serving and ex-serving personnel community was identified as a community development option. The potential role of headspace centres in supporting young ex-serving personnel outside of garrison cities is likely to be different.

Community mental health services

States and territories provide publicly funded and operated specialised mental health services. These services are referred to as community mental health care and includes hospital-based ambulatory care services. In 2015/16 there were approximately 1.7 million (or 545 per 1,000 population) community mental health service contacts for 15-24 year olds.⁴⁰ The comparatively higher rate of suicide among young ex-serving personnel reinforces the importance of equipping community mental health services for supporting young ex-serving personnel who come into contact with these services.

The same barriers to appropriate service provision (identifying young ex-serving personnel and workforce capacity) in primary health services are also relevant for community mental health services. A lack of experience in treating veteran-specific issues within the community-based mental health workforce was identified in the 2017 report, *The Constant Battle: Suicide by Veterans* which included a recommendation that mental health professionals working in the community be required to undertake veteran-specific training with incentives to do so and to demonstrate outcomes in clinical practice.³⁰

^c headspace is Australia's Youth Mental Health Foundation, providing Government funded mental health services to young people aged 12 – 25 years

The public health system provides mental health services that young ex-serving personnel may access. For some young ex-serving personnel, accessing public health services may be preferential to DVA provided services. There are, however, barriers to coordinating the delivery of appropriate services for ex-serving personnel that need to be addressed.

Support for practitioners

The Mental Health Professionals Network and DVA provide webinars to equip mental health professionals for working with serving and ex-serving personnel. Phoenix Australia delivers training and support programs for practitioners to learn evidence-based psychological treatments for military and veteran mental health problems. The Commonwealth funded establishment of the Centenary of Anzac Centre by Phoenix Australia will provide expert advice and support to practitioners across Australia who are working with ex-serving personnel and their families.



SUMMARY

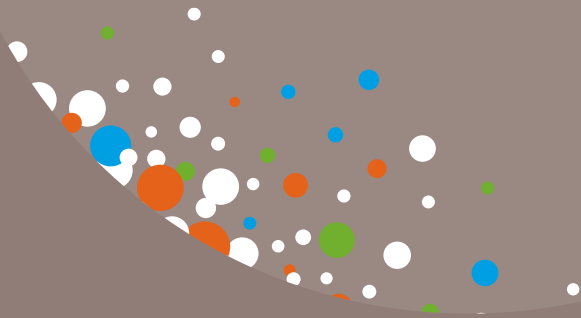
Service and system-level reforms that improve transition support to young serving and ex-serving personnel are being developed and implemented.

Defence and DVA needs to ensure young serving personnel are being engaged in trials of new approaches to bring DVA into the transition process earlier.

The health record infrastructure, primary and specialist services and workforce capacity of the public health system needs to be developed to enable the provision of mental health services to young serving and ex-serving personnel.

.....

Preparing for transition from recruitment will provide a stronger foundation for young serving personnel should they separate before the age of 25.



Stakeholder engagement

The transition experiences of young ex-serving personnel and the perspectives of key stakeholders were heard through a series of individual interviews and a focus group. This process informed the authors' understanding of the experiences of transition from the perspective of young ex-serving personnel, the approaches being taken to provide support to them and how transition and support services might be improved.

Stakeholders

A series of consultations were conducted with key stakeholders to identify issues for young personnel of the ADF who are making the transition from full-time military service, and the policy and service development opportunities for improving mental health among young transitioning and ex-serving personnel. The consultations included:

- Interviews with senior staff from the joint Defence and DVA Transition Taskforce, to clarify new transition initiatives already underway or planned, how these may be relevant for young transitioning and ex-serving personnel, their observations of the needs of this group, and any gaps in current services and initiatives.
- Interviews with senior staff at the Department of Health to discuss community services and initiatives that may be relevant to young ex-serving personnel.
- One-on-one and small group consultations with senior managers and staff from Joint Health Command, DVA Mental and Social Health Branch, VVCS, Defence Families Australia, and senior staff from Mates4Mates and Modern Soldier.

A list of stakeholders is included in the acknowledgement section at the front of the policy paper. The interview questions used during the engagement process can be found in the Appendix.

Young ex-serving personnel

A focus group (five participants) and two individual interviews (two participants) were conducted with individuals who had transitioned from the full-time ADF under the age of 25 years old, to gain their perspective on the issues for young serving personnel as they are transitioning, and how services could be improved both during and post-transition. Their length of military service ranged from under one year to more than five years. The reasons for discharge included medical, administrative and voluntary. All participants were male and a majority had served in the Army.

Key themes

Key themes emerged from the consultations with stakeholders and discussions with ex-serving personnel. These themes were:

1. Wellbeing considerations for young personnel of the ADF.
2. Issues for young transitioning and ex-serving personnel, including a high risk of poor mental health outcomes.
3. Whether existing services and supports adequately meet the needs of young transitioning and ex-serving personnel.
4. Ideas for any new services or initiatives to meet the needs of young transitioning and ex-serving personnel.
5. The role of ESOs in the transition process.

Observations from the stakeholders and ex-serving personnel are provided separately for each theme.

Wellbeing considerations for young ADF personnel

The majority of stakeholders were able to identify specific mental health and wellbeing considerations for young personnel of the ADF, and there was a great deal of consistency in the issues identified. These issues revolved around themes of developmental needs, recruitment, and adjusting to the military and the military culture.

Mental health risks for this age group

It was acknowledged that there is limited information specifically on the under 25 age group in the ADF. Recent research has highlighted, however, the impact of military service on mental health, and in the general community this age group is recognised as being at higher risk for mental health problems, particularly males. Young males are also not good at help-seeking. Therefore, there is a risk of focusing too much on their military needs and not enough on their needs as young men and women.

Mental health screening at recruitment

It is unrealistic to expect that all mental health problems can be 'screened out' at the recruitment stage, therefore, the ADF needs to be able to effectively manage mental health issues if they do emerge, including those related to lifetime and service-related trauma exposure.

Recruitment

There were mixed opinions on the quality of ADF recruitment services and whether suitability and maturity for military service was being effectively assessed, especially for general enlistees.

Resilience building

It was noted that the primary purpose of psychological assessment is 'screening out' rather than auditing strengths and areas for development, with the aim of working with individuals to improve their resilience. Available resilience training is generic and not tailored to the needs of the individual to assist them to adjust to the military and cope with adversity.

Facilitating adjustment

One stakeholder reflected that there is a common narrative that young people are 'not as resilient as they were 20 years ago' and this is why they cannot adjust to the military. Military instructors and junior leaders, however, have a key role in facilitating adjustment to the military and accommodating developmental needs. While some are very good and do this instinctively, others require additional training in order to do this effectively.

Acquiring life skills

The rigours of military service may shape them into adults, but they will not necessarily acquire all of the same skills and responsibilities as their civilian peers. This may result in recently transitioned ADF personnel feeling unprepared for civilian life. For example, in the military there is a focus on teamwork, rather than on gaining independence.

Maturity

Young people, their parents and the organisation, often have high expectations that they will 'grow up' and mature very quickly when they join the ADF. However, for some the adaption to military life will be difficult. If they do not adjust quickly, this can be treated as a mental health issue, rather than addressing other reasons such as maturity, poor person-job fit and other factors.

Self-identity

Young people have often not yet sorted out their identity when they join the ADF. Identity formation around being a member of the military is likely to become a key part of their sense of purpose and their value system. Being accepted into the military usually takes a substantial amount of time and effort with a young person having made an investment in their career before they have even enlisted. They are often very motivated with clear goals of what they are hoping to achieve and it can be very difficult if they fail to achieve these goals.

Military culture

There are unhelpful aspects of the culture that they learn only by joining the ADF, in particular that 'civilians are lesser'. A cultural realignment is required as everyone eventually leaves the ADF - sometimes earlier than they had planned to leave - at which point they will need to reconcile being a civilian again.

Views of younger ex-serving personnel

There was general alignment between the issues raised by the stakeholders and ex-serving personnel. Key observations included:

- Following enlistment, they quickly learnt that 'civilians are second rate' and they felt entitled and superior. This belief system was reinforced as they progressed in their career. Their identity and self-worth quickly becomes tied to being in the military. Several described feeling that they had lost a sense of commonality with civilians and felt isolated from them.
- There was a sense that people in the military are 'wired very differently' to civilians, in that communication and resolution of interpersonal conflict are distinct in the ADF. This creates a mismatch with general community expectations for young ex-serving personnel leaving the ADF.
- An added complexity is that within the ADF it is very hierarchical and divisive between the Services and corps/categories, and even changing jobs (i.e. from a combat role to a logistic role) can be seen as failure. For example, one individual chose to discharge rather than have to take a logistics role.
- Their expectations of what the military would be like were often very different from the reality, and not liking the military or not adjusting or becoming unwell were potential outcomes they had not considered and were not prepared for.
- The positive things they gained from military service included discipline, teamwork and being able to challenge themselves physically and mentally to reach personal goals.
- They did not develop a sense of independence as they are told exactly what to do.
- The culture tends to encourage people to hide any mental health issues as they will be seen as weak.
- How they were managed during their career, including the support they received, was strongly influenced by the actions of key individuals in their chain of command, including junior leaders and the Commanding Officer.

Transition considerations for young ADF personnel

Across the stakeholders there was a high level of consistency in the issues identified relating to transition for this age group. Key themes related to loss of protective factors, readjusting to being a civilian and acquiring new skills, undetected mental health needs and barriers to help-seeking.

The young transitioning ADF personnel considered to be at increased risk of poor psychosocial outcomes were identified as individuals:

- that did not finish training or have a chance to complete their goals in the military (i.e. early service leavers due to medical issues or failure to adjust to the military)
- with emerging mental health issues
- without clear future employment plans or goals
- returning to a difficult family situation
- with any type of disciplinary issues.

Loss of protective factors

Due to their age young serving personnel are already an at risk group for mental health issues, and at transition they can lose important protective factors such as their social support networks, sense of identity and purpose, and clear vocational goals and aims. Re-establishing protective factors is vital for this age group. This includes actively discouraging them from falling into a sick or injured role, or feeling that Defence or DVA 'owes them', but rather assisting them to re-establish themselves as a valuable and contributing member of society.

Self-identify

As their self-identity may not yet be fully formed, they may need assistance to identify the positive things they can take from their experience in the military, even if it did not turn out how they expected. Unless this is done there is a risk of 'the sense of failure in their own eyes and in those close to them'. They also need to re-establish their identity as a civilian.

Acquiring new skills

As ADF personnel can be quite 'cocooned', on transition they need to learn new skills that many of their peers may have already acquired. One example is management of finances – they may have had more disposal income as their housing, accommodation and medical are all subsidised, and much of their pay is treated as 'pocket money', so they need to learn to budget following transition.

Undetected mental health issues

As a comprehensive mental health assessment is not conducted with all serving personnel as they transition, some individuals may transition without their mental health needs being identified. This includes those who are transitioning for physical medical conditions, administrative reasons and voluntarily.

Barriers to care

Although there are a range of mental health services available to anyone transitioning from

military service, this age group are not good at help-seeking and will often try to 'push through' issues. Furthermore, many of this cohort will not view themselves as a 'veteran' and, therefore, do not necessarily identify with ESOs or DVA/VVCS, or may not feel 'worthy' of accessing these services. It can be challenging to convince them of both their eligibility and that they deserve to access services. ESOs with a strong family focus, may inadvertently be less acceptable to ex-serving personnel who are single.

Females

Transitioning and ex-serving female ADF personnel, particularly in this age group are not a large cohort and, therefore, it was difficult for stakeholders to identify any specific risks or needs for this group. One stakeholder noted they are generally better resourced with stronger networks and more proactive in help-seeking behaviours.

Views of younger ex-serving personnel

Ex-serving personnel who left before the age of 25 described very different experiences of transition. These experiences were not only shaped by the type of discharge, but also their frame of mind on discharge and which services they had connected with during the transition process and post-transition. Of note was the significant differences in awareness of available services at the time of transition. A majority of those who participated in the engagement process had not accessed the transition support services available to them, including the Defence Transition Seminar.

Other themes relating to transition were:

- They were aware that some people did transition successfully, but that seemed to be the ones that were in the right 'head space', self-motivated in seeking out and assimilating information and support and could make well informed decisions about their future.
- Most regarded transition to be an administrative process aimed at getting them out of the system, not a system to assist them with the next phase of their life.

Some reflected that there was a clear focus on the discharge process over and above consideration of welfare and wellbeing related issues. Some felt under-valued by the organisation following submission of discharge paperwork.

- Due to a variety of reasons, many will leave the ADF with mental health concerns. Reasons include:
 - not disclosing mental health issues as it may delay their discharge or because they want to keep their re-enlistment options open
 - do not trust the system
 - are not aware they have mental health issues at the time.
- When they lose their identity as a member of the military, they have to readjust to being a civilian and may not have a sense of where or how they fit in anymore.
- Some described having felt 'institutionalised' and that they did not have the knowledge and skills to make transition an easier process.

Gaps in current transition services and initiatives for young ADF personnel

The stakeholders identified many services available to support transition. In addition, new initiatives either underway or planned, including those through the Transition Taskforce will increase assistance available to individuals during and post-transition from full-time service. While many of these were seen as beneficial to all transitioning and ex-serving personnel, the stakeholders identified gaps in the current initiatives relating to the needs of young personnel.

Comprehensive assessments

Even though the risk of mental health issues is known for people aged under 25 years, there is no mandatory mental health assessment prior to transition. Several stakeholders stated that there needs to be a comprehensive assessment as to why the young person is transitioning and any associated mental health needs, including the need to be mindful that issues may be emerging and sometimes masked by physical injuries and/or behavioural issues. One stakeholder noted: 'Defence is currently not proactively doing everything they could be to identify and support them as they transition'.

Duty of care

Several stakeholders emphasised that there needs to be a broad view of Defence and DVA's duty of care, even if an individual has had a very short period of service. The provision of support service cannot be based on length of military service, but rather on the fact that they served. This approach should not only benefit the individual and their families, but also the community. It was noted that while the sharing of information between Defence and DVA had improved, more work was required to ensure effective clinical handover of 'higher risk' individuals.

Family engagement

There is a lack of proactive family engagement both during the military career and the transition process. Parents and partners will often be an important source of support and they probably also had expectations about what the military career would provide for their family member, and this needs to be re-focused during transition.

ADF Transition Seminars

While the content was generally regarded as comprehensive, the most cited limitations of the ADF Transition Seminar were that not everyone attends and even if they do attend they are not necessarily in the right 'headspace' to comprehend the necessary information, or they may not yet fully understand what will be of relevance to them until they transition.

Targeted information

It was also acknowledged that the Transition Seminars and the VVCS 'Stepping Out' programs are not targeted at the specific needs of any age group. The content and the way it is delivered, therefore, may not be of relevance and/or appealing to the younger age group.

Career coaching and mentoring

The majority indicated that even though career coaching services were being improved, more needed to be done to link young personnel with employment, education and training with a focus on what they will do immediately after leaving the service and into the future. This requires one-on-one case management and tailored services, provided by appropriately trained staff, and a focus on youth needs and not just on the needs of veterans.

Lack of consistency

The discharge process is generally viewed as too administratively focused and there is significant variability in the amount of support services each individual will receive.

Transition Taskforce initiatives

There were concerns expressed as to whether the new transition initiatives are sustainable, and that the Transition Centres need to be properly resourced and staffed. The effectiveness of these new initiatives also need to be evaluated.

Mental health literacy

It was viewed as critical that mental health problems are handled correctly by the chain of command, peers, families and frontline DVA and health care staff. More work is required on improving mental health literacy and how to support those with mental health concerns. It was noted that they are more likely to respond in a helpful way if they understand the possible causes of behaviours and mental health concerns.

Delayed help-seeking

Support systems also need to accommodate those who transition out and do not experience immediate difficulties and/or do not seek help until several years post-discharge. Presently it would be difficult for these individuals to know where to access support or what is available, especially if they have not remained connected with serving or ex-serving personnel.

Connecting into community services

Several stakeholders voiced concerns that current support services post-discharge, whether they are provided via DVA or an ESO, do not actively connect individuals with community-based support, which is where they will access services into the future.

Identifying ex-ADF personnel

Ex-serving personnel, in particular those aged under 25 years of age make up a very small

percentage of overall Australian health care users. Unless they self-disclose, it is highly unlikely that community health care would identify them as ex-military. Therefore, this health risk factor is less likely to be taken into consideration when assessing their health care needs.

Minimum periods of service

Some raised concerns that the Defence minimum period of service can exacerbate issues and risks for young people who do not want to remain in the military. There are limited options for discharge available to them, and they are primarily non-voluntary medical or administrative processes (i.e. they need to be unwell, failing training, or misbehaving). This can create an adversarial relationship between the young person and Defence, including in the contact they have with the chain of command, personnel management agencies and even health care professionals.

Views of younger ex-serving personnel

Ex-serving personnel identified very similar gaps in current services and initiatives as the stakeholders. Of note, several reflected that services and support they consider important now, were in hindsight less appealing at the time of transition. This was especially so if they were not aware of the presence of mental health issues at the time which were having an impact on their decision making.

Key themes were:

- They wanted more guidance and assistance at the time of transition that did not rely on them having to actively seek out the information themselves. The majority stated they did not have the time and/or support from their chain of command to access services, or were not in the right 'headspace' to be proactive. Several recalled feeling easily overwhelmed, and unsure of how to navigate the system, or how to build a new identity as a civilian.
- The majority had very poor awareness of the range of services available to them or how to access them, whether these services are provided by Defence, DVA, ESOs or community health system.
- Several stated there should also be more active follow-up following discharge to check how they were going and to link them to services as required.
- Some reflected that the support and approach to retraining (i.e. recognition of prior learning) was good in concept but poorly executed. This served to reduce their job seeking competitiveness in the civilian job market.
- There were a range of people who had assisted them to connect to the correct services either during transition or post-discharge. There was strong consensus on the requirement for improving awareness for individuals, commanders, junior leaders and peers on the wide range of services available from Defence, DVA and ESOs.
- Support services also need to know the specific needs of young ex-serving personnel and be able to provide timely and relevant support. Specific ESOs were identified as providing a match between services needed (i.e. assistance with mentoring, resume development and identification of skills, employment placement). Ongoing, rather than one-off services were viewed as more appropriate in meeting the needs of young ex-serving personnel.

New services and initiatives to meet the needs of young transitioning and ex-serving ADF personnel

Stakeholders identified a range of possible new initiatives to address these gaps, including ones which should be initiated from the commencement of a military career, through to transition and post-discharge.

Building resilience

Tailored assessments at time of enlistment to identify their strengths and areas for development with the aim of helping them to adapt to adversity.

Preparing for transition

All ADF personnel should be preparing for transition from the point of recruitment. This does not need to be an overt process, but rather a focus on the development of skills and behaviours that will assist young people to be successful both within the military and on transition.

Community engagement

Encouraging active links with the civilian community throughout their career.

Family engagement

Families need more information on military life and where support is available from the time of enlistment. This information needs to be provided in a variety of formats so it is accessible regardless of their circumstances (i.e. webinars, social media). Access to this information should not be controlled via the young person as they are unlikely to appreciate the importance of their families being connected into the military community.

Comprehensive assessment at transition

The general consensus was that anyone under the age of 25 transitioning from the ADF should undergo a comprehensive assessment, regardless of the reason for discharge, and this should include:

- Mental health/psychosocial assessment (reasons for leaving, mental health concerns, traumas) and an opportunity to 'debrief' on their military experience, and be provided with tailored advice and support for transition needs.
- Addressing self-identity and what it will mean to be a civilian again.
- Identification of a range of suitable services and linking them to these services.

- Defence and DVA (VVCS) were both proposed as potential service providers for this assessment. One stakeholder noted that although mental health would be a key part of this process, it should not be driving this process and the approach should be more psychosocial/vocationally based, with links to mental health services as required. Another stakeholder noted the need to balance an understanding and appreciation of what occurred in Defence, with providing a direct link back into the community.
- A secondary aim of this process would be to provide the individual with a positive experience with a mental health professional prior to transition to hopefully reduce future barriers to help-seeking.

Vocational coaching

Beyond current initiatives, stakeholders encouraged the introduction of tailored vocational coaching which could include:

- psychological assessment of skills, interests, and values to guide vocational decisions
- assistance to translate military skills and interests to civilian jobs
- development of realistic and achievable vocational plans to provide them with focus and hope.

Some stakeholders also advocated for greater flexibility in how CTAS funding can be used by transitioning personnel, and in particular allowing funding to be split across multiple activities.

Exit debrief

Mandatory and comprehensive exit debriefs should be conducted with the chain of command. Command must be trained in how to conduct debriefs, including being aware of the particular needs of this age group. The aim is to facilitate a more positive transition experience and improve the accountability of the chain of command in the process, including ensuring individuals under their command participate in all key components of the transition process.

Post-transition follow-up

While there was consensus that this cohort should be actively followed-up post-discharge, there were differing views on who would be best placed to provide these services. Options proposed were Transition Centres, VVCS, an ESO or a youth-focused community-based mental health service. Issues to be considered included:

- Introducing young people to the services they will use into the future.
- Identifying a service with the capacity and staffing to sustain this into the future, including the ability to service regional and remote areas.
- Encouraging young transitioning personnel to create new networks and supports that were not based in the military or still linked to the military (i.e. ESOs) as this may not promote full reintegration back into the community.
- Not replicating youth mental health services which already exist in the community, but ensuring that these services are sufficiently aware of military issues.

Review system of minimum period of service

Several stakeholders suggested reviewing this system to determine if there could be more flexible options for transition which is less adversarial and facilitates individuals leaving with more positive views about Defence and themselves (views they will take back to their families and communities), and potentially allows some young people to return to military service in the future when they are more mature/motivated.

Links into 'youth friendly' community services

Several stakeholders emphasised that there are excellent general mental health services already available for civilian young people. The focus needs to be on the needs of individuals and actively linking them to appropriate services while ensuring these extant services are military-aware so they can meet the needs of this cohort.

Transition services

Achieving greater consistency in the transition education and services accessed by everyone transitioning and ensuring these meet the needs of the younger cohort and are presented in formats accessible by and of interest to them (i.e. online).

Social media

ESOs and DVA need to improve their social media presence, because these are the platforms young people use to access information.

Engage young people in support programs

There is a role for young people with lived experience to become peer supporters for those transitioning. This is a model already being used within various ESOs and being trialled in Townsville by VVCS.

Views of younger ex-serving personnel

The initiatives proposed by ex-serving personnel were generally aligned with the stakeholders. However, a notable difference was that several advocated for allowing family personnel to be actively involved in decision making relating to transition. While acknowledging the rights of the young person, some remained concerned that young people could be making important life decisions at a time when they were not fully informed and/or not psychologically well.

Other suggestions included:

- They felt that the chain of command should be more accountable for ensuring successful transition, including access to services and sufficient time to access these. For those experiencing mental health concerns, the importance of an empathic perspective was highlighted.
- The group also supported the requirement for more proactive mental health screening and assessment prior to transition. The need for a specialist 'youth mental health focus' was identified, in addition to specific youth mental health services that could be accessed online. Several wanted families to be actively engaged in this process, to help ensure young people are making sound decisions regarding their wellbeing and their future.
- Several advocated for a period of transition and reintegration while they were still in service where they could learn to establish their own routines and be more self-directed for their tasks, including the wearing of civilian attire. This should also be a period of time solely dedicated to their transition administration.
- Assistance overcoming a sense of 'institutionalisation' from the ADF was highlighted, and that a workplace rehabilitation approach may assist in acculturating to civilian 'language and attitudes'. This was viewed as a means to enhancing the likely success of initial job placements post-discharge. Ongoing support was identified as most helpful.

The Role of ESOs in transition

There were differing views among the stakeholders regarding the role of ESOs in supporting the transition process.

Benefits

- Most acknowledged that ESOs provide important services to serving and ex-serving personnel, including during transition.
- One ESO described considerable success in using a range of activities, including group physical training sessions and physically and mentally challenging adventure activities to engage young people and then offer them more formal mental health services, as required.
- Other benefits identified for the younger cohort included establishing a peer network and social group to provide support, validation and insights. It was also noted that they can benefit from interacting with older veterans and learning from their experiences.
- There was a general acknowledgement that ESOs can and should contribute to establishing the evidence-base for complementary activities and therapies, including as a pathway into evidence-based care.
- ESOs were also regarded by some as an important employment option for young ex-serving personnel.

Limitations

- There was general consensus that many young ex-serving personnel:
 - Do not readily identify ESO services as being available to them and/or that they are eligible to receive these services, especially if they were early service leavers.
 - Are not aware of the range of ESOs available or how to access these services.
 - See these services are being more applicable to those with families, rather than single people.
- One observation was that ESOs need to improve what they are offering and how they are offering it, as they are generally too specific in their service provision and are not integrated. The particular service approached may shape how individuals see themselves fitting into ESOs.
- Several stakeholders expressed concerns that involvement in ESOs may encourage individuals to stay linked into the military community, rather than reintegrating into the civilian community.
- It was noted that all ESOs must ensure that they have the necessary regulations and governance for their services.

Views of younger ex-serving personnel

All of the ex-serving personnel consulted were actively involved with an ESO and were very positive about the support and services provided to them. Generally, they had linked into these services post-discharge and they reiterated that they had largely been unaware of the range of services available or how to access them. Many had been linked to the services by a friend. Although young ex-serving ADF personnel highlighted the importance and effectiveness of practical support that had been provided by some ESOs, other ESOs were identified as being 'out of step' with their expectations.



SUMMARY

Identity formation for many young ADF personnel coincides with their enlistment and, therefore, military training (including 'unhelpful' aspects of ADF culture) can have a large influence on their developing sense of self.

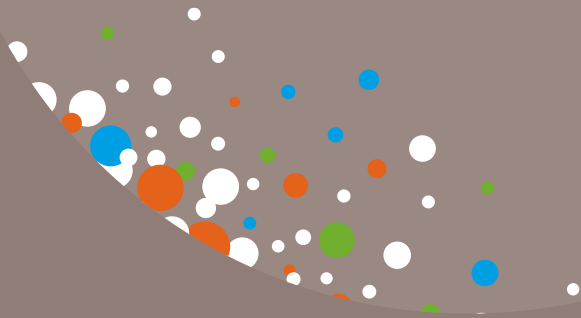
Transition can be difficult due to a loss of protective factors, readjusting to being a civilian and acquiring new skills, undetected mental health needs and barriers to help-seeking. The experience of transition and level of support accessed can be affected by the 'head space' a person is in during this process.

There are gaps in current transition services and initiatives relating to the needs of the young personnel. Framing a military career as the first chapter in a person's life and career, family engagement, mental health literacy and active follow-up post-discharge were areas for service improvement identified by stakeholders and ex-serving personnel.

Improvements identified for the transition process included: comprehensive health assessments; exit debriefs; links into DVA provided and community health services, a cross-over period during which civilian responsibilities are taken on during the final stages of transition.

.....

Most regarded transition to be an administrative process aimed at getting them out of the system, not a system to assist them with the next phase of their life.



Improving support for young people

Young people who join the ADF enter a life in which they face new routines, pressures and a unique cultural environment. Responses to this vary. While many adapt and build a service career, in some cases it results in early separation from the ADF, for others it can result in poor health outcomes (mental and/or physical). Career duration and accomplishment will be informed by their service-related experiences, including the possibility of deployment.

Young service personnel who transition out of the ADF within the first year or early in their career are a group who face increased risk of mental ill-health, including an increased likelihood of suicide. In addition to this heightened risk, DVA and transition support services have had difficulty engaging this group. This group needs a specific focus and dedicated programs and support services that begin in Defence and are integrated with appropriate post-separation services. The level of post-separation services provided to an individual need to be based on a comprehensive assessment and psychosocial screening prior to discharge.

Some of the policy opportunities identified in this policy paper build on emerging initiatives, others require system and practice reforms for implementation and there are new initiatives that address the specific needs of young personnel. Defence and DVA collaboration, as demonstrated through the work of the Transition Taskforce is required to ensure support services during transition and post-separation maximise engagement and benefits for young service and ex-service personnel. Partnerships with ESOs, Department of Health, community health services, research organisations and others are required to meet the particular needs of young serving and ex-serving personnel.

Policy opportunities

The opportunities to improve transition outcomes for young serving and ex-serving personnel begins at recruitment, continues through transition, the post-separation phase and integration back into the community. At every stage an awareness of a young person's wellbeing and the potential need for mental health and other support needs to be incorporated to maximise the opportunities for early interventions for an individual's wellbeing and growth.

During their service career Defence has primary responsibility for young serving personnel. Recognition of the need to improve the transition process and outcomes has seen the development of various initiatives, including trials for DVA to 'reach in' to the pre-discharge phase of transition. The introduction of initiatives tailored to the specific needs of young serving personnel are recommended.

Following discharge there are three main avenues (DVA, ESOs and community-based options) for ex-serving personnel to access support. It is important that the avenues chosen provide young ex-serving personnel with the required level of wellbeing support and access to mental health services. The objective of transition is to prepare young serving personnel for returning to civilian life, therefore, optimal DVA and ESO avenues should be integrated with community-based services to enable the completion of transition back into the community.

New initiatives

Opportunities identified in this policy paper include improvements to existing processes and proposed new initiatives with an underlying focus on achieving the successful reintegration of young ex-serving personnel back into the community. Opportunities are divided into policy direction, transition and post-separation services, and future research.

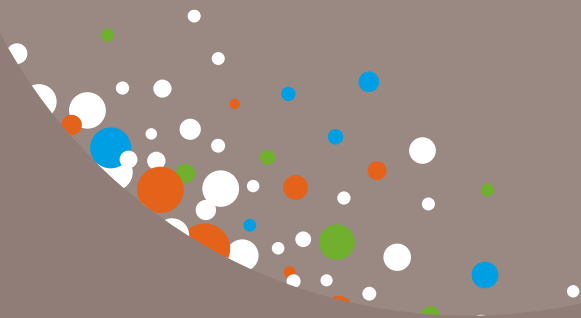
Policy	
Opportunity	Mechanism
<p>Integrated whole-of-system approach</p> <p>A whole-of-system approach is required to identify the needs of young serving and ex-serving personnel. This knowledge would inform the development, evaluation and continued improvement of targeted support programs and services.</p> <p>Greater integration of DVA and VVCS into Defence to make connections with young serving personnel that accompany them through their service career, transition and post-separation life.</p> <p>Development of this approach needs to be identified as a discrete focus of ongoing improvement programs, including through the Transition Taskforce and should be informed by the findings of the Transition and Wellbeing Research Programme.</p>	Defence, DVA and VVCS
<p>Awareness and access to transition support</p> <p>All transitioning personnel younger than 25 years old need to be aware of the full range of available transition support. Access to appropriate services needs to be actively facilitated and tailored to their individual needs. Family involvement in this support process should be facilitated. At a minimum all young personnel, regardless of length of service, should participate in:</p> <ul style="list-style-type: none"> ▪ comprehensive psychosocial health assessment ▪ vocational assessment and coaching ▪ exit interview by command. 	Defence
<p>Working with Ex-service Organisations</p> <p>Ex-service Organisations (ESOs) are a potential avenue of support for young ex-serving personnel. Defence and DVA need to continue to communicate and collaborate with ESOs that are successfully engaging with of young ex-serving personnel in support of their transition back into the community.</p>	Defence, DVA, ESOs
Transition services	
Opportunity	Mechanism
<p>Comprehensive psychosocial health assessment</p> <p>Mandatory and comprehensive psychosocial health assessments by a military and youth aware mental health professional prior to transition to:</p> <ul style="list-style-type: none"> ▪ assess mental health/psychosocial health ▪ 'debrief' on their experiences of military service ▪ identify risk factors relating to transition ▪ establish connection with services they can access in the future. <p>This assessment will guide the selection of suitable services, and where required, facilitate referrals to appropriate mental health services.</p>	<p>Coordinated by Defence. Provider considerations:</p> <ul style="list-style-type: none"> ▪ service with the capacity/staffing to sustain assessments ▪ ability to service regional/rural areas ▪ ability to link young person to range of suitable service providers ▪ ability to include family in process where appropriate.

Post-separation services	
Opportunity	Mechanism
<p>Improving engagement</p> <p>New initiatives to develop accessible service pathways for young service personnel (especially those with less than one year of service) and young ex-serving personnel.</p> <p>An additional Transition Taskforce 'reach in' trial be undertaken with a specific focus on engaging young service personnel during the recruitment process, initial training and within their first year of service.</p> <p>A dedicated suite of online, mobile and social media platforms (e.g. Orygen's Moderated Online Social Therapy) be developed and evaluated for service access and treatment delivery for young ex-serving personnel.</p> <p>Learning from existing youth services will assist DVA to develop acceptable awareness campaigns and service delivery models. The potential benefits of a 'youth' focused brand and approach developed in partnership with young serving and ex-serving personnel should be investigated.</p>	<p>DVA</p> <p>Digital health experts</p> <p>Veteran and youth experts and young serving and ex-serving personnel</p>
<p>Targeted support hubs</p> <p>Targeted and uniquely branded support 'hubs' for transitioning and young ex-service personnel (with scope to extend into the 25-29 age range) are required.</p> <p>While linked with Defence and DVA as a transition support service, a focus on this age group will be central to the design of these hubs. Younger ex-serving personnel should be co-designers of this service to ensure it is appropriate to their requirements.</p> <p>Comprehensive support from the commencement of the transition process for a period of up to 12 months post-discharge would be provided with the objective of connecting people with the appropriate Defence, DVA, community-based and specialist health, mental health, vocational, family and other support services.</p> <p>These local hubs would provide:</p> <ul style="list-style-type: none"> a point of coordination and (if necessary) case management for the individual, family, command and appropriate services an accessible point of contact for ex-serving personnel to navigate available support. <p>Three levels of service would be provided based on the risk (low, moderate, and high) of mental health or psychosocial adjustment problems. The program would be staffed by professionals with experience working with young people who are militarily competent and have the skills to provide tailored guidance on appropriate services to support individuals at different stages of their transition as well as low-intensity psychological interventions targeting transition-related issues.</p> <p>The hubs could be delivered through a variety of sites to maximise engagement. Sites could include military bases, existing VVCS services, DCO Transition Centres or through innovative or distance based mobile services or some combination of the above.</p>	<p>Coordinated by DVA and Defence with linkages with PHNs, veteran and community specialist mental health services and ESOs.</p> <p>Service development undertaken in consultation with veteran and youth mental health experts (e.g. Orygen and Phoenix Australia)</p> <p>Provider considerations:</p> <ul style="list-style-type: none"> - service with the capacity/staffing to sustain support and integrate with other services - ability to service regional/rural areas - ability to link with young people from the commencement of transition process, until 12 months post-transition - ability to link to services outside of Defence and DVA as appropriate.
<p>Identifying community services access</p> <p>Improved systems for identifying young ex-serving personnel accessing community health services is required. The following improvements are immediately available:</p> <ul style="list-style-type: none"> Visibility of 'veteran' identification on health records for health professionals. Promotion among community health professionals and services of the need to ask about and record service history. A specific Medicare Benefits Schedule item number for the ADF Post-discharge GP Health Assessment. 	<p>Department of Health, Defence, DVA</p>

Post-separation services	
Opportunity	Mechanism
<p>Awareness and skill development for Community health services</p> <p>Community health services need to be equipped to provide health care for young serving and ex-serving personnel.</p> <p>Skills training, awareness and system structures that identify risk, understanding of military culture and experience and referral pathways to specialist services are required to equip health professionals and services to provide appropriate support.</p> <p>Population audits need to include 'veteran' status to inform Primary Health Networks of potential service capacity requirements.</p>	<p>Health departments, DVA</p> <p>Primary Health Networks</p>
Further research	
Opportunity	Mechanism
<p>Analyse existing data to set research agenda</p> <p>Collation of all available data for the under 25 years cohort needs to be coordinated to provide the clearest picture of their service needs and to identify existing gaps for strategically beneficial funding of further research.</p> <p>Further analysis of Transition and Wellbeing Research Programme and Australian Institute of Health and Welfare data would provide up-to-date information for this cohort. Areas for analysis include:</p> <ul style="list-style-type: none"> ▪ prevalence rates of mental disorders ▪ the impact of different types of discharge and length of service on mental health ▪ pathways to care ▪ suicide related behaviours ▪ use of technology. 	<p>Defence, DVA</p> <p>University of Adelaide</p>
<p>Longitudinal study</p> <p>A longitudinal study is required to understand the service experience and the impact on individuals (and families) from the point of recruitment through their service career and post-transition life.</p> <p>Such a study could use a developmental approach across the life-cycle of service that informed policy and practices starting from recruitment, service career, transition and post-discharge.</p>	<p>Defence and DVA in collaboration with an appropriate research institute</p>

.....

The introduction of initiatives tailored to the specific needs of young serving personnel are recommended.



Appendix

Questions used in engagement with stakeholders and ex-serving personnel.

Questions

Needs of younger ADF members

- Broadly speaking, when thinking of younger ADF members, do you think that they have particular needs with respect to the mental health and wellbeing support provided to them?

Transition and young people

- With respect to younger people making the transition from the ADF, do you think that there are particular issues relevant to this demographic?
- What are they?

Contact with/service provided to younger transitioning and transitioned ADF members

- To what extent does your organisation provide services to this demographic (up to age 25 years old)?
- Do they use your services?
- Are they a significant proportion of your clientele? Do you see early service leavers? If not, why not?
- Do you have services and supports for this group? Do you have services and supports *targeted* to this group?

Existing services and supports

- For transitioning and transitioned younger ADF members, what can we do better within existing services?
- What are the potential barriers?

New initiatives and services

There are a range of recent initiatives to improve transition more generally i.e. earlier engagement with DVA for ADF members, improved integration of Defence and DVA case records, more support and training in job seeking, additional leave for job seeking, trial of embedding a liaison officer in the chain of command to assist individuals with transition processes, training of transition officers, piloting active handover of medical care from Defence to external providers etc.

- What do you think of these?
- What do you think are the priorities here?
- Are there gaps in what is proposed, especially for younger veterans (e.g. interpersonal engagement, service shortcomings)?

Other initiatives

- Are there other initiatives that you think are worth trialling?

High risk ADF members

- For transitioning and transitioned younger ADF members who are deemed to be at high risk of personal or social problems (e.g. one or more of known mental health issues, poor coping, administrative or medical discharge, brief service, poor prognosis for social integration), what can we do better within existing services?
- What new initiatives might be particularly useful for this group?

Final question

- Is there anything else you would like to add or thought that I would ask about?

References

1. Australian National Audit Office, 2012. 'Administration of Mental Health Initiative to Support Younger Veterans', Australian National Audit Office: Canberra.
2. Australian Bureau of Statistics, 2016. 'Causes of Death, Australia, 2015'.
3. Australian Institute of Health and Welfare, 2017. 'Incidence of suicide among serving and ex-serving Australian Defence Force personnel: Detailed analysis 2001-2015', Australian Institute of Health and Welfare: Canberra.
4. National Mental Health Commission, 2017. 'Review into the Suicide and Self-Harm Prevention Services available to current and former serving ADF members and their families. Final Report: Findings and Recommendations'.
5. Kessler, R.C., et al., 2005. 'Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication'. *Archives of General Psychiatry*. 62(6): p. 593-602.
6. Wade, D., et al., 2017. 'The impact of potentially traumatic events on the mental health of males who have served in the military: Findings from the Australian National Survey of Mental Health and Wellbeing'. *Australian and New Zealand Journal of Psychiatry*. 51(7): p. 693-702.
7. McFarlane A. C., et al., 2011. 'Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report': Canberra.
8. Kapur, N., et al., 2009. 'Suicide after leaving the UK armed forces--a cohort study'. *PLoS Medicine*. 6(3): p. e26.
9. Ganz, D. and L. Sher, 2013. 'Educating medical professionals about suicide prevention among military veterans'. *International Journal of Adolescent Medicine & Health*. 25(3): p. 187-91.
10. Chapman, S.L. and L.T. Wu, 2014. 'Suicide and substance use among female veterans: a need for research'. *Drug and Alcohol Dependence*. 136: p. 1-10.
11. Lemaire, C.M. and D.P. Graham, 2011. 'Factors associated with suicidal ideation in OEF/OIF veterans'. *Journal of Affective Disorders*. 130(1): p. 231-238.
12. Jakupcak, M., et al., 2010. 'PTSD symptom clusters in relationship to alcohol misuse among Iraq and Afghanistan war veterans seeking post-deployment VA health care'. *Addictive Behaviors*. 35(9): p. 840-3.
13. Jacobson, I.G., et al., 2008. 'Alcohol use and alcohol-related problems before and after military combat deployment'. *JAMA*. 300(6): p. 663-75.
14. Buckman, J.E., et al., 2013. 'Early Service Leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early'. *European Journal of Public Health*. 23(3): p. 410-5.
15. Giebel, C.M., P. Clarkson, and D. Challis, 2014. 'Demographic and clinical characteristics of UK military veterans attending a psychological therapies service'. *The Psychiatric Bulletin*. 38(6): p. 270-275.
16. Defence Community Organisation, 2017. 'ADF Transition Support Service', Department of Defence, Australian Government: Canberra.
17. Baker, D. and S. Rice, 2017. 'Keeping it real: Reimagining mental health care for all young men': Melbourne.
18. Senior Information Officer, 2017. 'Data for Health Assessments Note A58'.
19. Pedersen, E.R., G.N. Marshall, and J. Kurz, 2016. 'Behavioral Health Treatment Receipt Among a Community Sample of Young Adult Veterans'. *The Journal of Behavioral Health Services & Research*. 44(4): p. 536-50.
20. Foreign Affairs Defence and Trade References Committee, 2016. 'Mental health of Australian Defence Force members and veterans', Australian Senate: Canberra.
21. Bale J., 2014. 'PTSD and Stigma in the Australian Army', The Australian Army.
22. Rozanova, J., et al., 2016. "'I'm Coming Home, Tell the World I'm Coming Home". The Long Homecoming and Mental Health Treatment of Iraq and Afghanistan War Veterans'. *Psychiatric Quarterly*. 87(3): p. 427-43.
23. Defence Health. 2017. 'ADF Health & Wellbeing Portal'. [Accessed on 3 November 2017]; Available from: <http://www.defence.gov.au/Health/HealthPortal/>.
24. Minister for Veterans' Affairs, 2017. 'Ministerial statement on veterans and their families'.
25. Australian Public Service Commission, 2013. 'Capability review: Department of Veterans' Affairs', Australian Public Service Commission, Australian Government: Canberra.
26. Aspen Foundation, 2015. 'Ex-Service Organisations (ESO) Mapping Project'.
27. Thompson, E.H., Jr. and K.M. Bennett, 2015. 'Measurement of masculinity ideologies: A (critical) review'. *Psychology of Men & Masculinity*. 16(2): p. 115-133.
28. Courtenay, W.H., 2000. 'Constructions of masculinity and their influence on men's well-being: a theory of gender and health'. *Social Science & Medicine*. 50(10): p. 1385-1401.
29. Australian National Audit Office, 2016. 'Administration of Rehabilitation Services Under the Military Compensation Act 2004', Australian National Audit Office: Canberra.
30. Foreign Affairs Defence and Trade References Committee, 2017. 'The Constant Battle: Suicide by Veterans', The Senate: Canberra.
31. Department of Defence, 2017. 'ADF Transition Handbook', Department of Defence.
32. The Hon Dan Tehan MP, 2017. 'Media release: Supporting Younger Veterans Grants announced', Minister for Veterans' Affairs: Online.
33. Australian Institute of Health and Welfare, 2017. 'Medicare-subsidised mental health-related services: Table MBS.2: People receiving Medicare-subsidised mental health-related services, by provider type (a), patient demographic characteristics, 2015-16': Online.
34. Department of Health, 2017. 'The Fifth National Mental Health and Suicide Prevention Plan': Canberra.

35. McGuire A, et al., 2015. 'Mental health service use: comparing people who served in the military or received Veterans' Affairs benefits and the general population'. *Australian and New Zealand Journal of Public Health*. 39(6): p. 524-529.
36. Hodson, S. and A. McFarlane, 2016. 'Australian veterans - Identification of mental health issues'. *Australian Family Physician*. 45(3): p. 98-101.
37. Reed, R.L., S. Masters, and L.S. Roeger, 2016. 'The Australian Defence Force Post-discharge GP Health Assessment'. *Australian Family Physician*. 45(3): p. 94-7.
38. Department of Health. 'Medicare Benefits Schedule - Note A58'. [Accessed on 31 August 2017]; Available from: <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A58&qt=noteID&criteria=ADF%20Post-discharge%20GP%20Health%20Assessment%20>.
39. Department of Veterans' Affairs. 'ADF Post-discharge GP Health Assessment'. [Accessed on 31 August 2017]; Available from: <http://at-ease.dva.gov.au/professionals/assess-and-treat/adf-post-discharge-gp-health-assessment/>.
40. Australian Institute of Health and Welfare, 2017. 'State and territory community mental health care services: Table CMHC.3: Community mental health care service contacts, by sex and age group, states and territories, 2015-16': Online.

35 Poplar Road
Parkville VIC 3052
1300 679 436
orygen.org.au

An initiative of The Colonial Foundation
The University of Melbourne
and Melbourne Health

