

Soldiers struggling with silent war

Commander reveals toll of combat.

The Australian Defence Force has a range of services to help personnel suffering from post-traumatic stress disorder (PTSD) but is finding it hard to identify all those who need them.

Chief of the ADF, General David Hurley, told a parliamentary inquiry into the care of ADF personnel wounded and injured on operations the challenge was being aware of when personnel are struggling with stress disorders.

“If we’re aware that a person is suffering from PTSD, and they had not completed a regime of treatment to the point where we were prepared to give them responsibility back in the field, they wouldn’t go into the field,” General Hurley said.

“If we don’t know that a person has PTSD we have no way of making the decision whether they should go into the field or not.”

The mental battles faced by many former and current servicemen and women were highlighted through evidence given to the inquiry by the former commander of Australian forces in Afghanistan, Major General John Cantwell.

“Occasionally, I made decisions that resulted directly in the death of other servicemen. I made a decision; it was a bad decision, and they died as a result. I do not forget about that very easily,” Major General Cantwell said.

“Regrettably, on another occasion in Baghdad I was witness to a mass murder in a market square populated by several hundred women and children who were exchanging their gas bottles when a very large car bomb detonated in the middle of them.

“Those matters have accumulated in my mind to the extent that last year I became extremely unwell.

“Last year I could not have sat here before you. I could not have strung a sentence together. I could not have given you a coherent answer to any question you cared to ask, and indeed, I would have to have been helped into the room.



A DARK PLACE: Soldiers battling after combat

“As an entity the Defence organisation has not yet made the transition to deal with emotional wounds in the same way that it does physical wounds.”

However General Hurley said Major General Cantwell’s case was an example of where the ADF had not been able to help due to not being made aware there was a problem.

“Because General Cantwell didn’t make that known, and if you’d run into him at any time since the early eighties or watched him do his work and so forth, I don’t think he gave anyone the impression that there was anything wrong with him, in fact he was nationally lauded for many of his roles, including the Victorian bushfire rehabilitation,” General Hurley said.

“So he like many PTSD sufferers managed to live two lives, one in hell, and one publicly.

“And if we can’t detect that and we don’t see that and it’s not declared, I don’t think we can make a decision not to send him because we don’t know.”

Private sector professionals working with returned defence personnel also appeared at a public hearing and called for the defence force to outsource mental health care.

Toowong Private Hospital Director Dr Andrew Khoo said defence force personnel are discouraged from accessing internal support programs because coming forward could limit their career.

“You have to remember that a lot of the defence force are very young, with young families,” Dr Khoo said.

“They are not skilled in anything else because they have gone straight into the army, navy or air force fairly young.

“There is a lot riding on their ongoing employability. So this does not necessarily encourage them to put their hand up and say they are struggling.”

Dr Khoo said their reluctance to seek treatment is exacerbated by the lower level of confidentiality offered by in-house mental health services compared with private treatment.

“I can understand where that comes from because obviously these men and women carry firearms around and Defence would like to know if they are on medication or if they are struggling psychologically or something like that, but my feeling is that it needs to be moved more off base, or there needs to be a sense of greater separation between the treatment and the employer,” he said.

Brian Freeman, director of specialist rehabilitation organisation Centori, made similar recommendations to the committee.

“A lot of wounded, of course, are from the lower ranks of Army in particular, so they do think that there is something that might affect their career if they are seen to seek some

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sort of treatment for mental illness,” Mr Freeman said.

But ADF professor of military medicine and surgery Lieutenant Colonel Michael Reade said there were problems with sending personnel to external specialists.

“I have heard of a particular soldier going to a private psychiatrist, saying he was having flashbacks to when the IED (improvised explosive device) went off and having the chap say to him, ‘What’s an IED,’ which of course destroyed their therapeutic relationship,” Lieutenant Reade said.

However he admitted a different level of confidentiality does apply when an ADF member is being treated internally.

“We are often required to make it explicitly clear to the patients we treat that we are treating them not only as a patient but also as an agent of the organisation in which we both serve – in the same way that an occupational physician for a mining company might treat someone but have a dual loyalty,” he said.

“I do not think it is as problematic as it might seem to be. It is certainly not the case that the chain of command – that is, the soldier’s boss – has full access to the medical chart; it is all medical-in-confidence.

“But you are correct in saying that the commander has the ability to ask the psychiatrist, or whoever the doctor is treating the patient, ‘What’s going on?’ And he or she may feel entitled to a more detailed answer than they would get from a private health professional.

“Therefore I think the answer is probably to have a mix of both systems.” •

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AGAINST THEIR WILL: Slavery a shocking reality in Australia

Slavery begins at home

Public awareness campaign proposed on trafficking.

Representatives of the Australian Federal Police have told a parliamentary inquiry that slavery and human trafficking are serious problems in Australia, despite only a handful of people being convicted of slavery related offences over the past decade.

AFP manager of crime operations Commander Jennifer Hurst told the Foreign Affairs, Defence and Trade Committee the AFP has 25 specialist staff working on human trafficking.

“From an AFP perspective, we do see it as quite a serious problem,” Commander Hurst said.

Human Rights Sub-Committee deputy chair Philip Ruddock (Berowra, NSW) questioned whether too many resources were being dedicated to the area, citing figures showing only 33 matters were referred for investigation in 2011–12.

However AFP legislation program coordinator Elsa Sengstock said regardless of the number, the AFP considers every referral of slavery a high priority because it is a crime against humanity.

“It is not getting a high priority because of the perceived number ... it is

because of the nature of the offending,” Ms Sengstock said.

Meanwhile, the Law Council of Australia has urged the federal government to fund a comprehensive public awareness campaign in the area.

Council president Joseph Catanzariti said the average Australian does not realise people in Australia can find themselves coerced into a situation where they are being denied their rights or proper wages and conditions.

Mr Catanzariti said a Crime Stoppers style campaign is needed to educate people to be on the lookout for unusual situations.

“It would be great to see the government initiate a campaign that said, ‘right next to you your neighbour could be in fact subjected to these sorts of things’,” Mr Catanzariti said.

“There are support groups for these people where they’re able to identify themselves but we need a lot more education, a public awareness campaign, and we’d be very keen to see a lot of media done in relation to human trafficking.”

The Australian Institute of Criminology has just finished a four-year research program into slavery and human trafficking.