

Centre for Military and Veteran's Health offer Master of Public Health (Defence)

The Centre for Military and Veterans' Health (CMVH) has its finger on the pulse when it comes to understanding the professional development needs and aspirations of Australia's military health and medical personnel.

With Defence health at the heart of its existence, the CMVH has developed a range of short and long-term courses designed to address the need for tertiary education for Defence Health Services and the Department of Veterans' Affairs, including Australian Defence Force personnel, contractors, public servants and civilians.

The Masters of Public Health (Defence) has been designed to align with Australian Defence Force requirements and proposed career structures. Students are equipped with the academic, professional and management attributes that will enable them to approach Defence health issues from a population health perspective.

With exit options, distance education and part-time studies, the Masters of Public Health (Defence) Program can adapt to students' heavy workloads and pending deployment.

The CMVH's range of specialised short courses is particularly beneficial to those who want to hone their medical, nursing and allied health skills in a world where Defence personnel are heavily involved in disaster management, global environmental health, and nuclear, biological and chemical defence.

Short courses include Health Aspects of Disaster, Communicable Disease Control, Introduction to Military Medicine and Occupational and Environmental Health.

CMVH's collaboration with the University of Queensland, University of Adelaide and Charles Darwin University provides students with a national resource and a wide range of specialist study areas, study options and locations.

CMVH courses are internationally-renowned and accredited and can increase the employability of health workers around the

world. Students can gain credit for other courses undertaken with the Australian Defence Force. Students may be eligible to transfer credit for study completed at another university, TAFE or Defence learning institution as part of the Public Health (Defence) Program.

To find out more about CMVH Defence health courses contact the Professional Development Officer on (07) 3346 4860, cmvh@uq.edu.au or visit www.uq.edu.au/cmvh

MASTER OF PUBLIC HEALTH (Defence)



The Centre for Military and Veteran's Health (CMVH) offers the Master of Public Health (Defence) through the University of Queensland



Courses Start February and July
Graduate Certificate and Graduate Diploma options

Topics covered include:

Epidemiology
Occupational and Environmental Health
Infectious and Tropical Diseases
Health Aspects of Disaster
Introduction to Military Medicine

For details on the MPH (Defence) and CMVH short courses, please call the Professional Development Officer on (07) 3346 4860, email cmvh@uq.edu.au or visit www.uq.edu.au/cmvh

Advancing knowledge about the health issues of Australia's defence personnel and veterans



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personnel, college students and missionaries. Research with US corporations³⁰ found that nearly a half of companies reported problems with attrition among returnees, with up to three-quarters of personnel anticipating that they would not be working for the same company one year later and one-quarter actually leaving³¹. Up to 15% felt uncomfortable due to their deployment more than a year after returning²⁶. Research with repatriating business personnel and other groups,²⁵ demonstrated that during deployments there are two different psychological adjustments required. Firstly, there is acculturation to the host country, and secondly, re-acculturation to the homeland. However, while three-quarters of corporations studied had orientation programs for employees heading overseas, only one-quarter having repatriation programs for returnees.

Research with Australian Reservists

An initial review of responses from Australian Army reservists who deployed to Timor L'Este in 2002 and to the Solomon Islands indicate they experienced reactions to reintegration including leaving the 'military milieu' and returning to their home unit; issues related to separation from family and reunion with friends and community; changes in self, affective responses, and coping strategies; and issues related to under-employment, work motivation, and career uncertainty³³.

Challenges for Australian Army reservists around post deployment re-entry and reintegration include individual return, readjustment, personal change, reacculturation and successful reintegration to civilian employment²³. Australian reservist doctors²⁷ report that deployment could lead to "guilt and a feeling of desertion" and that "you come back exhausted mentally and physically". Such feelings can be related to grief surrounding loss of role, status, and relationships acquired on deployment.

Over half of reservists deployed report some reintegration problems relating to their personal and work life and just under half report reintegration problems in their family life, up to two years after repatriation.

However, the deployment experience for Australian Army reservists is generally regarded positively with low rates of actual mental health issues. At three years' post deployment, rates of retention in the service were higher for reservists (79%) than for their permanent counterparts (49%) on the same deployment. Additionally, 15% of reservists have transitioned to the regulars following their deployment.

What can be done?

Most reservists settle in well and resume their civilian roles in a positive fashion. Military service, especially when it has involved physical challenges, learning new skills and the application of years of training, leads to increased confidence and self-belief. This is generally a great asset to any employee and leads to improved capacity for responsibility and contribution in the workplace, though many reservists do report loss of motivation in the early stages of return to their civilian roles²¹.

In recognition of the unique experiences of deployment on reservists, some militaries are responding with re-integration programs tailored to reservists. Funding for specialist reintegration programs in the U.S. and their development

has increased significantly in the past few years²¹ with the introduction of the US *National Guard and Reserve Mental Health Access Act (2008)*. Similarly, the UK has established the Reserve Mobilisation Training Centre (RTMC) at Chilwell, to enact a standardised approach to preparation for deployment and also redeployment (including re-entry) for all reservists (TA) and civilian personnel; and 'Reserve Mental Health Program', which aims to improve recognition of problems in primary care for reservists.

These programs include comprehensive and supported strategies to ensure optimal health; both physical and mental, to ease the transition to usual life. The process of unwinding from the demands of any deployment, including decompression activities, is crucial along with a host of other well placed strategies to ensure each returnee's health, well being, and post deployment reintegration.

Conclusion

The re-entry and reintegration experience of reservists is not well understood and their adjustment will usually longer than their contracted period of full time service. It is likely that given the current operational tempo, reservists deployed once, may well be called upon to serve on deployment again. This is certainly the experience of many specialist reservists such as medical personnel who may have deployed on multiple occasions. The adjustment from one deployment may impact on subsequent deployments.

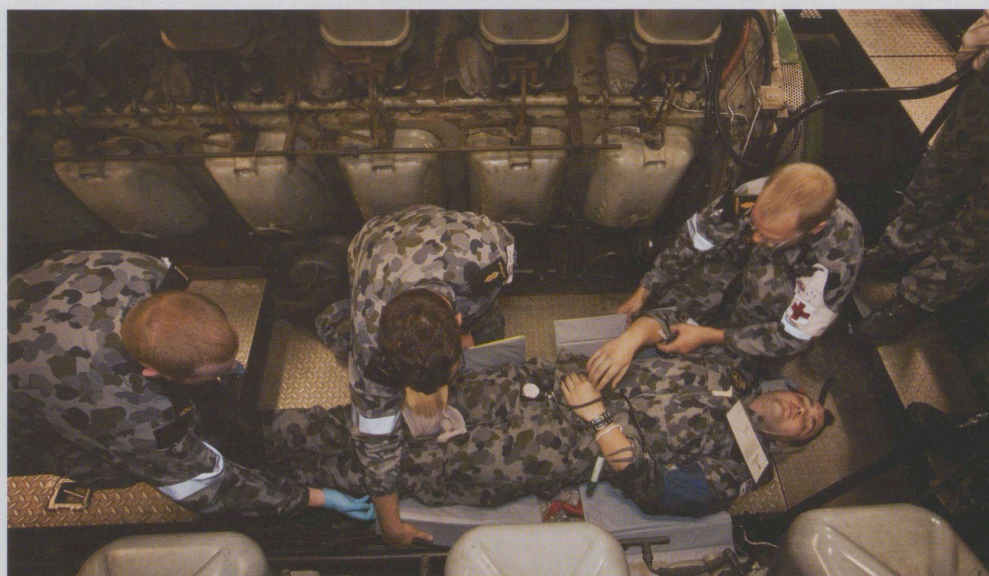
The increase in representation by reservists on ADF deployments in Australia and overseas is relatively recent, and gives rise to the need to develop a range of modified, adapted or new approaches for reservists to ensure their successful re-entry and reintegration following a deployment or 'deployment-like' experience, especially as reservists may be called on to deploy repeatedly.

However, at this stage there is no clear picture of the impact of deployments and the health needs of reservists who deploy, for Australian reservists. Research in the field is in its infancy and as demonstrated in this paper, the research is inconclusive. While reservists may face the same deployment challenges as permanent forces, their reintegration environment may be substantially different and more complex. Some research suggests greater problems for reservist due to these challenges; however early Australian research suggests the opposite. It is perhaps, more that reservists are 'out of sight and out of mind' that leads to a lack of understanding. The importance of successful re-entry and reintegration for such 'high net worth' military personnel, whose skills may well be in short supply, such as medical specialists, and who may be asked to serve repeatedly, is readily apparent. It is the responsibility of the ADF who increasingly rely on reservists, to understand and cater for the unique experiences of integration and re-integration of reservists, as much as they do for permanent forces.

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Casualty retrieval exercise from an engine space at sea