

Current Issues

1. Their Inheritance? (We hope not)

The Vietnam veteran community has known about it from the beginning but its warnings often went unheard.

The 1998 government study Morbidity of Vietnam Veterans identified a high rate of psychological stress in the partners of Vietnam veterans but made no comparison with community rates.

Gail McDonell, the wife of a Vietnam veteran and member of the Partners of Veterans Association Inc, has been researching the effect of the Vietnam war on families for a PhD. She reports that on every measurement of social wellbeing, the wives of Vietnam veterans, as a group, are worse off than the community norm.

In August this year, Dr Brian O'Toole of the Brain and Mind Institute published a comprehensive study. Dr O'Toole was able to compare the incidence of mental disorders in the partners of Vietnam veterans with their incidence in the general community.

Dr O'Toole's study found that the partners of Vietnam veterans have mental illness levels 20 or 30 times higher than the general population. More than half the wives interviewed had a history of major depressive disorder which was related to their husband's combat experience. More than a quarter of wives suffer anxiety disorders, six times the rate of the general population. And the wives suffer Post Traumatic Stress Disorder (PTSD) at seven times the community rate.

Grim statistics and all associated with the effect on the family of the veterans' war caused psychological difficulties.

This, in itself, is bad enough. But even worse is the possibility that the partners of younger veterans may inherit those statistics. Alarmingly, Gail McDonell's research identifies a trend in this direction. And, as readers will know, that is not the only statistic we fear may be inherited. The children of Vietnam veterans have three times the suicide rate compared with their equivalents in the general population.

The frightening prospect is this: if we don't do everything we possibly can to prevent it, there is little doubt these horrible statistics will be inherited by the families of the veterans of Timor, Iraq and Afghanistan.

So what are we doing?

The ADF has a PTSD awareness campaign running and its Defence Community Organisation is working on a 'family resilience' programme. There's the online Toolkit too which provides information on mental health. Within the ADF there is also the excellent Defence Families Association that is aware of the potential tragedy. There is also a pilot programme called Veterans Families' Help Line.

But at the front line of the defence against these statistics repeating themselves stands the Veterans and Veterans Families Counselling Service (VVCS). Face-to-face counselling at the VVCS is the best defence we have against family dysfunction. We must encourage veterans and their partners to seek counselling if things go wrong. And whilst telephone and possibly internet counselling are also available, face-to-face is by far the best.

So we must ensure any barriers inhibiting veterans and their partners seeking face-to-face counselling are, where at all possible, removed.

The first such barrier would be lack of confidence in the Counselling Centre's independence. This has always been a worry for many veterans. It is why, way back when the Counselling Service was established in 1981, its independence was to be guaranteed by establishing the National Advisory Committee. We must always be vigilant that the Repatriation Commission does not dominate the administration of the VVCS to the point where the VVCS's independence is nothing but a sham.

The second barrier is lack of privacy. VVCS clients must be able to visit VVCS offices without running into the staff and clients of DVA offices. They must be sure that they will see only VVCS clients and staff. There is no such privacy in Darwin, Lismore and Southport where VVCS offices have been inappropriately co-located with DVA offices.

After unseemly and prolonged resistance from the Repatriation Commission, measures are now being taken to lease more suitable premises in Darwin and Lismore. Regrettably, the Repatriation Commission recently signed a long lease in Southport, so lack of privacy will remain a barrier there till mid 2013.

The third barrier is lack of subsidised child care.

Young families, already coping with psychological damage to the veteran, will rarely be blessed with spare cash. But if the family is struggling to keep-it-together and the veteran's partner thinks of seeking help at the VVCS, what is she to do with the young children? She may be able to park them with neighbours or extended family; that would solve the problem. But if she can't do that, the alternative is commercial child care. But that is costly. So she may give-it-a-miss. And that could be a vital opportunity lost.

We asked the Repatriation Commission to subsidise such child care. Its initial response was, 'It's unaffordable'.

Unaffordable??

What is 'unaffordable' is the human and financial cost of not demolishing this barrier.

And what does this attitude show about Repatriation Commission priorities? Is the health of our children and partners a lesser priority than WWI Centenary celebrations on which many millions are being spent including a museum at Albany and an ANZAC studies centre at the ANU. And what of those costly delegations to Gallipoli and elsewhere.

They are all important, no doubt, but surely just some of those millions could be allocated to doing whatever we can to prevent a recurrence of those horrible statistics.

Fortunately, the Minister for Veterans Affairs, Hon Warren Snowdon, has intervened. Now the Repatriation Commission will provide child care at courses run by the VVCS to allow both veteran and partner to attend together. Thank you Minister.

That is a good start, but child care must also be subsidised for young mothers experiencing family difficulties so its cost is not a barrier to them quickly making an appointment for face-to-face counselling.

This is no time for penny pinching.?

2. Does the Repatriation Commission have the right priorities?

The mental health of ADF members, veterans and their families has become a big issue.

And so it should be.

The children of Vietnam veterans have a 300% higher suicide rate than their equivalents in the general community. We don't want that horrendous statistic repeated for the children of our younger comrades in arms. So it is vital to encourage the partners of younger servicemen/women as well as the servicemen/women themselves to seek help at the Veterans and Veterans Families Counselling Service (VVCS).

One of the obstacles to partners attending counseling sessions is the cost of child care. It is simply a fact that young families struggling with veterans' psychological difficulties do not have a lot of spare cash. As Professor Dunt said in his review of military mental health: 'There are too many barriers to seeking mental health care...'. Clearly the cost of child care is one of them.

So you would think the Repatriation Commission would leap at the chance to remove one of those barriers, especially a relatively less expensive one like child care. It is surprising, then, that the Repatriation Commission has rejected a request to finance such child care with the excuse that it is unaffordable.

What on earth are the priorities of the Repatriation Commission?

Certainly the overseas trips of dignitaries and Repatriation Commissioners for commemoration ceremonies are important. But are they as important as helping prevent the suicide of veterans' children? A Repatriation Commissioner or so less and a trip truncated by one day would go a long way to freeing money for child care. Certainly, celebrating the centenary of the Gallipoli Landings is important. But is it as important as helping prevent the suicide of veterans' children? A tiny reduction in the celebrations and the planning for them would more than cover the cost. Certainly building and maintaining monuments to the fallen is important. But couldn't just a little less be spent on stone memorials and more on helping to prevent the living children of our younger veterans sharing the horrendous suicide statistic of our Vietnam veterans' children?

What is the Repatriation Commission thinking?

Already its co-location policy has denied privacy to those attending VVCS counselling at some three locations, thus setting up one of Professor Dunt's 'barriers to seeking mental health care'; the kind of barrier that might just make some children's suicide more likely. Now it refuses to demolish another 'barrier' even though its demolition carries only a modest cost. Child care is not just some optional nicety that can be shoved onto the veteran community to provide. It, along with counselling privacy, are clearly the responsibility of the Repatriation Commission to finance and implement.

The Repatriation Commission must get its priorities right.

Commemorations and memorials are important but helping to prevent that horrendous statistic repeating itself is paramount.

We hope the Minister will intervene.?