



AASW

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**Australian Association
of Social Workers**

*Submission to the Senate Foreign
Affairs, Defence and Trade
References Committee*

Re: Mental health of ADF serving personnel

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Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 9000 professional social workers throughout Australia.

The AASW sets the benchmark for professional education and practice in social work. The AASW is directly involved in contributing to policies, programs and research on matters of social inclusion, mental health and well being, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession

The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.

Social workers work with individuals, families, groups and communities. Professional social workers consider the relationship between biological, psychological, social, family cultural and spiritual factors and how they impact on a client's health, wellbeing and development. Accordingly, in their service delivery to Australian Defence Force (ADF) personnel, veterans and their families, social workers maintain a dual focus in both assisting with and improving mental health and wellbeing and identifying and addressing any external issues that may impact on wellbeing.

In terms of service delivery within the mental health sector, social workers make up a third of the allied health workforce for public sector mental health services.¹ Social workers are also strongly represented in the NGO sector. In addition there are currently 1,800 AASW-Accredited Mental Health Social Workers (AMHSWs) in private practice. This AMHSW workforce is registered with Medicare Australia to provide mental health treatments in the form of Focused Psychological Strategies. These AMHSWs are located in each state and territory in metropolitan, regional and remote areas of Australia. In addition to AMHSWs, the AASW has a class of social workers called Accredited Social Workers. These social workers, although not eligible to apply for a Medicare provider number, are up to date with AASW endorsed continuing professional development and supervision and are also eligible to have an AASW endorsed 'Trade Mark'. Currently there are over 600 social workers nationally that use the accredited social worker 'Trade Mark'. Accredited Social Workers are well skilled to provide a broad range of interventions that can improve the mental health and wellbeing of service personnel.

Social work has a long history with ADF personnel going back to 1956. Social workers are employed in the Department of Defence in the family support organisation known as the Defence Community Organisation (DCO), and in multidisciplinary mental health teams as part of Joint Health Command. Social workers assist personnel and families throughout the ADF lifespan in a variety of ways to address the unique challenges of Service life. Stressors related to military life may change over a career particularly after exposure to war and other deployments, training incidents, and border security operations. Whole families may be negatively impacted particularly children and adolescents. Social workers draw from evidence based and research-informed models to address the many aspects of psycho-social issues that service personnel and their families face.

¹ Department of Health & Ageing (2010). *National Mental Health Report 2010: Summary of Fifteen Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2008*. Canberra: Commonwealth of Australia.

Our submission

The AASW supports the ADF Mental Health and Wellbeing Plan 2012-2015 and believe it has been important in improving the mental health of ADF serving personnel.

Similarly the AASW supports the Department of Veterans' Affairs (DVA) Veteran Mental Health Strategy, 2013-2023 especially in regard to its first strategic objective to "Ensure Quality Mental Health Care".

Nonetheless, the AASW has identified a number of related areas in which improvements could be made that would greatly increase the effectiveness of the implementation of both the ADF and DVA mental health plan and strategy.

These areas relate to:

- Accessing the contributions that social workers can make to improving the mental health and well being of ADF personnel, veterans and their families.
- Fully embedding an approach to family sensitive practices that would ensure greater support for service personnel, veterans and their families. This would include the implementation of evidence based best practice in mental health assessment and treatment to involve the families.

The AASW acknowledges the submissions from other key stakeholders to this Inquiry by the Senate Foreign Affairs Defence and Trade Reference Committee. The AASW supports a range of recommendations put forward particularly by the Ex Service Organisations who are focussing their service delivery and support on ADF and ex ADF members and families. The AASW has consulted with current AASW members working with ADF personnel, veterans and families on the key issues for improving mental health and well being of these important groups in Australian society.

The AASW submission builds on the findings of the Vietnam Veterans Family Study (2014) ² that states in part,

This study has some important implications for reducing the intergenerational consequences of military service. Among these are the potential value of family centred treatment programs that focus on helping service members and their families adjust to the member's military service and the importance of treating sufferers of posttraumatic stress disorder and other exposed to potentially traumatic events (pp. 129-130).

and the Timor-Leste Family Study (2012) ³ which states,

Social support was significantly associated with mental health: partners who reported higher family and non-family support had better mental health, reported lower psychological distress, less frequently screened positively for Posttraumatic Stress Disorder, and reported fewer problems with their children. Family support was more strongly associated with positive outcomes than non-family support (p. 12).

Accordingly, the AASW submission will be focusing on items d and f in the Terms of Reference.

² Forrest W, Edwards B & Daraganova G (2014). *Vietnam Veterans Health Study, Volume 2, A Study of Health and Social Issues in Vietnam Veteran Sons and Daughters*, Australia Institute of Family Studies, Melbourne.

³ McGuire A, Runge C, Cosgrove L, Bredhauer K, Anderson R, Waller M, Kanesarajah J, Dobson A & Nasveld P (2012). *Timor-Leste Family Study: Summary Report*. The University of Queensland, Centre for Military and Veterans' Health, Brisbane.

Responses

d. Mental health evaluation and counselling services available to returned service personnel

ADF personnel and their families – Department of Defence

1. Despite the strong evidence in both the Vietnam Veterans Family Study and the Timor-Leste Family Study that the quality of family support is both crucial to the mental health of both service personnel and their families, the conducting of a family assessment is not standard procedure during mental health evaluations within the Defence Force. Without a clear understanding of family dynamics including stresses and strengths, mental health assessments will miss important information relevant for counselling and treatment outcomes. Within the ADF, it is understood that Garrison Health service provision evaluation and counselling centre primarily focuses on the individual with only minimal attention to their family and social context. Family issues are seen as an issue that other services deal with, rather than appreciating the service person as someone who is integrally linked to his or her family.
2. The 2010 ADF Mental Health Prevalence and Wellbeing Study reported that 22% of the ADF population (11,016) experienced a mental health disorder in the previous 12 months and during that time 17.9% of ADF members sought help for stress, emotional, mental health or family problems.⁴ In the 2014 Defence Families of Australia Annual Family Survey⁵, respondents were asked whether they had an issue in the past year related to Defence life for which they could not find support within Defence. Twenty-three per cent responded that they had, and when asked to provide details partners mentioned, “they were looking for mental health support for themselves, the ADF member and their children (p.8).” There is clearly a gap in mental health service provision that is not being filled, and part of the reason we argue is the failure to use social work resources to their full capacity and the siloed approach that separates individual defence force mental health needs from that of their family.
3. An early family assessment is not only crucial in understanding the impact of a psychological diagnosis on the service personnel and their family, but also means that important supports can be mobilised early. It also alerts the clinician of areas in which clinical treatment might be undermined by family dynamics. Often treatment is disrupted by events in the external environment. Social work assessments that include a family assessment and an assessment of other psychosocial factors are highly valued in mental health teams.
4. The Australian Guidelines for the Treatment of Acute Stress Disorder & Posttraumatic Stress Disorder state that comprehensive assessment of PTSD requires:

Broader quality of life indicators such as satisfaction with physical, social, environmental and health status, marital and family situation, and occupational, legal and financial status should also be assessed. Accurate assessment of the person’s support network is particularly important, since good social support is strongly associated with recovery (p.31).⁶

These are the types of issues addressed in social work psychosocial assessments.

⁴ McFarlane A, Hodson S, Van Hooff M, and Davies C (2011). *Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report*, Department of Defence, Canberra. Key Findings. Available at <http://goo.gl/DGe5Py>

⁵ Defence Families of Australia Annual Family Survey 2014 Report. Available at <http://goo.gl/g4tUuc>

⁶ Australian Centre for Posttraumatic Mental Health, (2013). *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder*. ACPMH, Melbourne, Victoria.

5. It is therefore of concern to the AASW that the Department of Defence did not include AMHSWs in their recent tender rounds to provide treatment for mental health conditions – only psychologists. This appears to be a result of the narrow and outdated understanding of mental health that sees mental health problems residing in isolation within the individual without a context. This decision also has the effect of denying service personnel and their families a level of intervention that is acknowledged within the Medicare system as highly appropriate.
6. It also has the effect in regional or rural areas where service personnel and their families are stationed, and where there is often a shortage of skilled mental health professionals, that mental health needs will simply not be addressed because an important professional mental health resource in the form of AMHSWs is being ignored. For others it will mean longer delays in receiving the mental health services that they require.

Veterans and their Families – Department of Veterans' Affairs (including the Veterans and Veterans Family Counselling Services VVCS)

7. Similarly it is concerning the Department of Veterans Affairs has restricted AMHSWs providing trauma treatments for veterans with white and gold cards. In view of the Australian Guidelines' emphasis on both comprehensive assessment and the need for good social support to enhance recovery it is difficult to see how this decision can be justified.
8. Rehabilitation & Compensation - The AASW is particularly concerned that new initiatives to address issues of Rehabilitation and Compensation should assertively include early intervention with young veterans and their families and networks. Comprehensively assessing veterans entering this part of the system should be a priority with a strong emphasis on recovery. To undertake this work, social workers (whether they are Accredited Mental Health Social Workers or Accredited Social Workers) should be engaged in addition to other disciplines to fully assess the psychosocial aspects of presenting problems. The assessment should include family, friends and networks. Contemporary mental health practice is founded on a belief that recovery is possible and early intervention is crucial to maximise the recovery outcome. The awarding of long term pensions such as TPIs should be delayed as long as possible.

f. The support available for partners, carers and families of returned service personnel who experience mental ill-health and PTSD

1. The AASW would like to make the simple point here that support for partners, carers and families of returned service personnel who experience mental ill health and PTSD should not be seen as a completely separate category to the support given to the returned service personnel themselves. This is not to say that each may have particular needs that have to be addressed. However, to view the support needs of family and individual service personnel as completely separate leads to the siloed approach that is so often criticised because of the confusion, failures of communication and mistrust that it causes.
2. The interrelatedness of support for carer and service personnel is highlighted in recent research on the psychological functioning of partners of Australian combat veterans, which states in part,

The present findings suggest that an intervention or program should aim at addressing key distress indices related to caregiving demands, which may in turn improve psychological functioning. For example, increase respite services for those partners experiencing distress related to exhaustion and/or provision of couple counselling services for the ones experiencing intimacy issues. It has been recognised that in most cases, the spouse/partner is crucial to the health of the veteran couple (Orthner & Rose, 2009). Therefore, programs addressing family issues rather than singling out only the veteran for 'treatment' of mental health problems might prove useful (p.310).⁷

⁷ MacDonell G, Thorsteinsson E, Bhullar N, & Hine D (2014). Psychological Functioning of Partners of Australian Combat

3. This interrelatedness of support needs again emphasises the importance of good initial family and psychosocial assessments which are the specific expertise of social work.

Conclusion

Social workers have long contributed to the mental health of ADF serving personnel and their families. The skills offered by social workers in relation to family and psychosocial assessments and treatments are vitally important. It is concerning therefore that AMHSWs are not being included as part of the mental health support for ADF serving personnel.

To help remedy this situation and provide better and timelier mental health services, the AASW recommends the following:

1. That within Garrison Health whenever a mental health assessment is conducted, that a family assessment also be made by a social worker.
2. That the Department of Defence include AMHSWs in future tender rounds to provide treatment for mental health conditions.
3. That ADF mental health services and/or family support organisations be enabled to refer to off-base providers such as AMHSWs, accredited social workers, couple and family therapists in order to provide a suite of comprehensive services for members and families.
4. That the Department of Veterans' Affairs expand the use of AMHSWs beyond those with white and gold cards.
5. That the new initiatives with regard to rehabilitation and compensation involve social work early as part of an early intervention and prevention strategy.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



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