Exploring future service needs of Australian Defence Force Reservists

Final Report

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Dr Samantha Crompvoets
Medical School
The Australian National University

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Executive summary

This report aims to synthesize the historical, social and cultural aspects of Reserve service with an extensive review of the international literature and empirical data collected through in depth interviews with 39 Army and Air Force Reservists who have deployed to both high and low tempo operations.

This report provides theoretical framework for understanding the difference between Reserves and the Permanent/Regular Force, with regards to identity, experiences and future support service needs.

Reservists are a heterogeneous population in the context of their service, with several broad trends associated with how they identify as an individual Reservist, and with the Australian Defence Force (ADF).

Defence systems, policies and norms impose ADF standards of life and service-life balance o to those with competing civilian lives, rather than treating Reserve service as a unique form of service which balances the two cultures' expectations, obligations, and norms.

Key findings:

1. How a Reservist identifies with the ADF affects access to support services, unit cohesion, commitment, and retention.
2. Reserve identity operates o two distinct dimensions, their institutional/professional orientation (where their identity is based on either military or civilian skills) and their difference/deficit orientation (where their identity is based on a perceived deficit or difference in their skills base by their full-time counterparts).
3. Australian Reservist identity falls in two broad categories, along a continuum from identifying as a 'part-timer' in the ADF, to identifying as a 'full-timer', that is identifying more with the Permanent Navy, Regular Army or Permanent Air Force, rather than as a 'Reservist' as such.
4. The two distinct ends of the reserve identity spectrum, full-timers and part-timers, have very different social capital with which to engage the Defence system—with real consequences for their health and wellbeing. The level of identification with the Permanent/Regular ADF and the form of service is closely associated with Reservists' ability to access support services from Defence.
5. The culture of the ADF (one favouring full-time immersion and commitment) creates an environment that systematically and structurally marginalises Reserves through
    a. system of entitlements designed for Permanent/Regular members; and
    b. standard or expectation of 'Permanents/Regulars first';

    and which is reinforced through
    c. active discrimination against and bullying of the Reserve.
6. Increased operational tempo of deployment was associated with higher negative impacts on physical and mental health and wellbeing.
7. Increased unit cohesion was positively associated with increased ability to access and receive support, and low unit cohesion strongly associated with barriers to support.
8. In line with the broader ADF, there is a stigma associated with Reservists accessing medical entitlements and an associated perceived negative impact on deployability.
9. There is common perception by Reservists that there is very little knowledge in DVA about Reserve experiences or exposures.

10. High levels of identification with the ADF and high unit cohesion can influence the impact of deployments on relationships in positive ways. Lower levels of unit cohesion or identification with the ADF were associated with reports of relationship difficulties.
11. Reservists who identify strongly with the ADF but also as a 'part-timer' reported structuring their relationships and civilian employment around their Reserve service.

The type of deployments Reservists engaged in and the resulting impacts on their health and wellbeing were heavily influenced by how they served, full-time or part-time, embedded in Permanent/Regular or Reserve units, and how they enlisted, either as *ab initio* (Reservists from the beginning) or ex-permanent. While Reserves from all categories deployed to warlike and non-warlike operations, Commandos (Reserves embedded in a unit) had the highest proportion of physical and mental illness as a result of combat operations.

The ADF Reserves are heterogeneous population. The implications of findings from this study include the need to develop and target services to Reserves with two distinct groups in mind, those who identify and have practices aligned with Permanent/Regular ADF, and those who identify more as 'part-timers'.

The findings from this study point to several key implications for DVA that indicate Reserves as a growing and diverse client group, whose needs are triggered by a diversity of issues unique to the Defence population because of the added factor of civilian employment and their 'part-timer' status in the Defence organisation.

Implications include:

- Not feeling like an authentic member of the organisation, or a member without an authentic veteran status, can be barrier to help-seeking behavior, either in Defence or DVA. Consequently, Reservists may be vulnerable to worsening mental and physical health without timely and appropriate support.
- DVA may see an increased number of Reserve veterans seeking assistance in the future and there needs to be appropriate resources and support for and knowledge of, their exposures and experiences.
- Particular attention needs to be paid to Reservists who are not part of a formed unit. This requires a clearer understanding of the heterogeneity of the Reserve population to better support Reservists' diverse needs
- There is reluctance among Reservists to access existing resources or support. In turn, this could lead to worsening mental and/or physical health and wellbeing.
- Without adequate support, deployment can negatively impact a Reservist's family and relationships in the same way as full-timers. However, the triggers may be different and may require different types of services and support.
- Reservist's civilian employment and career may pose additional complicating factors when negotiating a military career and when seeking DVA support.

DVA's ongoing mental health agenda needs to acknowledge and provide appropriate services to Reservist veterans – not as a subgroup of the Permanent/Regular force, but as distinct group with particular needs.

For DVA, the implications from this study point to increasing understanding of the complexity of triggers for service and deployment-related stressors and the resultant impact on mental health for Reservists. Post Traumatic Stress Disorder (PTSD) resulting from deployment may not have the same causation as for Permanent/Regulars, however the psychological impact may be just as significant and debilitating. DVA policies that

accommodate these complexities and differences will enable Reservists and Reservist veterans to access entitlements with confidence and ease.

This study points to two important paradoxes in the current state of Reserve service.

First, deployment and training opportunities presented Reservists with opportunities to be considered legitimate members of the Total Force (that is, the total capability that an integrated Reserve and Permanent/Regular force can deliver). However, the mode with which they were offered deployments and the pressure to take them up regardless of civilian commitments meant that Reserves were often frustrated by the level of ignorance from the ADF of their dual military-civilian lives.

Second, strategies such as the Reservist's return to civilian employment appear to be an important stabilising resource. In contrast however, returning to civilian employment too soon following deployment has been associated with increased risk of PTSD. This paradox highlights the complexities Reserves face post deployment and the need to examine these issues further in future research.

The findings from this pilot study provide preliminary data that may be used to develop a longitudinal study into Reservist health and wellbeing. This potential study should be developed to include variables associated with organisational climate, job satisfaction, family, relationships and civilian employment over time. In addition it should be developed to capture members throughout their Defence career and beyond, transferring from Reserve to Permanent/Regular or Permanent/Regular to Reserve. It would be valid to capture the financial impact of deployment and training requirements, and the impact on retention.

We are only just beginning to understand the future service needs of ADF Reserves. Evidence based policy changes in Defence and DVA will enhance Reservists' ability to access support when it is needed and improve their health and wellbeing, and will help retain an important component of the Total Force capability.

Glossary/Acronyms

Ab initio Reserves	Those Reservists who enlisted as Reservists "from the beginning" (*a initio*), and have never served in the Permanent/Regular force (except on short stints of Continuous Full Time Service)
Active Reserves	Those Reservists who are currently serving (outside the Standby Reserves) and are engaged in various roles within the three Services
ADF	Australian Defence Force
AFR	Air Force Reserve
ANR	Active Naval Reserve
ARA	Australian Regular Army
ARes	Army Reserve
CFTS	Continuous Full Time Service
CRESD	Cadet Reserve & Employer Support Division
DVA	Department of Veterans' Affairs
Ex-permanent Reserves	Reservists who used to be Permanent members, and have transferred to the Reserve since separating from the full time force.
JeHDI	Joint eHealth Data and Information system
MEAO	Middle East Area Operations
Permanent Force	The full time component of the three Services (usually designates Full-time Air Force or Navy)
POPS	Post Operational Psychological Screening
Regulars	Full time members (of the Army in particular)
Res-A	Active Reserve
Res-ES	Specialist Reserve
Res-HRR	High Readiness Reserve (often just HRR)
Res-HSR	High Readiness Specialist Reserve
Res-I	Standby Reserve
Res-FSL	Regional Forces Surveillance List
OICDTS	Officers/Instructors of Cadets
MILCOMP	Military Compensation
FOREIGN	Foreign Service
RES - LOE	Local Observer Element
NR	Naval Reserve
Total Force	doctrinal construct that refers to using all available components of the ADF to deliver capability.

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INTRODUCTION

The Australian Defence Force (ADF) Reserves are a fundamental element of Defence's workforce and a growing and needy client group for DVA.

The 2009 Defence White Paper flagged future changes to the composition and capability of the ADF Reserves as Defence's integrated workforce matures. The most recent 2013 Defence White Paper acknowledges that what had once been a strategic Reserve has now become an operational Reserve. Reservists now deploy regularly both in units as formed bodies and individually.

As a strategic Reserve, issues of support have not been, or perhaps needed to be, prominent on the agenda of either Defence or DVA. However, with the transition to an operational Reserve, the support models, or lack thereof, have arguably not changed to reflect this shift in Reserve employment model.

We know little about the health, wellbeing, coping strategies or future career intentions of individual Reservists.

In the period 2002 – 2012[1], 12,660 Reservists across the three services were deployed to 54 operations. Almost half (48.6%) of these were overseas military operations. The remaining were border security (20%), domestic operations (13.1%), domestic humanitarian operations (14.4%), and overseas humanitarian operations (4%). 90.2% of Reservists deploying were male, 9.8% female [1].

Some of the major overseas deployments have included the Solomon Islands, Timor-Leste, and the Middle East Area of Operations (MEAO).

Research has shown that Reservists are at greater risk of PTSD and other mental health issues following deployment [2-5], and Reservist families are less likely to be integrated into a military support network [6, 7]. Understanding how Reservists identify with military culture, and how they transition between civilian and military worlds has been shown to have significant implications for the recruitment, retention and readiness of Reservists in the US and UK [8], and warranted a timely exploration of the Australian experience.

This crosses two of DVA's current research priorities:

1) Younger veterans and transition
2) Veterans' physical and mental health needs: a wellness approach

[1] See Appendix 2 for an overview of the current profile of the ADF Reserves

STUDY AIMS AND OBJECTIVES

Purpose of research

Reservists are an important client group for DVA and it is crucial to gain an understanding of this group's needs in order to develop appropriate services and resources.

This *pilot study* aimed to better understand the experiences of male and female ADF Reservists, exploring how their service has affected their life, selfhood, health and wellbeing. This study's findings will begin to fill the gaps for a group that is increasing in size and whose role within the ADF continues to diversify.

Broadly, the aims of this research were to gather preliminary data that would a) shed light on the experiences of a largely unknown group, and b) inform gaps in current DVA policy.

Knowledge based rationale

Between 2002 and 2012 approximately 1086 Navy Reserves, 10,211 Army Reserves and 1363 Air Force Reserves deployed on local and overseas operations. In Australia, Reservists have played a major role in assisting with natural disasters such as the Sydney hailstorms and Victorian bushfires in 2009, Queensland floods in 2011 and smaller localised emergencies. Army Reservists provided the bulk of the Army's domestic security contribution to the Melbourne Commonwealth Games, the Sydney Olympics, APEC and the Pope's visit in 2008 [9].

Reservists have also taken part in all major, and most minor, operations outside of Australia in recent times. Since 2007 Reservists have provided the bulk of the Australian Army contribution to the Regional Assistance Mission Solomon Islands (RAMSI). Approximately 1350 Reservists have served in East Timor over the years and others have served in a variety of capacities in Iraq and Afghanistan and in peacekeeping missions in the Middle East. Reserve specialists ranging from mechanics, logisticians, engineers, doctors, nurses and lawyers have deployed everywhere from combat zones to disaster relief efforts around the region. In addition, numerous Reservists have been employed on full-time service agreements in order to support operations, either to facilitate the release of Australian Regular Army (ARA), Permanent Air Force or Permanent Navy staff, or as part of the planning/enabling process [1].

As of March 2013 women comprised 16% of the Active Reserves (4,107 women compared to 21,584 men). Across all Services 28% of Active Reserves are Officers, and 72% Other ranks (see Appendix 2 Current profile of the ADF Reserves) [1].

Service profiles

Navy

The Active Naval Reserve primarily comprises ex- Permanent Navy members, although it offers limited avenues for *ab initio*[2] entry, particularly in the areas of specialist skills (e.g. medical and legal). In 2011, 94% of the Naval Reserve comprised ex-Permanent Navy members.

Women in the Active Naval Reserve who have civilian jobs are primarily working as health professionals (11%), specialist managers (9%), design and engineering professionals (8%), and human resources/business advice professionals (8%). Female sailors are primarily in Navy job categories of Steward (17%), Communications (15%) and Combat System Operator (11%). While almost 60% of the Active Naval Reserve have served over 15 years with the Navy, this length of service number drops t 40% for women.

Compared to the Navy age profile there is a greater representation of women in the Active Naval Reserve between the ages of 18–34 than in the Total Force profile. This is to be expected, as women ma join the Reserve for a period to raise a family, prior to rejoining the Permanent Navy.

Army

The Active Army Reserve presents a different demographic profile. It has a high population of *ab initio* recruits, and a smaller population of ex-ARA members.

There is a decreased representation of women in the Army Standby Reserve ages 25–29, and an increased representation of ages 30–35. This could reflect a tendency to separate from the Permanent and Active Reserve during the family formation and consolidation stages.

The Active Army Reserve is just over one-fifth Officer rank and overall, a larger number have served fewer years than Naval and Active Air Force Reservists. The profile of the Army Reserve more closely resembles the profile of the Permanent force than in the other Services.

Air Force

Similar to the Active Naval Reserve, the Active Air Force Reserve primarily consists of ex-Permanent Air Force members. In 2009, 83% of the Active Air Force population were ex-Permanent Air Force.

The Air Force Reserve, like the Naval Reserve, is an older population with longer overall tenure than the Army. There are considerable high- level skills and qualifications held in the Air Force Reserve, both military and civilian.

[2] '*Ab initio*' Reservists are those who enlisted as Reservists "from the beginning" (*ab initio*), and have never served in the full-time force except perhaps on short stints of Continuous Full Time Service (CFTS).

The importance of military identity

Reservists have been described as 'transmigrants', being betwixt and between the civilian and military worlds [10]. This conceptualization illuminates how Reserves constantly travel, mediate and sometimes create critical perspectives between the ADF and wider civilian society. Reservists move between different cultural and social spaces and as a result create the potential for communities and social networks that cross political, social, and organisational boundaries and form conduits for the flow of ideas, interests and identities.

Social scientists have often unthinkingly adopted the assumptions of Permanents/Regulars in analyses of Reserves. Rather, we need to look at Reserve duty as a special kind of military experience that is not a 'watered down' version, or a deficient model of active duty but a special social phenomenon with its own dynamics and features [10]. Studies have begun to explore this in Israeli, US, and UK Reserve forces, yet there remains limited research into these issues for Australian Reserves.

International research has highlighted the importance of understanding Reservists' identity – how it is shaped, and what it can mean for the individual and military. Identity drives individual motivation and can influence behaviours, such as level of commitment to and satisfaction with Reserve military service, continuing Reserve military service, and individual performance [8].

Identities have significant implications for the recruitment, retention and readiness of Reservists [8]. Benefits would be achieved by understanding how identities correspond to new and emerging demands and requirements made of Reservists, and the implications of this for the health and wellbeing of the individual.

Gaining information about how Reservists perceive themselves and their dual civilian-military roles, and the perceived impact of this on their health and wellbeing will help inform DVA of their future service needs.

Policy based rationale

While we know the dates and locations of Reservists' deployments, we know little, if anything, about how they cope with these missions, or how they transition back to their civilian jobs and lives on return. We also know little about how this experience impacts on their future plans with the ADF, what support services they access, if any, and what services they think they may need in the future.

Because multiple deployments are common in the ADF, determining pre-deployment health and the consequence of subsequent deployments is very complex [2]. What is known is that ill health is observed more commonly in veterans who return to civilian life following deployment rather than remaining in the military environment [2]. This puts Reservists at a greater risk, as they would most definitely return to civilian life and job after any extended period on deployment. International research indicates that Reservists tend to have higher prevalence rates of PTSD than do Permanent/Regular soldiers [3, 11].

Reservists and their families are a unique subpopulation within the armed forces and may encounter additional stressors related to deployment and reunion.

Research has shown that there are many ambiguities for Reservists and their families when they are on deployments and after returning home [6].

Reservists and their families appear to experience issues related to deployment and reunion – such as redistribution of roles, communication and safety – similar to those experienced by Permanent/Regular soldiers, sailors and air men and women and their families. However, it seems that Reservists and their families confront these issues with less experience and with less support than do Permanent/Regular members and their families [6, 7].

As DVA is looking to better understand its clients, particularly those who have needs different from DVA's traditional client base, exploring what these needs are is essential. This pilot study will deliver to DVA timely, policy-relevant preliminary data.

Report overview

This report aims to synthesize the historical, social and cultural aspects of Reserve service with empirical data collected through in depth interviews with Reservists who have deployed.

This report provides a theoretical framework for understanding the difference between Reserves and the Permanent/Regular Force, regarding identity, experiences and future support service needs.

Little research to date has explored these issues for Australian Reservists. In addition, as this is a pilot study, it is important to develop an in depth understanding of how the context of service, deployment and occupying both civilian and military communities and organisations may affect Reserve members health and wellbeing.

Findings from an extensive review of the local and international literature are overviewed in the background section to contextualize Reserve related issues, including the clarity and evolution of roles for ADF Reserves, and the challenges of reforming the Reserve component of the Australian and International militaries. In addition, the significance that the culture, history and current state of Reserves have on individual and organisational identity is explored.

The study design, data collection and analysis sections describe the research methodology, and qualitative methods used for gathering empirical data for this project. In addition, they overview the recruitment method, sample size and demographic variables of participants.

Results of the study are organised thematically and include an integration of analysis of empirical data collected in interviews with findings from the systematic review of literature.

The limitations and strengths of this study included a small sample size of 39 participants. The project's findings are thus limited to the experiences this group described and cannot be generalised to the entire treatment population. However, the in depth qualitative methodology used in this study framed a deep understanding of Reserve issues.

The section on implications overviews what the study's findings mean for DVA, for assessing existing policies with regards to Reserve issues or developing new policies. In addition this section describes implications for DVA in developing targeted resources and support for Reservist veteran clients.

Directions for future research are outlined towards the end of this report, and include the potential for developing a longitudinal study of Reservists' health and wellbeing.

By way of conclusion this report argues that we are only just beginning to understand the future service needs of ADF Reserves. Evidence based policy changes in Defence and DVA will enhance Reservists' ability to access support when it is needed, improve their health and wellbeing, and help retain an important component of the Total Force capability.

BACKGROUND

Contextualising Reserve issues

Role clarity

The future of Reserve forces has been a topic of discussion for almost as long as their history [12-16], with continued debates internationally about their role and use [17-21].

In Australian practice there has been no tradition of reliance upon Reserve or citizen-force soldiers in times of national emergency. As such it has been suggested that appeals to past practice offer little guide to future directions [22].

Many analyses of the ADF Reserves are focused on the ground force Reserves, as the Navy and Air Force Reserves have historically been much smaller, more specialized, and platform-based, and their utilisation and incorporation into the Permanent/Regular force structure has posed fewer challenges. A recent history of the Army Reserves in Australia illustrates that their importance has 'waxed and waned' across the past two centuries [13]. This is perhaps because they have rarely had a clearly defined role [23, 24].

It has been suggested that Reserve forces are 'an enigma, a puzzle that has confounded military leaders for decades' [25]. Smith and Jans argue that there is a viable and meaningful role for the Reserves provided the ADF and the government are prepared to devote sufficient effort to them and to assign them appropriate tasks [13]. The 2013 Defence White Paper indicates that there is a move in this direction, indicating that future use of Reserves is going to be more organised, deliberate and a pervasive and habitual part of the future ADF operating model.

Beyond a defined role within the military there has been discussion about the role of Reserves in broader society. For example, that the Army Reserves act as a bridge between the military and civilian community, with the Reserves having a leavening influence that has facilitated changes in attitudes within the forces on issues such as the role of women [26].

This viewpoint has been challenged [27] with an alternative argument that because the Reserve force is essentially drawn from quite a homogenous section of wider Australian society their ability to transform the ADF is questionable. Hodge (1998) posits that Reservists come from similar ethnic and civilian employment backgrounds and are really 'just variants of the single "warrior culture"'. Hodge argues that the relationship between the Permanent/Regulars and Reserves has been characterised by 'paternalism, jealousy and obstructiveness' and is one of the major obstacles to trying to turn the Total Force concept (that is, the integration of both full-time and part-time (Reservist) elements of the ADF into one to increase capability and cost effectiveness), into a reality.

Rethinking Reserves

The increased use of ADF Reserves for prolonged overseas deployments has brought with it challenges when rethinking the function, structure, and organisation of Reserve forces. However these challenges are not unique to the

Australian context, as a recent edition of *Armed Forces and Society (37/2)* demonstrates. In it Griffith [20] points to the difficulties that reconfiguration of Reserve forces internationally[3] face, including:

- The inevitable tensions between being a part-time and full-time soldier reflected in (a) citizen versus professional soldier, (b) civilian employer versus military employer, and (c) full-time and often separated from family versus part-time and with family;
- The evolving use of Reservists, first, as replacements and then assigned to missions of less importance, such as garrison security, peacekeeping, and so on, including not capitalizing on Reservists' civilian job skills[4];
- The view that Reservists' civilian skill sets were inconsistent with those of the professional soldier and thus irrelevant;
- Staffing the Reserve force, with motivations for joining and staying in Reserve military service changing over time and often differing from those in the active force; and
- Social representativeness of the Reserve force, with its changing demands resulting in many seeing Reserve military service as more of a profession and less of an obligation.

In 2006, Donnelly noted that 'finding a new concept for Reserve forces is today the single most important organisational issue for all countries and armed forces in order to develop their capability to deal with security threats'. He suggests that a new and effective Reserve system will require:

> not only more conceptual effort and resources to develop procedures for recruitment, retention, training and equipping Reserves. It will also need new initiatives in civil society, by both employers and government, to enable recruits to be mobilized without too severe a financial or career penalty. It will also require armed forces to give new priority and status to Reserves so that they are no longer viewed as the "poor relation" within the overall force structure [28]:409).

Findings evidenced in this report indicate that ADF culture not only situates Reserves as a 'poor relation' to the Permanent/Regular force, but has a significant impact on the ability of Reserves to access resources and support, and impacts on their overall wellbeing.

International research on Reserve identity

Identity informs individual motivation and can influence behaviours, such as level of commitment to and satisfaction with Reserve military service, continuing Reserve military service, and individual performance.

A Reservist's sense of self – who they are and how they fit in - has significant implications for the recruitment, retention and readiness of Reservists, and subsequently their health and wellbeing.

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[3] This edition includes articles which overview the origin and evolution of Reserve forces from Israel, Switzerland, U.S., Sweden, Australia, France and the UK.

[4] Better use of Reserve's civilian skills is currently being addressed in the ADF, with the recent establishment of a Civil Skills Database.

Past perspectives have characterised Reserve military service largely in terms of problems, such as recruitment, retention, and mobilisation and deployment problems. In contrast, Griffith looks at self identification and offers a broad framework to understand the interrelationships and underlying dynamics among self-concept, unit activities, ideologies, and outcomes of military importance, such as retention and readiness [29].

Using social identity theory[5], Griffith offers an analytical framework for studying the professional self-conceptions of Reservists in relation to institutional changes in Reserve military service [29]. Attributes of self-identity depend on characteristics of military service, including requirements, expectations, and norms. Identities compose an array of possible ideal types and are not necessarily mutually exclusive. Identities of Reservists may carry different components that are at times internally contradictory and at other times mutually reinforcing [31].

Research suggests that because of their dual allegiance to different groups, Reservists may be less accountable to the military hierarchy, simultaneously being 'special soldiers' and 'special civilians' [10].

Whilst much effort has gone into developing a model of identity for Reservists internationally, to date there has been no such framework for Australian Reserves. As this report will go on to show, the evolution of ADF Reserves has changed significantly over time, and with it their identity. Findings from this study suggest that the ways in which Reserves identify can pose barriers to accessing appropriate resources, and impact unit cohesion, commitment and therefore retention.

Culture

Jans and Schmidtchen [32] argue that there are two major pieces of cultural and institutional baggage that hinder the ADF's ability to evolve: overt masculinity and the exclusivity of the ANZAC culture. They argue that at an 'informal and almost unconscious level' the 'new' ANZAC culture resists the inclusion of women and keeps the Reserve at arm's length (2002:24).

They suggest that both culture and organisational climate are reflected in psychological contracts between the organisation and its people: 'the more the culture is founded on supportive and performance-oriented values, and the more clearly such values are expressed in leaders' behavior, the clearer will be the implicit obligations of both parties' (2002:26). Just as importantly, the elements of social capital are also shaped 'downwards' by the organisation's career structures and employment systems. That is, structural changes (for example, policy change or career management processes) will drive members' behaviour. In turn, the behaviour imposed by the career system is a powerful force for reshaping or reinforcing cultural values.

[5] Social identity theory indicates that to develop a self-identity, the individual needs to make a distinction between oneself and others. Identity consists of shared perceptions of the attributes of the model or ideal group member, called the 'prototypical' member 30.Tajfel, H., Turner, J C.,, *An integrative theory of intergroup conflict*, in *The social psychology of intergroup relations*, W. Austin, and Worchel, S., Editor. 1979, Brooks/Cole: Monterey, CA..

The idea of a 'social compact' that guarantees a level of predictability for all involved is one that has been used in the U.S. to explore ways forward with a new operational Reserve [33] and is a concept that has salience in the Australian context.

Research has found that the most significant barrier in integrating Territorial Armed (TA) forces[6] into the British Regular Army was the trust placed by Regulars in their TA reinforcements [34, 35]. According to Kirke trust is promoted by mutual knowledge and belief in each other's operational competence. A stranger of unknown ability is not trusted; a person who has proved him/herself is. He found that if members of the TA and the Regular unit had trained together and shared in social events together over a period of weeks or months then trust is more easily established.

These tensions between Reserves and Permanent/Regulars are reinforced in advertising to recruit Reserves. Recruitment has often focused on selling the message that Reserve service is something that can be done in 'spare time', as being largely for oneself, and requiring minimal involvement ('one Tuesday a week, one weekend a month, two weeks a year'). These messages may be interpreted by Permanent/Regular members as Reserve service being a 'hobby' that involves little commitment from the individual.

Danielsson and Carlstedt [36] argue that Reserve Officers are expected to internalise the core views and the culture that reigns within the military. This approach leads to Reserve officers being compared to the Permanent/Regulars, with Reserve officers not making the grade. They suggest: 'with other assumptions on the competence and role of Reserve officers, this perception might change and the focus shift to the contribution made by Reserve officers' (2011: 297). Danielsson et al emphasise that it is the Permanent/Regulars who stress the distinction between the groups by defining themselves as a separate group from Reserve officers by way of their core competence in armed combat.

The tensions between Permanent/Regular (full time, institutionally oriented) Defence members and Reserve (part time, occupationally oriented) Defence members has been the focus of research for some time [37].

A component of this current study included an examination of the recruitment of Reserves, or citizen-soldiers, from Federation to today[7]. This history is significant as it details not only the evolution of Reserves but the development of tensions between the full time and part time forces.

What becomes evident is that marketing campaigns targeted at Reserve recruitment also market certain understandings of Reserves to the Permanent/Regular force. At times this is evidenced in perceptions of Reservists as being in it for themselves rather than out of a sense of duty or patriotism. The perception of Reserves was also heavily affected by the fact that during Vietnam those enlisted as Reserves were able to avoid conscription.

[6] TA Forces are equivalent to Australian Reserves.
[7] The historical review of Reserve recruitment was submitted as part of an earlier report to DVA.

It is well established that the means by which personnel are recruited to any position is linked with rates of attrition and with job performance [38, 39]. One of the reasons for this is expectation on the part of the employee. If the perception of the job that they have built in their mind is very different from the realities of what that job entails then low job satisfaction and high attrition can result. This is ironic when one considers the recruitment techniques used for Reservists, perhaps especially those that over emphasise action, adventure, and personal gain.

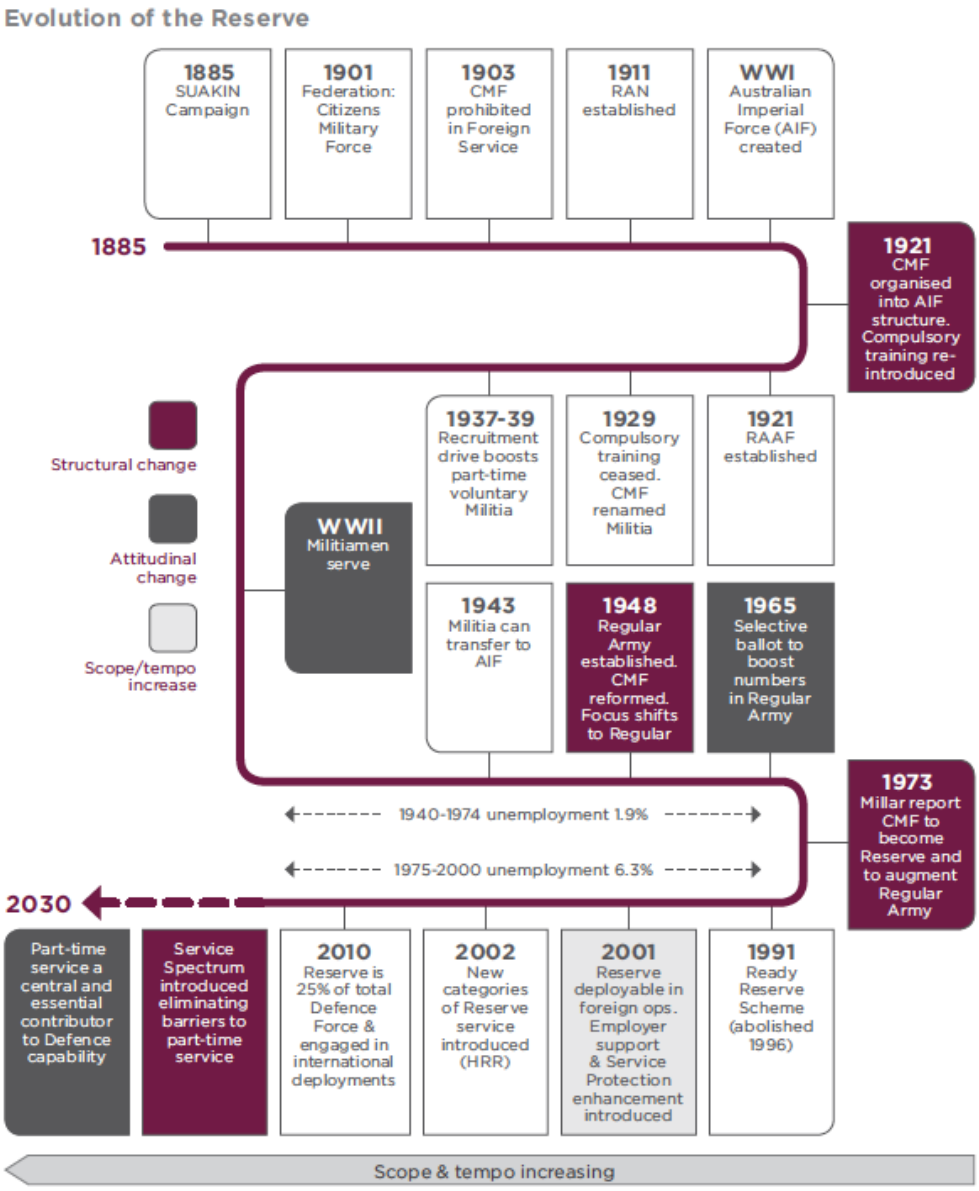
Over the last century we have seen recruitment strategies vary from the fear and emotion driven methods of the world wars, to an emphasis on opportunity for excitement, adventure, advantageous training and even career in itself. It is important to question how these different techniques of attracting recruits affect their expectations of life as a Reservist and their experience in the service once joined. Building on that we can also query how such advertisements inform the opinion of those in the Permanent/Regular force and the public in general when thinking of Reservists – important perceptions that feed back to the Reservists themselves and the Defence force culture.

In researching the history of recruitment to the Reserve force it is clear that little, if any, of it is straightforward. The Reservist identity has been forged, tested, sometimes broken and reforged numerous times. The different name changes throughout their history are representative of the variety of 'personas' Australian Reservists have taken on. Such changes may sometimes allow for a fresh start or new direction, but equally these changes can confuse a sense of identity and purpose. Are the Reservists militia-men, protecting 'hearths and homes'? Are they conscription dodgers, or chocolate soldiers - 'chocos' - who melt under pressure? Are they the legacy of the Australian Imperial Force (AIF) who rallied valiantly during both world wars, the basis of Australia's digger legacy?

Who the Reservists are and how they perceive themselves - their social identity - informs their motivation and sense of role satisfaction. These are significant contributing factors to how Reservists will fare in the ADF and ultimately whether they will stay with the service.

The role of Reserves has changed throughout time, with periods of both ambiguity and purpose, as scope and tempo have changed (see Figure 1).

Figure 1 Evolution of the Reserve[8]



[8] Department of Defence, Vice Chief of the Defence Force Group, Cadet, Reserve, and Employer Support Division (CRESD) (2012) Plan Suakin 'Case for Change'.

Project Suakin and the Total Force

Project Suakin is a whole of Defence workforce reform, whose genesis began as Reserve Reform within the broader ADF Strategic Reform Program (SRP). It proposes a contemporary employment model that rather than delineating only full time or Reserve service, has seven Service Categories (SERCATs), ranging from a deployed Australian Public Servant (APS), to non-permanent part time and permanent full time service (see Figure 2, Appendix 1).

This Total Force model has the potential to break down some of the tensions between Reserves and Permanent/Regulars, facilitating greater integration of full-time and part-time elements, and contributing to greater force capability through a more effective use of the whole workforce.

This project is in its first phase, with policy and legislative changes being identified and drafted in order to facilitate appropriate allowances and entitlements for each SERCAT, and associated transfer processes, career management, training and funding issues being examined and augmented.

Suakin was heavily mentioned throughout the *Review into the treatment of women in the ADF*, as an enabler of greater gender diversity and enhanced career pathways for women in particular [40].

The implementation phase of Project Suakin is set to commence in the second half of 2014, contingent on continued prioritisation and funding from the Department of Defence.

The current state of support and healthcare fo ADF Reserves

Reserve members are a significant force generation capability. However, currently, the ADF provides limited mental health support for these members, unless they have deployed on a recognised operation or have a service-related injury.

Those members who are exposed to trauma, particularly on-going trauma, are most at risk of incurring mental health issues. Reservist status has been identified in the military heath literature as a risk factor in adjustment and post-deployment wellbeing [41]. Defence does prioritise the care of members suffering from mental health issues such as PTSD but there are gaps in coverage for Reservists.

There is no coverage for Reserve members who have not deployed and suffer from an issue that is not directly related to their service, nor is there any coverage for their families. Participants in this study had a moderate level of knowledge of military support services available to them, however their families were described as having minimal knowledge and even less confidence in engaging military support services. Due to Reservists' families being repeatedly excluded from the *ADF Families Survey* (the first in 2009 [42], and a yet to be published report from data collected in 2013), it is not known how they compare to families of Permanent/Regular members. Reserve members and their families may not understand their eligibility for, or the process of accessing, for example, the Veterans and Veterans Families Counselling Service (VVCS).

Counselling and mental health support options available to Defence personnel include:

- Employee Assistance Programs (EAP) (short-term counselling and support)
- Joint Health Command (JHC) (ADF health services)
- Defence Community Organisation (DCO) (support to the Defence community)
- Veterans and Veterans Families Counselling Services (VVCS)(on-going mental health treatment)
- Sexual Misconduct Prevention and Response Office (SeMPRO)
- Unit resources (particularly Chaplains)

A description of these services as they relate to Reserves can be found in Appendix 3. A more comprehensive list of services and resources is included in Appendix 4 and discussed elsewhere in this report.

2013 Defence White Paper and Budget initiatives

The 2013 White Paper emphasised the importance of stronger ties between the Departments of Defence and Veterans' Affairs, formalised through a 'Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons' signed in February 2013, to enhance the coordination and delivery of support and services to all ADF members and their families during their service or after their transition from Defence. Reforms should ensure that ADF members are cared for, returned to service where possible, or, when required, fully supported when transitioned from Defence. Under the Support to Wounded, Injured or Ill Program, Defence and DVA are implementing a member-centric support system that extends throughout their service and continues after their transition from the ADF [43].

The 2013 Budget indicated funding for a new Veteran Mental Health Strategy, worth $26.4 million. The initiatives included the extension of VVCS eligibility to members involved in border protection, disaster zone work and training accidents, as well as those medically discharged and submariners, and their families. In theory, this significantly clarifies and extends eligibility for Reservists.

Current services available to Reserve members revolve around the assumptions that members know of their entitlements, understand the processes for accessing services or making claims and believe that their condition is service-related. However, some conditions (such as psychological ones) do not emerge for some months or even years [44]. Others might not be initially recognised as related to their service or deployment. Additionally, even if military service was not the direct cause of the condition, their service may have exacerbated it, as suggested by UK research[9] [45].

[9] Hotopf et al indicated a higher rate of marital breakdown for Reservists (TA) post-deployment. They hypothesise that this might be due to a Reservist deploying to get away from a marriage already in difficulty, or the 'final straw' so to speak. Nonetheless, there may well be cases where a robust marriage has been adversely affected by a deployment.

STUDY DESIGN

Research methodology

Qualitative research is social research in which the researcher relies on text data rather than numerical data, analyses those data in their textual form rather than converting them to numbers for analysis, aims to understand the meaning of human action [46], and asks open questions about phenomena as they occur in context rather than setting out to test predetermined hypotheses.

A qualitative research framework founded on epistemology, methodology and method [47][10] was developed to explore the following research questions:

- What are the experiences of Australian Reservist veterans?
- How do Reservists define their experiences?
- How did their sense of self impact on health and wellbeing?
- What are the barriers and enablers to seeking support?
- What is the impact of deployment and Reserve service on critical dependencies e.g. families, civilian employers?

Research ethics approval was granted from The Australian National University Human Research Ethics Committee (HREC) (Protocol number 2011/259), Department of Veterans' Affairs HREC (Protocol number E011/006) and Australian Defence Human Research Ethics Committee (ADHREC) (Protocol number 634-11).

Data collection methods

Text based

Literature review

A systematic review of literature pertaining to Reserves was undertaken including searches of four databases: Pubmed, Psychinfo, Scopus and Web of Science. After broad background reading specific search terms were generated. In addition to the databases specific journals were manually searched.

English language systematic reviews, literature reviews, primary qualitative and quantitative papers and grey (e.g. government) literature of high relevance evaluating, describing or discussing issues for Reservists were included for review resulting in 108 relevant papers.

Papers were limited to 1991 onwards, however older studies were included if they were highly cited in contemporary work. Google Scholar was used as a final method to check for any additional literature.

This review aimed to synthesise the local and international literature on Defence Force Reservists. The key questions that this review sought to explore were: What is the role of the ADF Reserve? What are the components of Reservist identity? What impacts on the health and wellbeing of Reservists?

[10] For an overview of the relationship between epistemology, methodology and method see Carter, Stacy, and Little, (2009).

The review findings highlight a set of issues for Reservists that at one level exist as structural ADF personnel matters, for example conditions of service, retention, incentives, commitment, engagement, and employer and family support. However what emerged in the review was that all of these have a direct impact on Reservist health and wellbeing, in particular their mental health. This literature is integrated throughout the report.[11]

Review of historical documents

An examination of the recruitment advertising material developed by the ADF since the inception of the Reserve force (in its various forms) was conducted.[12]

Resource inventory

An inventory of support services available to Reserves, both during active service and when they discharge, was conducted (see Appendix 4).

Importantly, both the inventory of resources and historical review significantly informed the development of questions for the face-to-face interviews.

Field based

Interviews

Face-to-face, semi structured interviews with 39 ADF Reservists (Army and Air Force) were conducted[13]. Interviews gained information on the perspectives, roles and wellbeing of this cohort. The interviews focused broadly on:

1) *Wellbeing*: How do Reserves negotiate transitions between civilian and military life? What are their roles? What are their intentions for the future?, and

2) *Impact*: How has service affected their life? (For example, PTSD and other health concerns attributed to service or transition.)

The schedule for the face-to-face interviews included a series of broad open-ended questions. As this was a pilot study open ended questions were necessary in order to capture the most information. These included, but were not limited to:

- How long have you been in the Reserves?
- What were your expectations?
- What has your time been like?
- What is your role/rank?
- Have you been deployed? Where/for how long?
- How has your service affected your civilian life?
- What are the positives and negatives of the Reserve force?
- How do you manage military/civilian life balance? What are the challenges?
- Do you feel that service/deployment has impacted on your health and wellbeing? In what ways?
- Do you feel supported in your current role?

[11] The literature review in full was submitted as a component of an earlier report to DVA.
[12] The review of Reserve recruitment was submitted to DVA as a component of an earlier report.
[13] This project began focusing on Army Reserves only. Due to difficulty with recruitment, Air Force Reserves were also included in the sample. Air Force was chosen as there were a higher number of *ab initio* Reserves in Air Force, who were the target sample. As no Naval reserves were included findings cannot be generalized to their experiences or needs.

- What are your plans for the future with the Reserves?

In addition, participants were each given a list of all support available to them by Defence/DVA and asked which they had either heard of or used, or which civilian services they do or might access as an alternative (see Appendix 5 for results).

With the consent of each participant, all interviews were tape recorded and transcribed verbatim.

DATA COLLECTION AND ANALYSIS METHOD

Recruitment

Following ethics approval, participants were recruited into this study through a number of different strategies including:

- Assistance from ADF

Head, Cadet, Reserve and Employer Support Division (CRESD), facilitated the researcher's contact with the Commanding Officers of three Brigades and one Commando Regiment. These were chosen as each had recently returned from operations, both low and high tempo.

Director General Personnel (DG Pers) Air Force facilitated the researcher's contact with Executive Officers of Squadrons who had recently deployed Reservists.

Invitations to participate were disseminated through COs and EXOs to Reservists who had deployed.

- 'Snowballing' - the process of individuals introducing potential participants to the study, who in turn alerted others to the study and so on.

At no time did the researcher directly contact potential participants.

Sample size

Small scale interview-based research is intentionally conceptually generative. It is the nature of exploratory studies to indicate rather than conclude. That is, such studies formulate propositions rather than setting out to verify them [48].

Interview-based studies are a labour intensive method of research whereby the researcher is completely immersed in the field collecting data until 'saturation' is reached. Saturation is the point at which no new concepts, themes, issues or problems are emerging from respondents.

The question of sample size is important because the use of samples that are larger than needed is an ethical issue (because they waste research funds and participants' time) and the use of samples that are smaller than needed is both an ethical and a scientific issue (because it may not be informative to use samples so small that results reflect idiosyncratic data and are thus not transferable)[49].

Estimating the number of participants in a study required to reach saturation depends on the quality of data, scope of the study, nature of the topic, amount of useful information obtained from each participant, the use of shadowed data

(participants' reflections on others' experiences), and the study design used. A sample size between 30-60 is generally accepted as optimal for rich, valid qualitative data [50].

Analysis

Interviews were transcribed and entered into qualitative data analysis software, 'Atlas Ti', and then thematically coded. Data was analysed using a grounded theory technique, meaning that themes emerged from the data rather than them being imposed upon the data. Subsequently a theoretical framework was developed.

Demographics

In order to not compromise anonymity, the specifics of units participants were from will not be included in this report.

Key characteristics of the sample included:

- 39 Reservists who had deployed, including 26 men and 13 women.
- 27 were from Army and 12 Air Force.
- Average age was 41, with a range of 22–61.
- They had deployed to the following operations:
    - Warlike (including MEAO)
    - Non warlike (including Timor-Leste, Solomons, Bougainville)
- Ranks included a mixture of Officers and Non-Commissioned Officers (NCOs), ranging from Group Captain to Leading Aircraftsman in Air Force and Lieutenant Colonel to Private in the Army (see Figure 3 Appendix 6)
- Participants had a range of roles, with the majority being Signals (25.6%), Commandos (17.9%), Medics (12.8%) and Infantry (10.2%) (see Figure 4 Appendix 6)
- 22 were *ab initio* Reserves, and 14 had prior service. For three it was unknown if they had had prior service.

RESULTS OF THE STUDY

When examining issues for ADF Reservists, the first thing that becomes evident is that they are not one distinct, homogenous group. What is collectively known as 'Reserves' comprises men and women who have been members of the Permanent/Regular force, and may have had lengthy full time ADF careers prior to transferring to the Reserve on separation from the permanent forces; Reservists who have only ever been part of the Reserve and never served in the Permanent/Regular forces (*ab initio*); specialist Reservists such as doctors, lawyers, psychologists, nurses, chaplains etc, who undertake limited military training and are employed only as specialists within their field of expertise; and a small number of lateral transfer Reservists who comprise members of foreign forces (US, UK, Canada, NZ) who have transferred to the ADF.

While all full time ADF members who enlisted after 2003 must, by law, transition to (at least) the Standby or 'inactive' Reserves following discharge from the Permanent/Regular force (to be potentially called upon in times of National need), a percentage transition to 'active' Reserves and continue to be engaged in some way. As an ex-permanent active Reservist, their involvement may be ad hoc, working a set number of days annually to work on specific projects, or deploying with formed units because they have a particular capability (expertise or critical skill) not found in the Permanent/Regular force.

These distinct groups are explored further, below, in a model of Australian reservist identity.

The second issue that becomes evident when exploring matters for ADF Reservists is that their relationship to the organisation (determined by mode of employment, or previous experience), and arguably how they *identify* with the organisation, goes some way in determining perceived and experienced barriers to accessing health and support.

The narrative below points to some common themes that emerged across the interviews for this study. Following an early return from deployment due to an injury, this Reservist describes the difficulties with readjusting to his role, the impact and stigma of mental health issues, subsequent impact on family, a lack of appropriate and timely support, and a lack of knowledge of or willingness to access DVA.

Included in this narrative are the complexities of return from service when transitioning from being a Permanent member with full cover from the ADF to being discharged from full-time service and posted as a Reservist, and the stark contrast in access to health and support services.

Staff Officer, RAAF, 51, MEAO

Respondent: [When returning home from deployment] they'd sent me [as a Reservist] to be to be [CO of Unit] while there was a break in postings. I went in and started doing that role, and I think it got to… I got involved in it and was trying to busy myself in the role, but it was really like I've had the deployment that hadn't been finished.

My domestic situation had fallen down completely around me and had become quite hostile and difficult to deal with, and there was no security in anything. It was pretty awful.

…It was all stressful. I knew that I really wasn't capable of making decisions, more so I was scared I was going to make decisions that were affecting people that I worked with, and I was not in a good position to do so.

Interviewer: Yeah.

Respondent: But because I was a Reservist I couldn't really be helped. I ended up seeing… calling the GP there, who was ADF. He was a civilian doctor but… and of course he couldn't treat me or do anything, even though I knew him well. And so he provided me with a degree of support just because he was sort of a friend and acquaintance. I also… I actually asked to be hospitalised and he said he can't because he can't do it, he can't activate that through the ADF system because I'm not permanent, and he couldn't put me in to the public system, even with private health or anything, without having seen a psychiatrist. And so it was like I've just got to take as much [help] as I can get without causing extra stress.

Interviewer: Ok

Respondent: So yeah, I think then I coped by medication and alcohol abuse, and anything else until I started to see a psychiatrist. I mean I'd been on anti-depressants…I was on anti-depressants before I went to the Middle East, and a waiver was given, I think, or something for that at the time. And that's again what, when they reviewed my case, they were saying it was all of these things that was all known by Defence, that they were all of the signs, your evaluation, psych evaluation reports were declining, you came back fairly desperate, and yet nobody cared anything about it.

I am very lucky that you know, since I've been back in this contract, the medical centre here have been extremely supportive, and again, not that they would even want to be quoted to say so, but they had suggested extremely strongly that I submit a DVA claim…for compensation, anything… for ongoing psychologist, psychiatrist services. Because again, at the moment, in two weeks' time it all stops. Why do I have to self-fund?

Interviewer: Yeah.

Respondent: And that's OK, I'm not… if I need the support, and it's not so much the issue it's more the principle.

Interviewer: So you've never tried to contact DVA to either find out what support they could give you, or to request that they cover some costs, or anything like that?

Respondent: Not really. I mean I'm familiar with DVA for a couple of other minor things that are conditions from my Permanent service, but I suppose because I came back from the Middle East in [date] And as I said, if I knew if things weren't better I'd probably [seek help]. But I didn't know. I thought look, you know, this is a sign of weakness and all of those things, so I've just got to buckle up, toughen up, focus again. You'll get through this and all those sort of things.

… So I wasn't probably in a position, well you know, I wasn't making enquiries 'cause I didn't really want to admit that there was anything wrong that I couldn't cope with. By the time it had got to…so those three months after, that's when it really deteriorated to the point where I was desperate. As I said I was going to be seeing a psychologist and a psychiatrist, and that was under my own… well under Medicare Mental Health programme, and my own private health insurance. And you know what, at the moment I'm just more focused on just getting that sorted out, and that… and addressing some of the domestic issues. I don't think I could have taken on any more.

So it was like doing what was expected of you professionally, and at the expense of, and consciously knowing, that everyday things are getting worse on my personal life, and more and more and more out of control.

Interviewer: Yeah.

Respondent: One of the things that I won't bore you with so many details…This contract that I'm on now, the medical centre here in [city] said really by rights, they don't think I should have been given this contract. However, they said going through my file, there was sufficient things on my file to say that I should never have been discharged when I came back from the Middle East. That there were enough indicators on my psych evaluation report for someone to say that there were problems.

….And their concern…was that you're a typical example where Defence meet all the rules to get you on deployment because they wanted you…and used you, and now when you've finished it was like, oh, we'll just cut you off and make you a Reservist again and not have any of the responsibilities and obligations. So the concern that I have is that I came back from the Middle East, all services were cut off, I went and saw a psychologist of my own volition, but eventually end up asking to see… well I've seen a psychiatrist again of my own volition. And things were pretty bad. And the point was, there's no… all of those indicators were there when I left.

And that there should have been psychological service and decompression and all of that when I came back. And the interesting point now, which we'll never know, is would I have got to the point of feeling as desperate and suicidal as I was if I'd had reasonable services provided? When I say I came back and I got my psychologist, this is of course when things were really bad. So I had, I guess, some safety net. But I got to such a low point before they were engaged, that's what medical [staff] said, was that if you had that support from the day you came back, rather than waiting for things three months later for being so desperate, it may well have been a completely different outcome.

The issues this narrative raises include:

- Ad hoc support from ADF medical staff while undertaking (non CFTS) Reserve service (as did this individual as an acting/commanding officer of an Australian based unit) and the norms, expectations and confusion it creates;
- The effectiveness of pre-deployment medical and psychological screening for deployment suitability;
- The effectiveness of the POPS protocols in identifying deployment related mental health issues;
- Access to medical and psychological support by Reservists post returning from operational services and re-entering civilian life; and
- The reluctance of Reservists and arguably full time members to contact DVA to seek support for their medical and psychological issues.

In the remaining discussion of results from this study, a number of these themes will be explored throughout the key findings. These findings include:

1. How a Reservist identifies with the ADF affects access to support services, unit cohesion, commitment, and retention.

2. Reserve identity operates on two distinct dimensions, their institutional/professional orientation (where their identity is based on either military or civilian skills) and their difference/deficit orientation (where their identity is based on a perceived deficit or difference in their skills base by their full-time counterparts)

3. Australian Reservist identity falls in two broad categories, along a continuum from identifying as a 'part-timer' in the ADF, to identifying as a 'full-timer', that is identifying more with the Permanent Navy, Regular Army or Permanent Air Force, rather than as a 'Reservist' as such.

4. The two distinct ends of the reserve identity spectrum, full-timers and part-timers, have very different social capital with which to engage the Defence system—with real consequences for their health and wellbeing. The level of identification with the Permanent/Regular ADF and the form of service is closely associated with Reservists' ability to access support services from Defence.

5. The culture of the ADF (one favouring full-time immersion and commitment) creates an environment that systematically and structurally marginalises Reserves through
    a. a system of entitlements designed for Permanent/Regular members; and
    b. a standard or expectation of 'Permanents/Regulars first';

    and which is reinforced through
    c. active discrimination against and bullying of the Reserve.

6. Increased operational tempo of deployment was associated with higher negative impacts on physical and mental health and wellbeing.

7. Increased unit cohesion was positively associated with increased ability to access and receive support, and low unit cohesion strongly associated with barriers to support.

8. In line with the broader ADF, there is a stigma associated with Reservists accessing medical entitlements and an associated perceived negative impact on deployability.

9. There is a common perception by Reservists that there is very little knowledge in DVA about Reserve experiences or exposures.

10. High levels of identification with the ADF and high unit cohesion can influence the impact of deployments on relationships in positive ways. Lower levels of unit cohesion or identification with the ADF were associated with reports of relationship difficulties.

11. Reservists who identify strongly with the ADF but also as a 'part-timer' reported structuring their relationships and civilian employment around their Reserve service.

model of identity for Australian Reserves

From the empirical research in this study it can be concluded that Reservists are a heterogeneous population in the context of their service, with several broad trends associated with their identity and the cohesion of their units.

Deployed Reservists fit under two parameters:

A

- *Ab initio* - those who joined the Reserve with no previous Regular/Permanent service and since joining have had little or no CFTS
- *Ex-permanent* - those who joined the Regular/Permanent force and who subsequently transferred to the Reserves. In some cases post-separation they may have spent substantial periods on CFTS, in which case they are little different from Regulars/Permanents

B

- *Part-timer* - those Reservists who identify more strongly with being a part-time member of the ADF and with reserve values, ethos and attitudes
- *Full-timer* – those Reservists who identify more strongly with being a full-time member of the ADF and with Regular/Permanent values, ethos and attitudes

Although there is overlap, Parameter A focuses more on an individual's method of enlistment and pattern of service and Parameter B on their self-perception.

Both *ab initio* Reservists and ex-permanent Reservists may have been serving in a variety of ways prior to deployment. These include serving:

- In a predominantly Reserve unit or headquarters (HQ)
- In a predominantly Permanent/Regular unit or HQ
- In the Standby Reserve
- As an individual or in a small team working outside a formal unit/HQ environment (e.g. projects, auditing etc.)
- as part of a non-Army Group (NAG) organisation - e.g. Defence Materiel Organisation (DMO), Defence Science and Technology Organisation (DSTO), Defence People Group (DPG) etc.

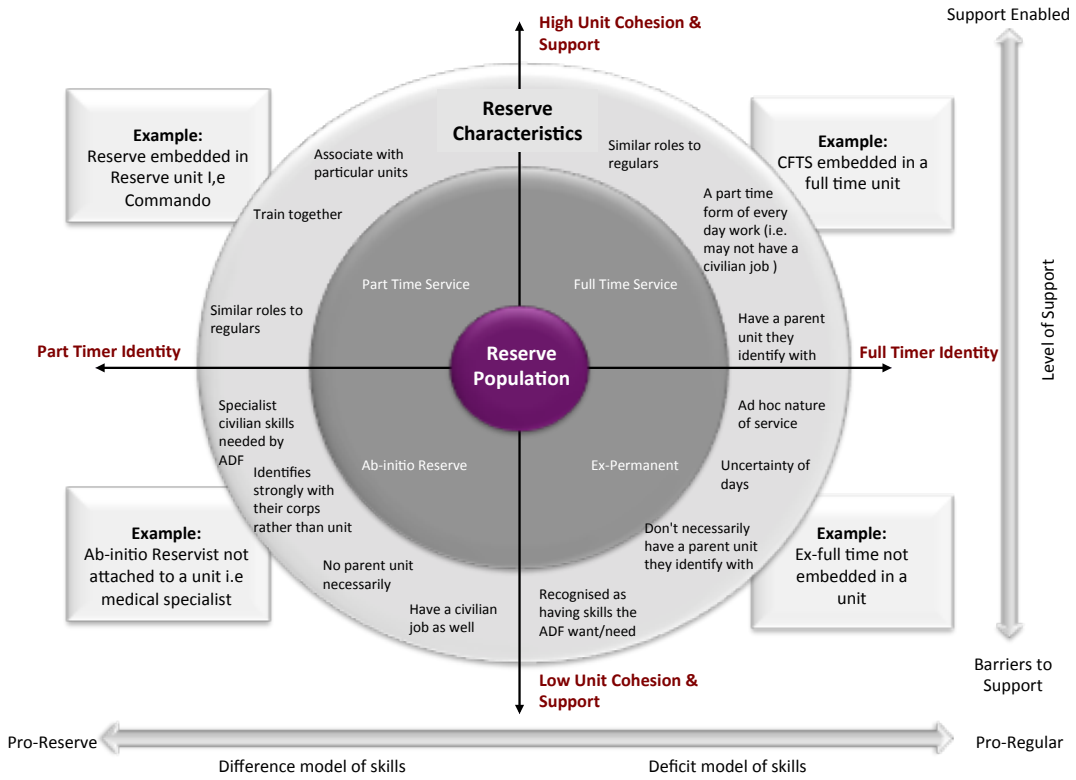
For their deployment they may deploy as:

- Part of a group mainly comprised of personnel from their own unit or sub-unit
- Part of a group created for the deployment and mainly (or totally) comprised of personnel they have never met until pre-deployment training
- As an individual to a formed unit or HQ which existed pre-deployment and was deployed as a group.

While the above are not necessarily predictive categories, they do demonstrate the wide number of variables.

As Figure 3 illustrates, the impact of this identity is more than symbolic. How closely a Reservist aligns with feeling like a ‘part-timer’ or a ‘full-timer’ has implications for unit cohesion and accessing support services.

Figure 2 Model of Australian Reservist identity



The two distinct groups of Reservists, full-timers and part-timers, have very different social capital with which to engage the Defence system—with real consequences for their health and wellbeing. The level of identification with the Permanent/Regular ADF and the form of service is closely associated with Reservists' ability to access support services from Defence.

Identity and unit cohesion

Unit cohesion reported by Reservists was an important factor in their ability to access support and services. Browne et al. (2007) operationalise perceived unit cohesion as a composite of: the 'sense of comradeship', 'ability to draw on informal support', 'good communication of unit activities' and 'a perception of senior interest in duties' [51]. Reservists in units (either Reserve or Permanent/Regular) with high levels of cohesion describe a high level of support to meet their needs, a level of camaraderie in the duties and higher level of morale. Reservists in units (either Reserve or Permanent/Regular) with a lower level of cohesion report a sense of isolation and a feeling that they are 'on their own' when dealing with problems.

Cohesion has also been identified as important for avoiding fatalities in other organisations, for example fire crews [52]. Driesson (2002) found that 'crew cohesion is "made" by individual workers themselves when they establish agreements about rules that govern a host of their day-to-day work practices' (p7).

In what follows, further themes from the empirical research are explored.

Cohesiveness and support

Cohesive units and those in service alongside Permanent/Regular ADF members are largely treated as 'legitimate ADF' in terms of self-assessment of their ability to access support from the ADF's system of entitlements. They are able to access medical care, the Defence Home Ownership Assistance Scheme and DVA with little of the difficulty reported by many other Reserve members.

Interviews in this study evidenced the inconsistent nature of health support and the impact contract variables have on receiving timely and appropriate care.

Army, Commando Multiple Deployments, 35, M

> Respondent: 'cause I was returned and I was due to go off my fulltime contract they just said "We'll keep treating you, but we don't need you to be on fulltime service to do that, you can go back to your work and we'll continue looking at it. Which was good.
>
> Interviewer: OK, yeah. That's good. I think that's unusual, but it's good.
>
> Respondent: It was a bit. I think our unit is a bit unusual in that regard.

RAAF, Junior Staff Officer, MEAO, 47, F

> I was exhausted. In fact, the next six months I was sick. It was like I had no immunity at all, like, no... my immune system was just totally shot. I kept getting bronchial infections and that. But the thing, see, because I'm a Reservist, I go on to what they call continuous fulltime service and that only started two days before I left and then, stopped two days after I got back. So, when I was... I'd go to the Doctor and I was sick and I'd have to get a prescription for antibiotics, I went to the RAAF Doctor... I asked one of them Officers in there and he said "Look, you're... you know, you're basically a Reservist. You're not entitled to anything" so, I had no cover.
>
> Like, as soon as the continuous fulltime service stopped, I went back to being a normal Reservist and so, I just go to my local Doctor and whatever, local Dentist and just pay for it myself. So, I felt like they didn't... I mean, now... now when you come back I think they do extend it a bit longer and they actually give you paid leave to, sort of, recuperate, whereas back... yeah, I didn't get any... I didn't get any of that. I suppose if I really pushed... I just don't know how I could have proved to them I was getting sick because of deployment. I was just exhausted, I didn't have the energy to take them on.

A higher level of unit cohesion, associated with the regular unit-only training of the special service (Commandos), or the stable and ongoing work-lives of those embedded in Reserve roles, provides a greater level of access to Defence support services (Figure 3).

Senior level support and a close network of ADF colleagues overcame many of the structural difficulties encountered by those with less support.

While in similar forms of employment, Reserves who were ex-permanent members, often employed for their ADF skills, had lower levels of unit cohesion due to the very ad-hoc and insecure nature of their roles. In this specific instance 'insecurity' refers to the lack of certainty around the continued requirement for their employment or role. In practice, these Reservists do not have tenured

employment and are employed or not employed purely at the discretion of the unit's commanders and administrators, depending on the particular need of any given situation.

Embedded Reservists typically took on roles the same as those of the Permanent/Regular service, working alongside Permanent/Regulars in a team. Ex-permanents not attached to units were instead employed as a specialised form of consultant (often in preference to consultants with the same background). This meant they are reliant on their own networks and have no tight-knit unit to fall back on.

Ab initio Reserves who are also not attached to a particular unit also have lower levels of unit cohesion. With little opportunity for unit-only training, Reservists report no longer developing the close camaraderie developed in the past (Figure 2).

Increased unit cohesion was strongly associated with increased ability to access and receive support, and low unit cohesion strongly associated with barriers to support (Figure 2).

A *difference* versus *deficit* model of skills

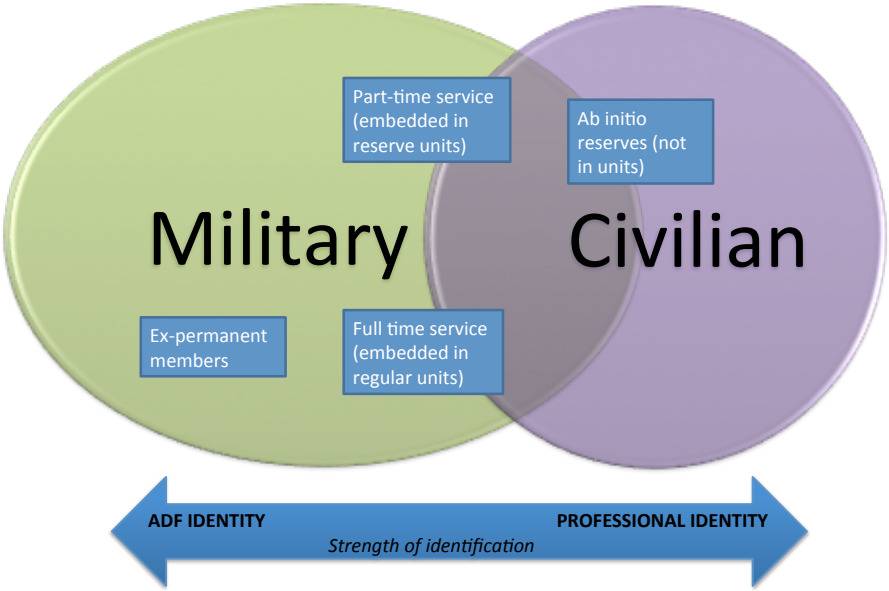
Reserve identity operates on two distinct dimensions, their institutional/professional orientation and their difference/deficit orientation [53].

The institutional/professional orientation describes the way in which Reservists identify either with their *profession* (e.g. doctor, lawyer etc.) or their *institution* (the ADF, the public service) as a formative part of their identity (Figure 3).

The difference/deficit orientation refers to whether Reservists orient to a *deficit* model of Reservists' skills, treating Reservists as partly formed soldiers simply in need of training to reach a 'Permanent/Regular' standard, or whether they employ the *difference* model of skills, which describes treating the accumulated life-skills (military and civilian combined) as a total resource (Figure 2).

The strength of identification in the professional/institutional domain describes the overlap between civilian and military spheres in the lived experience of different roles in the Reserves.

Figure 3 Strength of identification and the military/civilian overlap



The impact of military culture

The ability to integrate into military culture has real implications for Reservists. In this study, those who identified more strongly with a 'full-timer' or 'Permanent/Regular' identity, with high levels of unit support, reported getting support for injuries suffered on deployment, with additional unit support to overcome occasional resistance from local medical services.

In contrast, those with low levels of unit support and cohesion reported being rejected from Defence medical services for injuries suffered while on deployment. Further, some members did not even request medical services, acting on the false belief that as their CFTS had ended they were no longer entitled to support (even though the injury was suffered and identified on deployment).

Lower social capital with which to engage the Defence system limits the ability of Reserves with a more 'part-timer' identity to obtain their mandated level of entitlement.

In looking at culture clashes while UK troops are on deployment, Greene and colleagues discuss the many factors that make deployment more challenging for Reservists than for Permanent/Regulars, including a different military culture [54].

Included are the claims that Reservists carry ideas of fairness and equality from their civilian roles that are in conflict with Permanent/Regulars' military concepts, and that the organisational culture of the military favours total immersion, putting Reservists at a disadvantage from the outset. The article discusses the negative assessments that Reservists can have of their experiences, particularly in respect to perceived unfair treatment when compared to Permanent/Regulars (e.g. being

separated from their unit, being given different kinds of missions, and being given less recuperation time).

The authors reason that such culture clashes could be linked with the higher prevalence of mental health problems Reservists experience post-deployment, however also propose that it may be possible to mitigate the situation by ensuring that military personnel are treated equally while on deployment and that Reservists are as well prepared as Permanent/Regulars:

> Shared training facilities and training exercises for all armed forces personnel, combined with education about each service's culture, may help improve the cooperation and coordination during joint operations, thus increasing their efficacy. (Greene 2010)

Orme [55] has also found that while low levels of traumatic and non-traumatic stress were found in a survey of Reservists who deployed to Timor-Leste, the non-traumatic stress reported by Reservists emanated predominantly from work-related frustrations, more so than for Permanent/Regulars. Orme asks: 'can the elevated frustration in the work domain, particularly with respect to leadership and double standards, be explained, at least in part, by understanding the organisational expectations that carry over from employment in civilian organizations?'.

Because of the different expectations a Reservist may have with regards to rights and responsibilities of employees they may have different perceptions around employment issues [56].

A system of entitlements designed for Permanent/Regular members

Findings from this study indicate that Defence's policies, procedures and norms presume a level of immersion in the unique culture of Defence. This was not an issue for members (either Army or Air Force) who identified more strongly with full-timer identity, however for members who had a part time identity this posed a significant barrier and often resulted in feeling marginalised within a unit.

Reservists are expected to fully comply with the ever-increasing requirements of the ADF. There was a perception amongst participants in this study that this was done with little thought to the realistic implications in the context of Reserve service.

This was commonly described with regards to the implications of budget cutbacks for Reserve days.

Budget cutbacks regularly reduce the parade days available to Reserve units, meaning that training and other requirements must be met with either unpaid service or spread out over months of Reserve days. By way of explanation, the ADF workforce funding model comprises Average Funded Strength (AFS) and Military Employee Expenses (MEE), which together conceptually comprises the employee budget for permanent members of the ADF. Reservists are not funded from this budget, as the funds required for paying Reservists are drawn from an additional contingency source of funding based on a daily rate. Accordingly, when the Services experience funding pressures and budget cuts, it is relatively easy to reduce spending on Reserve salaries, as Reservists, unlike Permanents, do not have guaranteed employment. Often there is a perception that the funding allocated

for Reserve salaries is diverted for other uses in times of fiscal constraints and budget cutbacks.

Participants commonly described the pressures of requirements such as Post Operational Psychological Screening (POPS) interviews, pre-deployment preparations and the administration required for individual readiness as largely borne by the individual in his/her own time.

> And the experience of going, getting ready for a deployment, is a pretty big thing. You know, you've got to get all your inoculations, your medical, go in and get pre-deployment stuff, kitouts, your uniform, pack your bags, there's a lot that happens that ramps up before you go, an enormous amount of preliminary stuff, that really puts you under a lot of pressure before you even head off. And that's pretty hard going to be honest, it puts a lot of... you know, and you're still at work, trying to do all this as well. It's not like you get two weeks leave before you go away, you know you're working up to the day you go, you're still in the office doing all this at the same time, rushing off to Randwick to pick up some equipment, or make sure your inoculations are up, or do your medical, or whatever it is, and all the paperwork that goes with deploying, because we go on fulltime staff, once we deploy we become regular Army until we come back from deployment. **(Multiple deployments, Medical service, Army, 55)**

Many reported feeling that the little time they had on 'parade', or in other words, at their units undertaking Reserve related duties, was spent on administration and bureaucracy. Others dedicated substantial unpaid hours to completing the additional administration.

> I think sometimes it's just purely communication, so there was one time when I rocked up to get a supposed dental exam, and no-one was there. So I'd travelled all the way up from [home location], and this was a Saturday, and they said, "We'll get you so you can have your dental on the Saturday," I'd booked it all in, and I went up there, and no-one's there, I've rung two of the numbers that I had, left messages, and about two weeks later then I got the phone call to say, "Sorry, we cancelled it, and we forgot to tell you. **(Solomons, Support, 28)**

For this Reservist, the considerable effort to travel to a dental appointment on a weekend, only to find that no one had turned up was evidence that he was not a priority for the ADF and that neither his time nor commitment were valued.

In contrast, evidence from interviews in this study indicate that full-timer oriented Reserves were often not as vulnerable to these problems because of higher levels of unit support, or sufficient funding for Reserve hours spent on the tasks.

This difference, as it amounts to a structural form of discrimination, is most apparent with the part-timer oriented members' engagement with the ADF's system of policies and procedures.

The approach to Reserve enrolment on courses and last minute deployment exemplify this. According to Reservists in this study, Defence assumes that Reservists are able to arrange their personal lives, with very little notice, to enable their absence across weeks or months.

Participants described being resistant to being treated similarly to Permanent/Regulars in this kind of scenario, as it ignored that they had civilian employment and a family who was not necessarily linked into the Defence support network.

This created a paradox – Reservists were both glad to be considered a legitimate member of the Total Force, but frustrated by the level of ignorance of their dual military-civilian lives.

Reservists, regardless of identifying as full-time or part-time, feel unable to reject these offers because of their fragile status. Full-timer oriented Reserves feel that they will transition from a legitimate, in-group, status to a mere 'choco' if they reject courses and deployments.

Similarly, part-timer oriented Reserves highlight the no win situation they find themselves in when they have to balance aggrieved employers who find subtle ways to levy punishments, with the possibility of losing later opportunities for training or deployment.

Defence systems, policies and norms impose ADF standards of life and service-life balance onto those with competing civilian lives, rather than treating Reservist service as a unique form of service which balances the two cultures' expectations, obligations, and norms.

A culture of 'Regulars first'

> …there was the opportunities where I had been selected for different courses and deployments, and those sort of opportunities were taken away once people realised I was a Reservist. **(Support, Officer, MEAO, 28)**

As the international research suggests, historically Reserves have been discriminated against in favour of Permanent/Regulars [56].

This study evidences that for Army and Air Force Reservists a sense of being marginalised within units or on deployment was perceived or experienced as a structural form of discrimination. A common example given by participants in this study described Reserve and Permanent/Regular members being placed in the same pool for training opportunities, with Permanent/Regulars repeatedly prioritised.

The implications of the ADF's move away from Reserve-only training to integrated training aligns with a move toward a Total Force model whereby Reserves are not situated structurally as 'other' but are integrated with the entire Force. However, there was a perception by this study's participants that Reservists were frequently 'forced' to compete for training places against the more entitled Permanent/Regular ADF. In terms of operational structure and function it is reasonable that Permanent/Regulars be prioritised. However, the impact of this on the day-to-day experiences of Reservists is significant.

Common examples described being placed on to waitlists to get on courses just to meet core requirements. This process meant that in order to simply maintain active Reserve status, members had to take opportunities when they came, with often little notice and creating significant tensions with their civilian employers.

> So my unit expects that, with two weeks' notice, they can send me on a four to six week long course full time where I've got no access to emails, phone, anything like that. I'm in an executive position and there's just no way I can drop my life in two weeks to go and do what the Army wants. So it's disruptive in that way. **(Multiple deployments, Frontline service, 34)**

This same experience is replicated with deployment opportunities, and more indirectly with ongoing part-time Reserve service (and the impact on Reserve budgets).

> So it's pretty frustrating that I'd put in the effort, and I worked longer hours, and had been identified as the most appropriate person to deploy, but someone else at a different Unit, that makes the final selections or could change things, would then say, "No, you're a Reservist, you don't have priority. We're going to put someone else," may not have been as competent or the most suitable member, because they were at a different Unit to the one that we were deploying with but, yeah, that happened to me four times before I eventually deployed. **(MEAO, Staff Officer, 30)**

> My concept of the Reservist was that you were there as an expansion force should people get busy and need you, and I was more than happy to do that; but when the time came to do that, they're short of people, they initially rejected my application to deploy, which I found counter-intuitive to the whole concept of Reserve Forces. **(MEAO, Pilot, 46)**

These structural norms repeatedly place Reserves as 'second class citizens', which in turn reinforces active discrimination of Reserve members.

This creates a visible marker of reduced social status in those consequential aspects of Defence service (access to training, deployments, entitlements etc). These factors perpetuate the deficit model of Reserve skills and identity, overlooking the unique contributions Reservists offer from the interplay between their civilian and military skills. Further, they legitimate any negative attitudes toward Reserves by Permanent/Regulars.

Active discrimination and bullying of the Reserve

> The problem with the regular army is it's bred into them from the moment they join, Chocos, ex-Chocos, you know, from the very moment they join, they… so by the time they're get into the ranks of Corporal and Sergeant, it's well and truly ingrained that Chocos are just Chocos and they're no good and they're useless etcetera, etcetera. **(Multiple deployments, Special Services, 35)**

> So it's things like "You're a filthy, stinking choco" and it's "Yeah, no worries mate. I joined the Army to do a job, not get a job" sort of stuff. It's all that banter that you expect in a mostly male dominated workplace… even though most of my bosses are female, since I've joined Intelligence Corps anyway. **(Multiple deployments, Intelligence, 39)**

Most Reservists in this study, including a majority of those who had a full-timer identity, reported some instances, either major or minor, of hostility on the basis of their Reserve status from members of the Permanent/Regular forces. Part-timers routinely also reported resisting such hostility, leading to antagonism and conflict.

Reserve members reported a deeply ingrained attitude of hostility from Permanent/Regular members. Those with a more full-timer orientation (perhaps ex-Permanent/Regulars themselves) report less difficulty with the instances of hostility, downplaying the problems and occasionally siding with the attitudes reportedly expressed by Permanent/Regulars.

Few Reservists saw any possibility for change as the general stereotype of 'lazy chocos' was found to be 'proof against induction'. That is, an individual Reservist might be able to prove their legitimacy to Permanent/Regular members as an

'exception', but the Reservists did not see any evidence of a broader attitude change in the Permanent/Regular members' approach to Reservists. Thereby, due to the posting cycle Reservists found themselves repeating the same cycle over and over again.

Reservists in this study also reported more serious incidents of discrimination on the basis of their Reserve status. The incidents described were both top-down and bottom-up. As described below, a participant in this study reported NCOs and Officers in Command of Regular soldiers subjecting Reservists to 'pranks' and deliberately keeping them misinformed to appear unprofessional, with resultant negative career consequences.

Similarly, Reservists reported instances of bullying from more senior officers on the basis of their Reserve status. In one example described by a participant in this study an NCO presumed a Reserve team to be at fault for violating operational protocols, despite clear evidence that it was impossible for them to have done so:

> …he [the NCO] suddenly realised it wasn't us, it was one of his regular soldiers who'd done it… And so it was probably the best thing for us because it started highlighting the fact that it wasn't actually the Reserves that were stuffing up and making these mistakes, it was actually his fulltime soldiers who were doing it, and then they were obviously just blaming us because it was an easy target to blame us for the mistakes, rather than admitting their own.
>
> So, yeah, so sometimes things like that happened, where they'd try and...and it comes back to the same thing, and rumours get around, they go, "Oh you don't want work with Reserves, they're this, that, and all the rest. (**Commando, East Timor, 44)**

Reservists in support roles reported feeling marginalised in more subtle ways, describing a perception that they were denied access to medical support for deployment injuries or the minimum training required to maintain individual readiness.

As a result of a perceived culture of discrimination, members who identify strongly as Reservists serve in a unit with low cohesion (or do not serve in a unit at all), but retain enough identification with the ADF to seek to continue their role and end up isolated. They find themselves unable to access services and they have trouble gathering trustworthy information about their entitlements. This is further complicated in the context of mental illness acquired in the course of Defence service.

One long-serving Reservist, isolated from many of the mainstream Defence services by a history of antagonism with and towards Permanent/Regulars, concealed the psychological trauma suffered in the first wave of Timor deployments (prior to the implementation of POPS). This Reservist then went on two further deployments, sought no help in the interim and was only identified as suffering PTSD by a VVCS lifestyle service. Isolation, lack of trust, and a general antagonism towards Permanent/Regulars who had discriminated against him posed a significant barrier to accessing mental health services.

He describes his experience of POPS following his last deployment:

Interviewer: You would have done your POPS when you came back from the last couple of deployments?
Respondent: Oh yeah five minutes, bang.
Interviewer: OK. And at three months following?
Respondent: When I came back from the last one…me and one other Reservist who'd been away with me. No-one fronted up, we just came to the depot, they had an envelope, we both filled out and that was it.
Interviewer: So you filled out forms?
Respondent: Yeah.
Interviewer: You didn't speak to a…
Respondent: No.
Interviewer: … anyone? OK. Right. So was that useful for you or?
Respondent: Not useful at all.
Interviewer: Right.
Respondent: And of course everyone fears if you say the wrong thing they'll throw you out.
(Logistics, multiple deployments, 61)

The lack of an evaluation of POPs has been noted elsewhere [57] and empirical data in interviews in this study suggest that difficulties in completing it and the stigma associated with completing it truthfully make it an ineffective psychological screening tool for Reservists.

Impact of deployment on health and wellbeing

Reservists in the study reported a range of physical and mental health issues arising as a result of their deployment or as a result of other full- or part-time ADF service.

Research into health outcomes associated with deployment is the most extensive across the literature on Reservists. Evident in this study is that health, in particular mental health, and wellbeing, significantly affects job satisfaction (and job satisfaction affects health and wellbeing), commitment, and therefore retention. Indeed, though not Reserve specific, numerous studies have linked post-deployment mental health difficulties with attrition from military service [58-60].

In studies of US Reserve forces multiple deployments have been linked with increased risk of poor mental health outcomes [61], however because multiple deployments are common in the ADF, determining pre-deployment health and the consequence of subsequent deployments is very complex [62]. What is known is that ill health is observed more commonly in veterans who return to civilian life following deployment rather than remaining in the military environment [62]. This puts Reservists at a greater risk as they almost certainly return to their civilian life and job after any extended period on deployment.

In the international literature Reservists tend to have higher prevalence rates of PTSD than do active duty soldiers [3, 63] and have also been found to have higher incidence of a range of common mental disorders and fatigue [45], higher reported rates of general health problems [64], as well as higher suicidal ideation and suicide attempts post deployment [65].

The prevalence of PTSD symptoms remains low in the UK military, but Reservists are at greater risk of psychiatric injury than Permanent/Regular personnel [4]. It

has been proposed that this may be due to a higher perceived exposure to traumatic experiences in theatre, lower unit cohesion and morale amongst Reservists, more marital discord during deployment, wider public questioning about combat experiences, and greater difficulties adjusting to life on homecoming [5].

In a large, longitudinal and multi-service UK study of predominantly Reservist veterans (2:1 ratio) the authors looked at the question of persistence of PTSD symptoms. The risk factors that they found were independently associated with persistent PTSD included feeling unsupported, multiple physical symptoms, perception of poor or fair health, older age, higher education level, being discharged from service, having deployed but not with a parent unit, and a perception of risk to self during deployment [66].

Given that we know that Australian Reservists are frequently deployed outside of their units, have a higher level of education and tend to be older than Permanent/Regulars, and have a higher perception of exposure (as discussed above) these findings are particularly significant to the ADF.

Operational tempo

Tempo versus intensity

Respondents to this study, as well as in the broader Reserve research literature, often use 'tempo' when they actually mean intensity and vice versa. A cursory understanding of tempo and intensity is an essential aid to making sense of some of the respondents' comments and experiences in this report.

It should be noted (adding to the confusion), that there are two forms of 'operational tempo' referred to in military service. The first, as discussed here, is the pace of an *individual* operation and the second is the aggregated pace of military service as influenced by the number of operations engaged in by a service along with other work stressors (see Huffman Adler Dolan & Castro 2005). In other words this form of tempo is the rate or rhythm of an activity relative to the advisory, within tactical engagements and battles and between operations.[14] Intensity on the other hand refers to a spectrum of conflict and is a military term for the deployment and use of troops or assets in situations ranging from 'total war' (high Intensity) on the one end and 'peacekeeping' or 'peacemaking' (low intensity) at the other.

Accordingly, within low intensity operations it is possible for a member to experience low and high tempo operations. In practice this could mean a member of the ADF may be deployed to a low intensity conflict such as peacekeeping operations (Operation Astute), where they may be exposed to a high tempo or low tempo of activity. Similarly, those engaged in high intensity operations (such as the MEAO 'Operation Falconer') may also be engaged in high or low tempo of operations.

The implications of this are that:

[14] As defined by the ADF's Fundamentals of land Warfare doctrine.

- Deploying on peace keeping operations does not always translate to an easy tempo of operations;
- Deploying on high intensity conflicts such as Iraq or Afghanistan does not always mean that members will be engaged in a high tempo of operations;
- An assumption that one operation may be more demanding based on its 'war like' or 'non-war like' status is not always a useful indicator of the level of stress exposed to during any given operation; and
- One size of definition does not always fit all.

> It changes you, it really does. Anyone who thinks "I'm completely immune to anything that happens overseas" is kidding themselves. It's massive hours seeing a lot of shit that you just wouldn't see but it's offset by the fact that there are very few people who are able to do your job and have been able to do their job in the area that you are. I'm not one of those people that says all this shit about blokes that are injured in the head, they need to harden up and get over it. No, if they have genuine problems then go and seek help but don't come at me with "I'm the victim." Don't come at me and say "I'm the victim, I'm the victim." No, go and seek help and get yourself fixed up. **(Multiple deployments, Special Service, 39)**

Deployment to Afghanistan in the Middle East Area of Operations (MEAO) is an example of a deployment reported by Reservists as high-tempo and combat oriented. Reservists on such deployments describe being effectively on-duty all-hours with a constant level of activity. Patrol operations or holding positions under fire represented extreme examples of deployment experiences described by Reservists. The converse of this is a deployment such as towards the end of the Bougainville peacekeeping activity, where Reservists described a very low level of activity and a sense of boredom. They reported having to find duties in order to alleviate boredom, even in some cases spending so much time in the gym they suffered muscle injuries.

> I mean I know guys who were actually getting quite desperate because they had nothing to do you know, and they were sort of sitting in their [inaudible 14:55] and just downloading stuff and watching it and sleeping. And then just going down to the gym five times a day, which was causing them problems. And as the medics we had to sort of warn them about that, you're sort of going you're going to get overuse injuries and things, which they did. So then you suddenly have them all, they've all got overuse injuries. They've torn ligaments and things like this, and they can't go to the gym, so they're sort of sitting around. **(Solomons, Army, Medic, 51)**

> And so that's what I think PTSD is, but I think being a little highly strung, I think that's all come... you know, having worked 16 hour days for seven days solid, you know seven days a week solid for five months, without having much downtime, I think that's more of the cause. And from what I saw and experienced, you know, being up at dark o'clock and then going to bed just on midnight sort of thing, and not having much sleep, and being so intense... **(MEAO, Staff Officer, 48)**

In most interviews with Reservists, descriptions of low or high tempo aligned with the peacekeeping/combat operations dualism, but in some they did not. Largely this involved Reservists deployments to peacekeeping operations involving a higher level of tempo (including combat). The results of this are presented in Figure 9, Appendix 7.

The result of the intersection between role and tempo is such that some Reservists may deploy on peacekeeping duties only to experience high-pressure duties, possibly including combat.

Warlike deployments were described as having many working hours with a great deal of time-critical challenges to balance. Reservists on such deployments described physical and psychological stress based on combat operations, supporting combat operations and a 24 hour cycle of work which placed a great deal of demand on them.

This division into low or high tempo allowed for an analysis of the reported/experienced *impact* of the operation on the Reservist. Largely, such impacts represented serious physical injuries as a result of the deployment, and in some cases also represented serious mental illness or family breakdown directly attributed by the Reservist to the deployment.

The severity of the impact was reported by Reservists. Serious impacts were those which changed a life-course (e.g. long term injury, illness, ending a relationship); minimal impacts were those with a noticable but prescribed term (e.g. sprains, fractures, minor wounds or minor mental illness with no remission). This preliminary analysis is limited by the small sample but indicates a need to explore these issues in future research.

Figure 9 highlights that Reservists report significantly fewer impacts associated with higher tempo deployments than would be expected by chance (see Appendix 7). While comparison with a deployed population of Permanent/Regular ADF is necessary for a final comparison, these preliminary results imply that deployment may have the same 'protective effect' found in populations of deployed Permanent/Regular forces [67].

Physical health

In the interviews conducted for this study, Reservists involved in combat operations reported a pattern of injuries consistent with non-Reservists returning from deployment [68]. Reservists returning from non-warlike operations had a range of minor problems or issues derived from operations in a third world country. The summary of differences is presented in Figure 4.

Figure 4 Self reported health and wellbeing of interviewed veteran Reserves by deployment tempo

Tempo	Physical		Psychological	
Warlike/Both	**Major**	**Minor**	**Major**	**Minor**
	Brain damage Lung injury Serious back injury	Laceration Strains/sprains	Posttraumatic Stress Disorder Major Depression Generalised Anxiety	Minor Depression Hyperarousal
Non-warlike	**Major**	**Minor**	**Major**	**Minor**
	Acquired Irritable Bowel Syndrome	Neck injury Strains/sprains	Nil reported	Minor Depression

The type of deployments Reservists engaged in and the resulting impacts on their health and wellbeing were also heavily influenced by the type of their service, full-time or part-time embedded in Permanent/Regular or Reserve units, and *ab initio* or ex-permanent status. While Reserves from all categories deployed to warlike and non-warlike operations,[15] Commandos (Reserves embedded in a Reserve unit) had the highest proportion of physical and mental illness as a result of combat operations [69].

Reserves embedded in Permanent/Regular units were largely the opposite, as they were most often placed in support roles with none of the risks of combat. Civilian specialists (*ab initio* Reserves) had mostly minor physical injuries excepting the cases of acquired IBS, but bore the brunt of the impact on their relationships and families on their return.

Other *ab initio* Reserves (most commonly infantry) had some exposure to combat in the line of their duties and thereby had a similar pattern of injuries to Commandos, albeit a lower incidence.

Ex permanent members exhibited a pattern of impacts consistent with their low levels of unit cohesion, depression and serious relationship problems. Reservists' reported impacts on health by service type are presented in Figure 5.

[15] Excluding Special Service who exclusively deployed on warlike operations.

Figure 5 Impact of deployment on health and wellbeing of interviewed veteran Reserves by category of service (c/f Figure 2, model of identity)

Category of service	Physical	Psychological	Psychosocial[16]
Part-time service (embedded in Reserve unit)	Brain damage Laceration	Major Depression Hyperarousal Posttraumatic Stress Disorder	Serious impact on family Serious impact on employment
Full-time service (embedded in Permanent/Regular unit)	Nil reported	Nil reported	Serious impact on family
Ab initio Reserves (not attached to a unit)	Acquired Irritable Bowel Syndrome Neck injury Strains/sprains Minor back injury Serious back injury Laceration Strains/sprains	Posttraumatic Stress Disorder Generalised Anxiety Minor Depression	Serious impact on relationship Serious impact on family Serious impact on employment
Ex-permanent (not attached to a unit)	Lung injury Strains/sprains	Major Depression Minor Depression	Serious impact on relationship

It should be emphasized that this study's findings rely on a small sample size and should be treated as indicative, rather than conclusive.

Mental health

One of the outliers in the table above is the pattern of mental illness associated with ex permanents and *ab initio* Reserves on return from deployments.[17] As noted above in Figure 2 (model of identity) ex-permanent Reserves typically identify highly with the ADF and thus have fewer informal civilian support networks available. Both *ab initio* Reserves and ex-permanent Reserves who are not embedded in any particular unit also report lower levels of unit cohesion and thereby less access to informal networks of military support.

The pattern of impacts on mental health, families, relationships and employers highlighted in Figure 5 above is related to the model of identity presented in Figure 2. Further in this report we outline the different impacts on employers, families and relationships and how these relate to the different identities the different service types exhibit.

[16] Serious impact is defined for relationships as anything with a long term negative change in the reported functioning of a relationship, usually the cessation of the relationship. For impact on the family it was defined as anything with reported negative mental health outcomes for children.

[17] It is important to note that while this is a limited dataset and the actual prevalence of serious impacts is low, the results in Figure 9 are in line with the general mental health outcomes reported in Hodson, et al (2011). This analysis accounts for the differences between groups, not in Reservists overall.

Perceptions of impact of accessing medical entitlements on deployability

Defence members, Reserve and Permanent/Regular alike, are heavily focused toward using their skills on overseas deployments. As a marginalised group within the ADF community, Reservists of all services regarded deployment as a special privilege, especially to the MEAO and the initial Timor rotations.

However, in line with Defence policy, medical status is a basis for returning Reservists from deployment. In the collection of interviews for this study there were several examples in which the injury or impact on psychological health was perceived by the Reservist as too trivial to warrant the return from deployment imposed by Defence. In one case this even warranted successful Redress Of Grievance (ROG).[18] Members are keenly aware of this 'risk' to the deployments they value so highly and thereby routinely fail to report physical injuries and mental distress.

> It's simply 'as soon as you are damaged we replace you with a good one.' (**Logistics, multiple deployments, 61)**
>
> What I did was I went to Defence because I had to do a POPS, and I told them about ten percent of what was actually going on, and said I'm having a few troubles, blah, blah, and what the young psychologist did is she said, "This is just a conversation between you and I. You can tell me anything and it will go no further." So I told her about ten percent of what was happening. Three days later I get a call, you'd better come back in, and then, holy shit, it was like the world had caved in, oh, we're going to do this, and you're going to do that, so I just had to lie and backtrack and say I'm fine, I'm fine, I'm fine, I'm fine, I'm completely healed. I even had to go and bully my psychiatrist into saying, right, write these guys a letter now telling them that I'm fine. And that's why I have such a low opinion of Defence psychology 'cause they lied to me. And then the next time I went they gave me the disclaimer that you gave (indistinct - 41:50), and I was like holy shit, if you had have given me this the first time I wouldn't have told you anything.
>
> …But even if they had have given their disclaimer to start with I wouldn't have told them anything. Once I read it, I went, no, goodbye, 'cause the one thing, and I still remember the words that they actually said, "the client is Defence, it's not you", in effect they said, "We're going to look after Defence, not you.
>
> …So VVCS are the go to people for mental health service for Defence, 'cause if you use Defence psych services, they will end your career like that. So no one, if they've got any brains at all, will tell **(Frontline service, multiple deployments, 35)**
>
> *Respondent:* Well, yes, I had a number of physical injuries that I've avoided telling the Army about, because you don't want to get that, because as soon as they do that they downgrade you medically, and the last think I want to do... I also had a very significant lesion in my back, which was from carrying heavy packs, and I had basically no feeling in my left arm for quite a period, long periods of time.
>
> *Interviewer:* OK. You wouldn't be able to be deployed again, or you'd be downgraded?

[18] A ROG is a system by which members of the ADF are able to formally review administrative decisions made regarding them. By way of example, an administrative decision may be made that a member is not entitled to a particular benefit. An aggrieved member is able to submit a formal ROG in a particular format to have that decision reconsidered.

> *Respondent:*Yeah. Yeah, exactly, you're stuffed. So most of the Army are like this, you know there are some things you reveal, and some things you don't reveal. **(Medical service, Officer, multiple deployments, 55, M)**

A culture of stigma towards reporting health concerns is common to Reserve and Permanent/Regular members, however the marginalised status of Reservists amplifies the risks to their highly prized deployment rotations. Opportunities for deployment can be limited for Reservists, and will be increasingly so as the ADF withdraws from the MEAO. Thus, Reservists routinely fail to disclose of minor medical problems and mental distress.

This tension continues post-deployment, particularly with respect to psychological trauma. Risks to future deployment are a known barrier to accessing mental health services in Defence [70]. This is amplified by the tenuous social status of the Reservist. As an example interviewees report that the Post Operation Psychological Screen (POPS) is treated as a 'tick and flick' exercise by all concerned, with returned Reservists quite reasonably concerned that any disclosure in the POPS process will effectively prohibit any future deployment.

This can result in Reserves transitioning from CFTS – where they are entitled to a range of support and resources similar to Permanent/Regular members – to a Reserve status that is entitled to limited resources for psychological care, before they are ready or able to access it.

Post-deployment, the disclosure of physical injury is perceived slightly more favourably, with the post deployment medical assessment identifying many of the issues concealed during the deployment. However, on return to Australia, few Reservists in this study were extended post-deployment medical services by Defence.

Participants in this study who were embedded in units (either Reserve or Permanent/Regular) which actively support their Reserve members were placed on CFTS for the period of their recovery. More frequently Reservists return to Reserve Service despite ongoing deployment-related medical problems and either perceive, or experience, difficulty accessing treatment because of their Reserve status. These Reservists have a limited window of support from Defence in their post-deployment period before only having access to civilian alternatives.

Continued CFTS may not be suitable for Reserves who need to return to their civilian employer and career after a lengthy absence due to deployment. The complexity for these Reserves is significant.

Many Reservists in this study who did suffer with physical injuries had attempted to access DVA services. However, where this was successful, in every case it was related to high levels of support from either their unit or an RSL advocate. Routinely those who were successful were Reservists with prior permanent service, or those who identify as full-timers. Those Reservists without prior service, with less social capital in the culture of Defence and without these networks of support (the part-timers) are often frustrated in their initial attempts or are put off by DVA's poor reputation amongst Defence members.

Reservists indicated that post deployment they would likely report physical, but not psychological issues, because physical issues could largely be 'fixed' without longer term implications for their ability to deploy. There was a deep distrust of Defence psychological services because of reports or experience of cases in which using services had a direct impact on a member's career or capacity to deploy. Instead, Reservists would routinely seek support from the Veterans and Veterans Families Counselling Service (VVCS) or civilian providers in order to maintain confidentiality.

Barriers to help-seeking and the ability to receive care

In addition to barriers to care associated with how a Reservist might identify, and therefore be linked into, the Defence system, other factors that should be considered for further research are the barriers that hinder both help-seeking behaviours and ability to receive care, if help is sought.

There have been numerous studies on these topics regarding the broader military picture [71], however some issues may be Reserve specific.

Logistical barriers, such as location, can impede a Reservist's access to supports [72], however less concrete barriers, such as attitudes, can also come into play. One US study looking at a sample of predominantly Reservist and National Guard veterans found that negative beliefs about health care and perceived lack of unit support led to an increased perception of stigma and barriers to care. These negative beliefs significantly reduced the likelihood an individual would attempt to access support, or if they did, reduced the likelihood they would succeed [73].

Another US study by Gorman et al found that only half of National Guard participants and just under two-thirds of their significant others who met criteria for one or more mental health problems reported attempts to seek assistance. They found that barriers were again stigma about mental health care, but also concerns about military records and career advancement. At a more logistical level barriers included the cost of accessing services, difficulty scheduling appointments, getting time off work, and not knowing where to get help [74].

Whilst most of the studies on Reservist health have been conducted with UK [51] or US [68, 75, 76] forces, Orme's work indicates that these are also issues in the Australian context.

Orme's initial review of a study done with Australian Army Reservists [77] who deployed to Timor-Leste and the Solomon Islands indicated 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 uncertainty.

Orme found challenges to Army Reservists around post deployment re-entry and reintegration include individual return, readjustment, personal change, reacculturation and successful reintegration to civilian employment. He did find in the cohorts studied that the deployment experience for Australian Army Reservists is generally regarded positively with low rates of actual mental health issues. It should be noted however that his study collected data from a sample of Reserves

on a low intensity operation in a relatively benign environment. 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 had transitioned to the Regulars following their deployment [77].

Important in the Australian context is that it might be more difficult for Reservists who live rurally to access appropriate treatment or services if they are away from military resources [72]. While there is scant information about Australian Reservists' health, in the last five years there have been at least three significant reviews of the mental health literature concerning veterans, including Reservists, conducted in Australia [41, 70, 78]. All found that Reservists are particularly vulnerable to PTSD compared to their Permanent/Regular counterparts.

The *Review of mental health care in the ADF and transition through discharge* [70] initiated by the then Ministers for both Defence Science and Personnel and Veterans' Affairs is impressive in both its depth of consultancy within Defence and synthesis of the international literature as a point of comparison for the Australian context.

Perhaps the most pertinent thing to emerge from the review was recommendation 6.5:

> For a variety of reasons, Reservists are more likely to experience higher rates of mental health problems post-deployment and experience more difficulties in their recognition and treatment. Policies need to be put in place to ensure that they have the same access to high quality post-deployment screening and treatment, if problems are detected, as regular members. (2009:99)

Although Reservists will have easier access to their medical records through the Joint eHealth Data and Information (JeHDI) system,[19] a comprehensive health policy for Reservists has not been developed to date.

One Reservist mental health intervention currently being piloted in the US is 'buddy-to-buddy', which takes as its first principle the culture of the citizen soldier and the broader military culture of treatment avoidance. They suggest that they are in essence using 'culture to change culture' [79]. They suggest that when cultural barriers impede treatment entry or adherence, peer-to-peer influences might be a crucial cultural starting point in overcoming them. Another Reserve targeted program being run is the Reserves Mental Health Programme (RMHP) in the UK. RMHP offers interventionist assessment and treatment service for Reservists with mental health problems attributable to a recent deployment. Jones et al found that three quarters of participants returned to full occupational fitness upon completion of the programme and there was a reduction in PTSD symptoms from baseline to follow up [80]. Other studies have also found evidence for post-deployment supports improving and possibly preventing PTSD in Reserve forces [81]. Such interventions give weight to the argument that Reserve specific programs are warranted.

Health outcomes are an important indicator of wellbeing and wellbeing is directly related to job satisfaction [82]. Reservists can feel levels of social isolation both

[19] For further information, see: http://www.defence.gov.au/health/JeHDI/i-JeHDI.htm

within their Reserve units and when reintegrating into their civilian world. This isolation has also been connected to poorer health outcomes [14].

From the above body of work it could be hypothesised that with successful Reserve employment reforms (such as those currently being undertaken in the ADF i.e. Project Suakin) there will be improved job satisfaction (leading to increased retention) and this will be reflected in improved health outcomes for Reservists.

During interviews with participants in this study, Reservists were given a list of services (Appendix 4) and asked which ones they were aware of and/or had accessed.

While there was a high awareness of many of the resources and support services, uptake was consistently low. Despite the obligatory POPS process, only 23 participants (63.9%) recalled having seen a Defence psychologist.

Chaplains/padres were the next most common resource utilized (52.8%), and anecdotally the most beneficial for minor issues.

15 participants recalled accessing RSL services, all for assistance by an advocate in their dealings with DVA.

Discussions regarding barriers to care with interview participants highlighted a consistent perception that there was very little knowledge from DVA about Reserve experiences or exposures; and that it was actually easier and quicker to seek help outside of DVA/Defence. Also highlighted was a lack of entitlements for Reserve members when they attempted to access Defence services:

> Because I'm a Reservist I'm not entitled to access the ADF side of it. I don't think... see that would be a real issue for me, because I don't know that... I couldn't rock up to the medical centre at Russell and say, "I need a psych appointment; I need... I'm having trouble, I need," because I'm not a permanent member. They wouldn't even consider me. I think that's a failure in the system. **Staff officer, MEAO, 53**

Reserves in this study also raised the issue that they would be reluctant to seek help for mental health issues that might impact their Defence career, and discussed the impact that a delay in raising the issue with Defence service could have on later attempts to claim benefits or entitlements with DVA.

> There's a whole new class of veterans out there nowadays that have got problems, and problems that come more and more to the fore as they get older. I've got a couple at the moment in my civilian job that have got... they're APS members now, but … they've joined the APS and all of a sudden PTSD has happened, they've been... and it can... you can directly relate it to their service in Afghanistan or wherever they may be.
>
> So that's happening in my desk job, I'm seeing it now. How they deal with Vets Affairs and get the assists they need, I don't know, because if it doesn't... if they don't show when they've got it in service, and they don't put in a claim, then it's going to show and they're going to have to try and deal with it and get the right support before the claims are put in and approved. And quite often they're injured to the point where they can't physically put in the claim, it's too difficult to actually articulate the information that's needed to go into the claim. It's too raw to them. You know, I don't know, perhaps there's doctors that deal specifically with Veterans, that they can go to. I don't know. **Frontline, Multiple deployments, 34**

In contrast, Reserves reported accessing civilian services, such as GPs or psychologists, usually paid for out of their own pocket.

Impact of deployment on critical dependencies

Family and relationships

> "They always say that Army does three things, breaks three things - it breaks knees, backs and marriages." (**Support, Officer, Solomons, 30, F)**

As has already been highlighted, the importance of considering spouse and family attitudes to Reservists' continued participation is a critical factor in analyzing many facets of Reserve service.

The impact of deployments on the families of Reservists took on a pattern similar to the impact of ongoing implications of serious injuries. Some Reservists reported that their children would exhibit an increased level of anxiety as a result of their deployment. Further, an ongoing injury exacerbated this anxiety. Reservists reported a very low level of engagement by their families with support services for children during deployments.

RAAF, Admin, MEAO, 56, F

Respondent: And I believe my youngest girl suffers, I won't say anxiety, but has moments where she gets anxious, and still every now and again wants the lights on and all this sort of stuff. Now she's going to be 18 next week, and she just doesn't feel safe. [Because of my deployment] there's been an impact along the way from them having to manage with money and finance, and all that sort of stuff, as well as achieve their goals for their University degree, their year 12. So being away last year, which I thought we could manage, as well as Timor prior to that, was... if I had have hindsight it would have been a good thing.

…You just don't realise just how heavily they rely on you, and they don't realise how heavily they rely on you.

Interviewer: And you said about hindsight, I mean is there something that you would have done differently, and what might that be?

Respondent: I possibly would have made sure that there were definitely better things put in place for them to be able to understand how to manage the home in the absence of a parent. So in that instance I wish I had have looked into it further so there would have been more solid support for them, and given them more of a chance..

So the girls pretty much just mishmashed their way through it. But, you know, yeah, I would do that better, I think there should be bit more of a structure for when people go away.

Army, Commando, Multiple Deployments, 55, M

Respondent: The kids definitely had a lot of separation anxiety. Every time I leave the house they think I'm going away for four months. My daughter gets really, really clingy and whingey.

Interviewer: How old's your daughter?

Respondent: Eight. Lovely, lovely girl but she gets really cuddly with mum and everything's an effort and tears all the time. And [she] has just become rather despondent and withdrawn which is probably worse actually, yeah.

Reservists and their families are a unique subpopulation within the Armed forces and may encounter additional stressors related to deployment and reunion. Research has shown that there are many ambiguities for Reservists and their families when they are on deployments and on returning home [6, 44, 83]. For example, both military members and spouses have to readjust to one another and to accept that it will be nearly impossible to resume life exactly as it was before the deployment.

Reservists and their families appear to experience issues related to deployment and reunion – such as redistribution of roles, communication and safety – similar to those experienced by active duty soldiers and families. However, it seems that Reservists and their families confront these issues with less experience and with less support than do active duty soldiers and their families [6, 84, 85]. These issues can have serious outcomes for Reservists and their families. One study found that Reserve component soldiers reported a high level of concern about family and career while on deployment, and that these concerns appeared to be linked to an increase in post-deployment PTSD [86].

Other studies highlight the potential impact of deployment on members of the Reservist's family. Partners of Reserve personnel with symptoms of PTSD, depression, or anxiety experience increased perception of negative life changes and psychological distress [87]. Gewirtz and Polusny found that one year after deployment increases in PTSD symptoms were associated with poorer couple adjustment and greater perceived parenting challenges [88].

A study by Lara-Cinisomo and colleagues compared the emotional wellbeing of Reserve force caregivers with that of Permanent/Regulars and found that Reserve force (National Guard) caregivers reported significantly poorer emotional well-being and more household and relationship problems [89].

As noted previously, there are multiple barriers that hinder access to support services for Reservists and their families including the costs of mental health care, trouble with scheduling appointments, difficulty in getting time off work, and not knowing where to get help [74].

Strategies such as the Reservist's return to civilian employment appear to be an important stabilizing resource [6]. In contrast however, returning to civilian employment too soon following deployment has been associated with increased risk of PTSD. This paradox highlights the complexities Reservists are faced with post deployment and the need to examine these issues further in future research.

It is important to increase information and support services available to Reservist families during deployment and questions remain about the needs of Reservists and their families following their period of deployment [44].

What we do know is that Reservist families are less likely to be integrated into a military social support network and are less familiar with how to access military benefits to which they are entitled [7]. In addition, family conflict has been found to heighten as one moves up the Reserve career ladder [90].

The literature on Reservists stresses that reenlistment after active service has been found to be positively and significantly associated with a favorable attitude of a spouse about the reenlistment [91-93]. In particular, similarity of the civilian and Reserve jobs supported the hypothesis that there is a positive spillover from work to family life; the less stressful and more satisfying work environment associated with similar civilian and Reserve jobs tends to bring about a happy family life. This, in turn, tends to enhance a spouse's attitude toward continued service of the Reservist [94].

It has been argued that family issues may remain more hidden than employer issues because of the greater acceptability of leaving Reserve service due to employer/civilian work conflict [93].

Alarmingly, the two most recent ADF Family Surveys (one in 2009 [42] and a second in which data was collected in 2013 with findings yet to be released) have not included families of Reservists. This is a significant opportunity lost to better understand the needs of this important component of the Defence community.

In the study described in this report all Reserves, except ex-permanent members, reported that deployment had serious impacts on their family.

Reserve members' orientation to their service shapes and structures their relationships in similar ways to how it shapes and structures their Defence employment experience. The level of support from their unit and the level of unit cohesion were found to have a direct association with the impact deployment may have on a Reservist's relationships.

High levels of identification with the ADF and high unit cohesion were reported as influencing the impact of deployments on relationships in protective ways. As with employment (see below), Reservists who identify strongly with the ADF but also as a part-timer reported structuring their relationships around their Reserve service.

This study found that this group reported fewer impacts as a result of deployment and a higher level of support from their partner. Informal networks of unit support appeared as a feature for those who were part of either Permanent/Regular or Reserve units. These units made a priority of pro-actively supporting the partners of deployed Reservists. The partners of those with these two forms of service were also described as having a closer orientation towards Defence. While not typical 'Defence spouses' they were reported as more able to navigate the systems of support available for deployed ADF. Thus, participants reported that the impacts on relationships as a result of physical or psychological injury were mediated by high levels of cohesion and a generally more positive orientation towards the ADF.

Lower levels of unit cohesion or identification with the ADF were associated with reports of relationship difficulties. *Ab initio* Reservists often reported an impact on relationships because of their partner's distance from Defence. In these cases *ab initio* Reservists had a weaker identification with Defence and thereby their partner had less exposure to the ADF. These Reservists reported that their partners did not engage with the normal Defence support systems. In some cases it was because they were not provided, in others because they were rejected by the spouse as inappropriate or irrelevant.

A lower level of unit cohesion also meant that spouses of *ab initio* Reserves were without an informal network of support from partners experiencing similar difficulties, that is a partner on operational deployment. Similarly, ex-permanent members reported that while, as former Permanent/Regular ADF members, their partners may have been more able to access Defence services, the very short decompression provided to Reservists and the lack of close unit support were associated in several cases with some severe consequences for relationships (in concert with mental health issues).

Civilian employment

Just as the types of Reserve service are heterogeneous so are the different patterns of impact on civilian employment. Almost all Reservists in this study who had a dual civilian/military career reported some level of minor difficulty with their employers. However, it was how these problems were overcome and the broader pattern of life choices in relation to employment which differentiated the different categories of Reserve service as outlined in the model of identity for Reserves (see Figure 2) or professional/military orientation.

Categories of Reserve service that strongly identify with the military and have competing employer concerns, for example *ab initio* Reserves and those serving in Reserve units, would favour ADF commitments in proportion to their level of identification with the ADF. This resulted in conflict in Reservists' workplaces as they perceived they were over-looked for promotion, or would lose opportunities due to their extended absences for Reserve duty.

In contrast, *ab initio* Reservists with a lower level of identification with the ADF and more converging interests between employers encountered few difficulties relating to their employment. Civilian specialists (i.e. doctors, lawyers, engineers) reported that a positive engagement with Reserve employer support programs often overcame any issues they faced with their employment.

Ex-permanent members and those attached to Permanent/Regular units often derived most, if not all, of their income from ADF service, did not therefore have competing civilian employment and typically just transitioned to other full or part-time service on return from deployment.

Those with a high level of identification with the ADF, but a high level of identification as a Reservist (part-timers) reported not only favouring the ADF when conflicts with civilian employment arose, but also structuring their career to facilitate their Reserve service. It is therefore not appropriate to assume that Reservists simply augment their civilian lives with Reserve service. For some, civilian work is simply a means to supplement their Reserve status.

Employer support is a key area that will support the continued availability of Reservists and deserves to receive continued attention [95]. Similar to Australia's Commonwealth Reserve protection legislation (*Defence Reserve Service (Protection) Act 2001*), Keyes (2010) argues that although there is now legislation in place to protect Canadian Reservists in their civilian jobs 'the onus is on the Reservist himself [sic] to be informed on the requirements of job protection

legislation, and to keep his or her supervisor apprised of any forthcoming request for military leave' (2010:67). She continues:

> The bottom-line is that we need to have good communications which will equate to better understanding of the requirements of both employers and Reservists, which will in turn equal better sustainment (2010:69).

Based on previous studies [96, 97] the research of Allison-Aipa et al tested the hypothesis that the activation of Reservists negatively impacted on their civilian work environment. Their study of National Guard employers found that although supervisors reported difficulties in several areas of operation and aspects of the Reservist activation, they still supported the activation of their Reservist employees and their military mission [98].

In looking at risk factors for returning US Reserve force soldiers, Riviere et al found that financial hardship, job loss, lack of employer support and the effect of deployment absence on co-workers were associated with both depression and PTSD. Particularly, those who indicated that their employer did not support their deployment were more likely to meet criteria for depression and PTSD [99].

The limited literature has shown that there is a positive relationship between employer attitudes and the likelihood of reenlistment among Reservists [91, 93, 100]. Of interest, is that Allison-Aipa found no correlation between employers' previous military experience and their support of Reservist employees.

There have been mixed findings regarding the effect that Reservists' military commitments have on their civilian earnings. A large study of the civilian earnings of military Reservists in the US found that, in contrast to previous studies and stories in the US media, earning losses are not common when activated for deployment [101]. Another more recent study found that Reserve deployment led to an initial, moderate drop in earnings over a one year period, however this loss then disappeared and civilian earnings increased in subsequent years [102].

Other studies however point to gaps in these types of assessments. There can be a considerable negative financial impact of deployment on some Reservists, for example solo practice and small business owners such as health care providers [103]. In addition Klerman's study only takes into account earnings of the Reservist while on active-duty service. It does not take into account how activation affects the earnings of Reserve spouses (and, therefore, household earnings) and whether civilian earnings suffer when they return from active-duty service [104, 105]. These are significant issues that need to be taken into account in any future studies of the financial impact of Reserve activation.

Analysis from the current investigation supports Petinaux's (2008) findings with respect of small business owners and the self employed. Every self-employed Reservist interviewed indicated that the employer support payments could not adequately compensate for lost opportunity and damaged client relationships. As one Reservist described it

> My deployment to Afghanistan, you know I virtually had to re-establish my entire client base when I came back to Australia, because all these people that I worked with... was working for leading up to that didn't want to know me when I got back because I'd

> abandoned them for half a year effectively, so I had to re-establish that. **Staff Officer, MEAO, 48**

It was perceived by participants in this study that Reservists' civilian work contexts are far more complex than the current structure allows for.

Building on the potential financial impact of Reservist deployment, it is necessary to take into account how the negative health outcomes of deployment can affect Reservists' current work roles and their future employment opportunities. As previously discussed, numerous studies report that Reservists have higher rates of both mental and physical health problems post-deployment.

Erbes et al investigated the impact that a mental health diagnosis could have on occupational functioning in a group of US Reserve force members (including National Guard). They found that diagnoses such as PTSD, depression, and/or alcohol abuse or dependence were linked with lower levels of work role functioning and that those with a diagnosis of PTSD reported greater rates of deterioration in work role functioning over time [106]. Conversely, studies have also found that financial hardships after deployment were associated with adjustment problems such as criminal arrest, homelessness, substance abuse, suicidal behavior, and aggression and that promoting meaningful employment may lead to better adjustment outcomes for returned soldiers re-entering the workforce [107].

Reservists are committed to two, often diverse, organisations [108]. Furthermore commitment to each organisation is not compartmentalised, rather, as the results of the current study indicate, there is an intersection and overlap of commitment. Activities and changes in one organisation can subsequently affect the commitment to one or both organisations. Payne's study (2010) highlights the importance of providing job specific transition assistance to the Reservist. This research shows that citizen-soldiers need and want time, training, education, and opportunities to bring their former job skills back to pre-deployment levels. Perhaps most importantly, this study indicates the need for managers and supervisors to talk with returning Reservists, to ask them about their deployment experiences, assess what help they need to reintegrate to their jobs, provide them with a summary of changes in policy and procedures, and answer their questions and concerns.

Payne's findings also make sense in the context of the reported career orientations of those Reservists who identify strongly as part-timers. For those who choose to limit their civilian career in favour of their Reserve commitments, managers need to understand the role the Reserves plays in the life of these Reservists. Favouring stability and ease of Reserve leave over progression in the civilian arena, these Reservists may offer an organisation opportunities to earn the Reservist's increased loyalty at a minimal cost.

Without continued employer support initiatives, it seems unlikely that Reserve capability objectives in several countries will be realized [109].

STRENGTHS AND LIMITATIONS OF THE STUDY

This pilot project sought to explore issues of identity, health and wellbeing, and ultimately future service needs for ADF Reserves. This study had a small sample size of 39 participants and the project's findings are thus limited to the experiences this group described and cannot be generalised to the entire treatment population.

However, the in depth qualitative methodology used in this study framed a deep understanding of Reserve issues. This study also built on previous work by the principal researcher [57] which examined issues for Australia's female veterans. Half of the participants in that study had served in the Reserves and it was hearing their experiences that motivated the proposal of this current study to DVA.

While gender has not been discussed in detail in this report, the issues raised in *The health and wellbeing of female Vietnam and contemporary veterans* [57] should be taken as valid for women in this current study, particularly with regard to gender specific barriers to care.

This study's sample was too small to discuss the civilian occupations of participants without compromising anonymity. This would be a worthy focus of analysis in future studies with larger sample sizes.

FUTURE RESEARCH

Further research to better understand details of specific challenges for Reserves will be critical in developing appropriate resources for Reserve veterans. This research must be situated in a strategic research agenda that delivers timely, policy relevant outcomes.

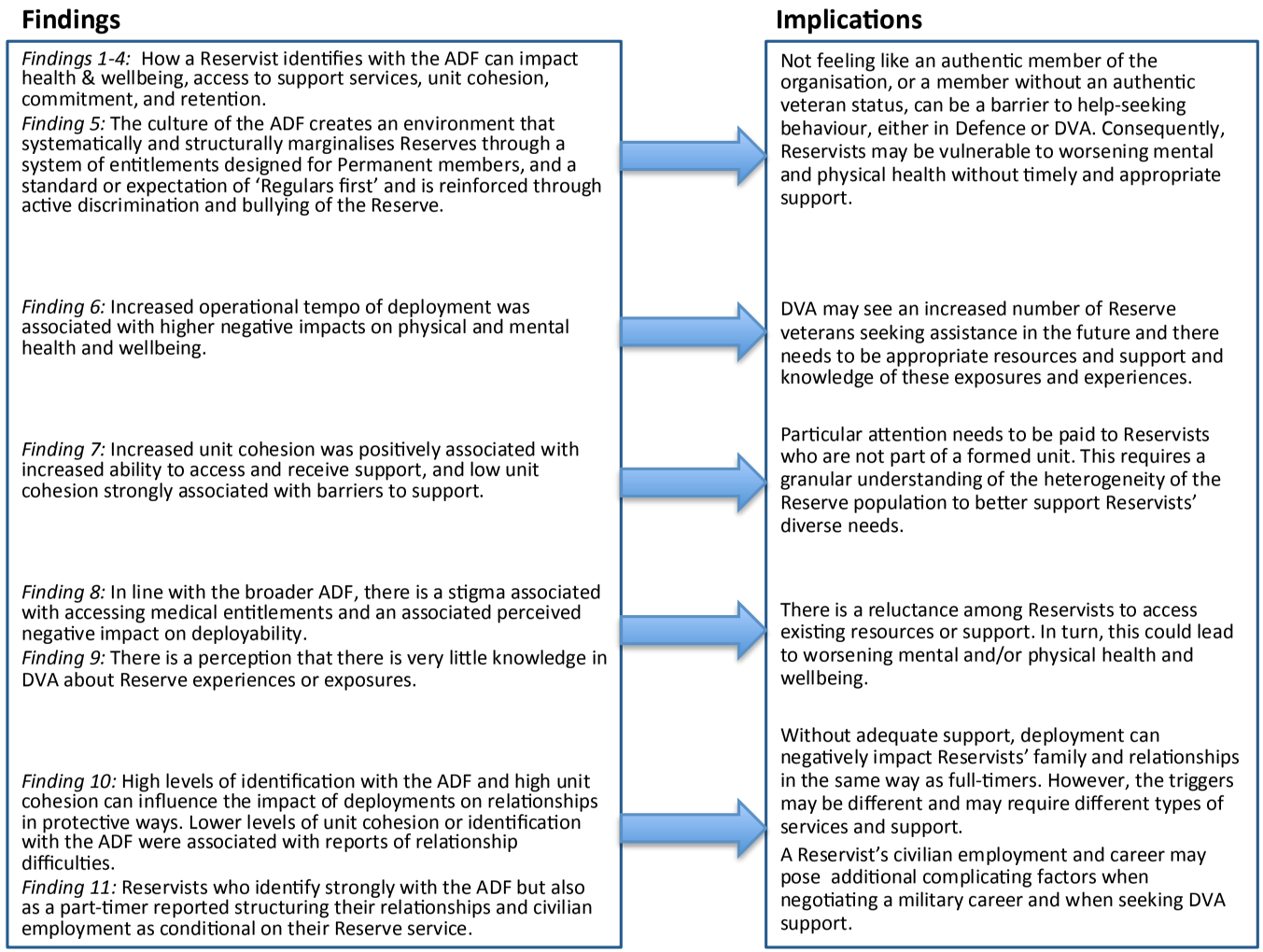
Future research into the Reserve population must include comparisons with Permanent/Regulars to determine actual points of difference, as opposed to going on assumptions that might be historically or culturally biased.

Future research must also be cognisant of the way Reservists have often transitioned from a full-time career prior to Reserve service. Thus any future research must differentiate between *ab initio* and ex-permanent Reserve members.

IMPLICATIONS

New models of support need to reflect the change of Reserves from a strategic to an operational Reserve force.

The ADF Reserves are a heterogenous population. The implications of findings from this study include the need to develop and target services to Reserves with two distinct groups in mind, those who identify and have practices aligned with Permanent/Regular ADF, and those who identify more as 'part-timers'.


Findings
Implications
Findings 1-4: How a Reservist identifies with the ADF can impact health & wellbeing, access to support services, unit cohesion, commitment, and retention.
Finding 5: The culture of the ADF creates an environment that systematically and structurally marginalises Reserves through a system of entitlements designed for Permanent members, and a standard or expectation of 'Regulars first' and is reinforced through active discrimination and bullying of the Reserve.
Not feeling like an authentic member of the organisation, or a member without an authentic veteran status, can be a barrier to help-seeking behaviour, either in Defence or DVA. Consequently, Reservists may be vulnerable to worsening mental and physical health without timely and appropriate support.
Finding 6: Increased operational tempo of deployment was associated with higher negative impacts on physical and mental health and wellbeing.
DVA may see an increased number of Reserve veterans seeking assistance in the future and there needs to be appropriate resources and support and knowledge of these exposures and experiences.
Finding 7: Increased unit cohesion was positively associated with increased ability to access and receive support, and low unit cohesion strongly associated with barriers to support.
Particular attention needs to be paid to Reservists who are not part of a formed unit. This requires a granular understanding of the heterogeneity of the Reserve population to better support Reservists' diverse needs.
Finding 8: In line with the broader ADF, there is a stigma associated with accessing medical entitlements and an associated perceived negative impact on deployability.
Finding 9: There is a perception that there is very little knowledge in DVA about Reserve experiences or exposures.
There is a reluctance among Reservists to access existing resources or support. In turn, this could lead to worsening mental and/or physical health and wellbeing.
Finding 10: High levels of identification with the ADF and high unit cohesion can influence the impact of deployments on relationships in protective ways. Lower levels of unit cohesion or identification with the ADF were associated with reports of relationship difficulties.
Finding 11: Reservists who identify strongly with the ADF but also as a part-timer reported structuring their relationships and civilian employment as conditional on their Reserve service.
Without adequate support, deployment can negatively impact Reservists' family and relationships in the same way as full-timers. However, the triggers may be different and may require different types of services and support.
A Reservist's civilian employment and career may pose additional complicating factors when negotiating a military career and when seeking DVA support.

DVA's ongoing mental health agenda must acknowledge and provide appropriate services to Reservist veterans – not as a subgroup of the Permanent/Regular force, but as a distinct group with particular needs

Services should account for out-of hours needs and should especially engage with opportunities where reservists regularly interact with their Service, for example, Tuesday night parade in Army. Further, they should recognise the large numbers of former Permanent/Regulars as a distinct population who may have a different form of part-time or full-time service.

Extending eligibility for mental health and other resources needs to be well communicated to Reserve members and their families, who may not be linked in regularly with the Defence restricted network (DRN) or with other formal or informal Defence networks. The development of new resources must be cognisant of the barriers to access and care for Reserves as outlined in this report.

In a culture in which mental illness is stigmatised and the basis for withdrawing the opportunity to deploy, a culture of endemic bullying of Reserve members may exacerbate existing undisclosed mental illness.

Long term, subjecting what is essentially a casual workforce to such discrimination for the love of the role and the satisfaction of serving in their own way, will have negative implications for the health of workplaces and mental health of Reservists.

For DVA, the implications from this study point to increasing understanding of the complexity of triggers for Reserve service and deployment related stressors and the resultant impact on mental health for Reservists. PTSD resulting from deployment may not have the same causation as for Permanent/Regulars, however the psychological impact is just as significant and debilitating. DVA policies that accommodate these complexities and differences will enable active Reservists and Reservist veterans to access entitlements with confidence and ease.

CONCLUSION

The ways in which Reservists identify with components of the ADF and their form of service are closely associated with Reservists' ability to access support services from DVA.

Deployed Reservists fit under two parameters:

A

- *Ab initio* - those who joined the Reserve with no previous Regular/Permanent service and since joining have had little or no CFTS
- *Ex-permanent* - those who joined the Regular/Permanent force and who subsequently transferred to the Reserves. In some cases post-separation they may have spent substantial periods on CFTS, in which case they are little different from Regulars/Permanents

B

- *Part-timer* - those Reservists who identify more strongly with being a part-time member of the ADF and with reserve values, ethos and attitudes
- *Full-timer* – those Reservists who identify more strongly with being a full-time member of the ADF and with Regular/Permanent values, ethos and attitudes

Although there is overlap, Parameter A focuses more on an individual's method of enlistment and pattern of service and Parameter B on their self-perception.

Both *ab initio* Reservists and ex-permanent Reservists may have been serving in a variety of ways prior to deployment. These include serving:

- In a predominantly Reserve unit or headquarters (HQ)
- In a predominantly Permanent/Regular unit or HQ
- In the Standby Reserve
- As an individual or in a small team working outside a formal unit/HQ environment (e.g. projects, auditing etc.)
- as part of a non-Army Group (NAG) organisation - e.g. Defence Materiel Organisation (DMO), Defence Science and Technology Organisation (DSTO), Defence People Group (DPG) etc.

For their deployment they may deploy as:

- Part of a group mainly comprised of personnel from their own unit or sub-unit
- Part of a group created for the deployment and mainly (or totally) comprised of personnel they have never met until pre-deployment training
- As an individual to a formed unit or HQ which existed pre-deployment and was deployed as a group.

While the above are not necessarily predictive categories, they do demonstrate the wide number of variables.

Reservists in units with high levels of cohesion describe a senior level of support to meet their needs, a level of camaraderie in the duties and higher level of morale. Reservists in units with lower levels of cohesion report a sense of isolation and a feeling that they were 'on their own' when dealing with problems. In addition, Reservists in cohesive units and those in service alongside Permanent/Regular ADF members are largely treated by their Permanent force colleagues as 'legitimate ADF' in terms of assessing their ability to access support from the ADF's system of entitlements.

This study points to two important paradoxes in the current state of Reserve service.

First, deployment and training opportunities presented Reservists with opportunities to be considered a legitimate member of the Total Force. However, the mode with which they were offered and the pressure to take them up regardless of civilian commitments meant that Reservists were frustrated by the level of ignorance from the ADF of their dual military-civilian lives.

Second, international research indicates that a Reservist's return to civilian employment appears to be an important stabilizing resource following operational service. In contrast, however, returning to civilian employment too soon following deployment has been associated with increased risk of PTSD. This is supported by the findings in this study. This paradox highlights the complexities Reservists are faced with post deployment and the need to examine these issues further in future research.

Evident in this report is that health, in particular mental health, and wellbeing, significantly impact on job satisfaction, commitment, and therefore retention. In addition, job satisfaction affects perceived health and wellbeing.

Health outcomes are an important indicator of wellbeing and wellbeing is directly related to job satisfaction. Reservists can feel levels of social isolation both within their Reserve units and when reintegrating into their civilian world. This isolation has also been connected to poorer health outcomes.

From the above body of work it could be hypothesised that with successful Reserve employment reforms (such as those currently being undertaken in the ADF e.g. Project Suakin) there will be improved job satisfaction (leading to increased retention) and this will be reflected in improved health outcomes for Reservists.

Discussions with interview participants regarding barriers to care highlighted a consistent perception that there was very little knowledge from DVA about Reserve experiences or exposures and that it was actually easier and quicker to seek help outside of DVA/Defence.

VVCS was seen as an exception, with Reservists indicating that VVCS is a key point of service for psychological support and may need expansion to engage better with part-time members.

Conflict between a Reservist's service and their critical dependencies – family, relationships and civilian employment - is a significant predictor of retention. The attitudes of spouses overshadow many other variables affecting job satisfaction, retention, and availability. It could be that family issues remain hidden because of the greater social acceptability of leaving Reserve service because of employer problems.

Whilst Reservists might straddle dual military/civilian worlds, their spouses may not. This creates tensions and barriers to accessing support for families in need.

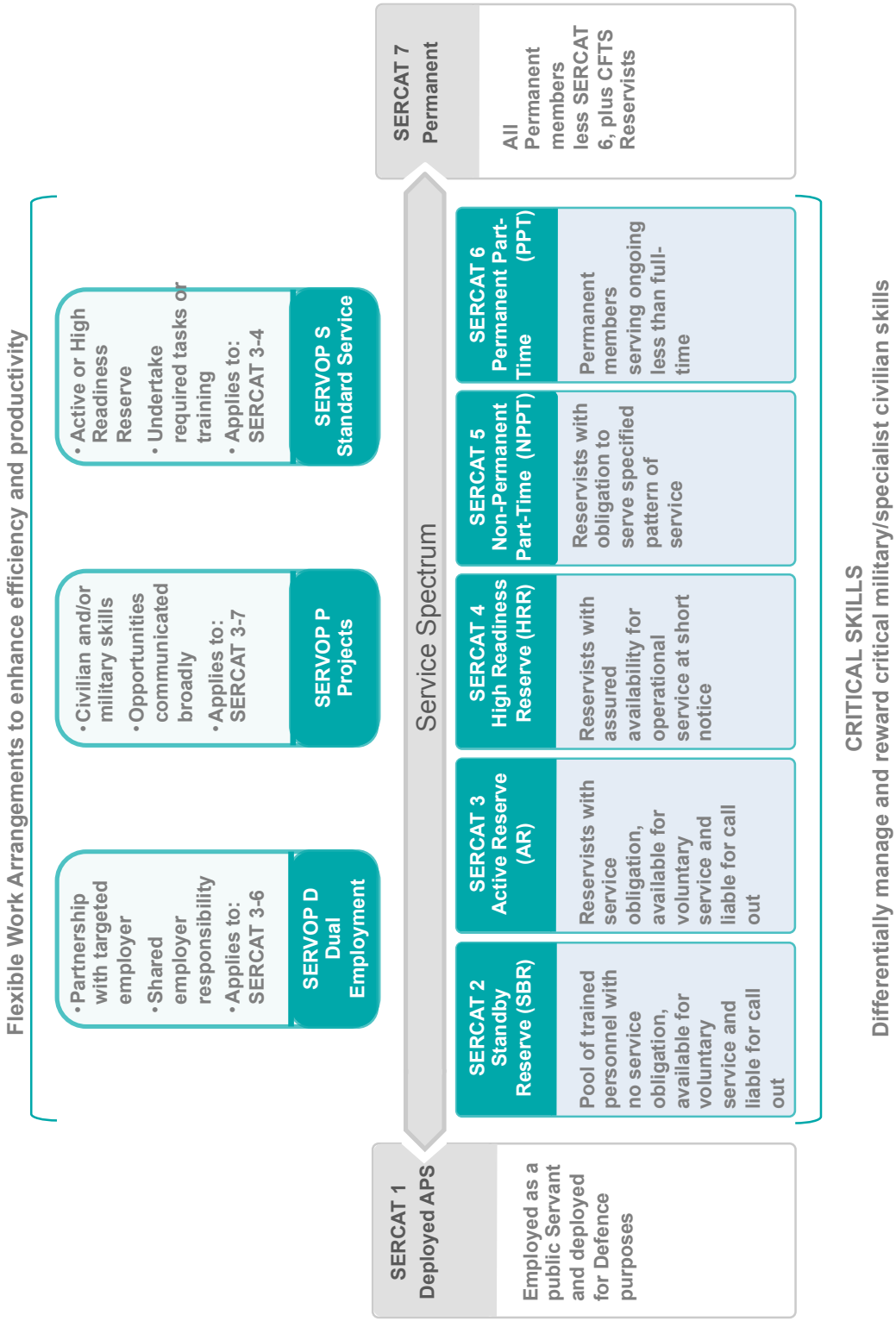
It is paramount that Reservist families be included in any future iteration of the ADF Families Survey.

The findings from this pilot study provide preliminary data which could be used to develop a longitudinal study into Reservist health and wellbeing. This potential study should be developed to include variables associated with organisational climate, job satisfaction, family, relationships and civilian employment over time. In addition it should be developed to capture members throughout their Defence career and beyond, transferring from Reserve to Permanent/Regular or Permanent/Regular to Reserve. It would be valid to capture financial impacts of deployment and training requirements, and the impact on retention.

We are only just beginning to understand the future service needs of ADF Reserves. Evidence based policy changes in Defence and DVA will enhance Reservists' ability to access support when it is needed and improve their health and wellbeing, and will help retain an important component of the Total Force capability.

Appendix 1 Suakin Service Spectrum

Figure 2 Suakin Service Spectrum



Appendix 2 Current profile of the ADF Reserves [110]

(1) Active Reserves by Service and Service Type

		Active Reserves	%
ARMY	RES-A	15,261	59.4%
	RES-FSL	433	1.7%
	RES-HRR	708	2.8%
	RES-LOE	85	0.3%
	RES-RRF	391	1.5%
NAVY	RES-A	4,739	18.4%
RAAF	RES-A	3,326	12.9%
	RES-ES	492	1.9%
	RES-HRR	226	0.9%
	RES-HSR	30	0.1%
	ADF	**25,691**	**100%**

(2) Active Reserves by Service and Gender

		Active Reserves	%
ARMY	Female	2,270	13.4%
	Male	14,608	86.6%
NAVY	Female	966	20.4%
	Male	3,773	79.6%
RAAF	Female	871	21.4%
	Male	3,203	78.6%
ADF	Female	4,107	16.0%
	Male	21,584	84.0%

(3) Active Reserves by Service and Age

	ARMY	%	NAVY	%	RAAF	%	ADF	%
<20	569	3%	2	0%	2	0%	573	2%
20-24	3,057	18%	150	3%	82	2%	3,289	13%
25-29	3,049	18%	614	13%	332	8%	3,995	16%
30-34	2,387	14%	719	15%	482	12%	3,588	14%
35-39	1,920	11%	586	12%	521	13%	3,027	12%
40-44	1,801	11%	631	13%	719	18%	3,151	12%
45-49	1,468	9%	582	12%	585	14%	2,635	10%
50-54	1,231	7%	582	12%	496	12%	2,309	9%
55-59	818	5%	437	9%	419	10%	1,674	7%
60-65	543	3%	391	8%	385	9%	1,319	5%
>65	35	0%	45	1%	51	1%	131	1%

(4) Active Reserves by Service and Rank

	ARMY	%
REC	1,879	11%
PTE TRN	1,110	7%
PTE	2,297	14%
PTE (P)	3,036	18%
LCPL	980	6%
CPL	1,831	11%
SGT	1,032	6%
SSGT	43	0%
W02	646	4%
W01	371	2%
OCDT	553	3%
2LT	12	0%
LT	494	3%
CAPT	1,081	6%
MAJ	1,042	6%
LTCOL	361	2%
COL	87	1%
BRIG	19	0%
MAJGEN	4	0%

(5) Active Reserves by Service and Officer/Other Ranks

	Officers	%	Other ranks	%
ARMY	3,653	22%	13,225	78%
NAVY	1,666	35%	3,073	65%
RAAF	1,806	44%	2,268	56%
ADF	7,125	28%	18,566	72%

Appendix 3 Overview of major Defence health care resources

Joint Health Command

Permanent members and Reserve members on CFTS are entitled to full medical care through JHC as part of their conditions of service. From 1 January 2014, JHC will provide basic medical and dental care to the dependants of these members. Members normally access health services through Defence Health facilities, generally located on bases, or the All Hours Support Line. Members will be referred to health providers outside Defence if appropriate: for instance, JHC refers members requiring counselling to VVCS on a pay-for-use basis.

The All Hours Support Line is part of the ADF Mental Health Strategy. Defence members and their families can call this confidential telephone service 24 hours a day, seven days a week. It is contracted to an outside agency that employs health professionals (mainly nurses, psychologists and social workers).

All callers receive clinical assessment and advice. Permanent members and their families will be referred to the ADF support for which they are entitled (psychologists, medical officers, nursing officers, chaplains and social workers), although they may choose not to avail themselves of these services, usually for confidentiality reasons. Reserve members will normally be directed to the best community or civilian resource as they have a limited entitlement to health support from Defence.

Under the *Military Rehabilitation and Compensation Act 2004* (MRCA) changes which took effect on 1 July 2013, JHC will be responsible for health care for injured Reservists until treatment is complete or they are handed over to DVA. This ensures that members will have appropriate care for service-related health issues. Currently such members generally use community resources until their DVA claim is accepted. JHC has not yet released full details of how this initiative will be implemented.[20]

Defence Community Organisation

DCO provides practical assistance to permanent members and Reserve members on CFTS during re-location, employment and education help for spouses, resources to minimise schooling disruption, priority access to childcare and emergency support. Most members now access services through the Defence Family Helpline. The majority of contacts only need information and can be resolved within one or two sessions.

Their service delivery model is one of brief intervention and referral, seeking to address issues within a maximum of four to six sessions. If necessary, members will be referred to the most appropriate service, such as a DCO Area Office, VVCS, or community provider. DCO also operates ADF Transition Centres and the Defence

[20] The change is mentioned in the current draft of DI(G) PERS 16-1 *Health care of Australian Defence Force personnel.*

Reserve Support Council (DRSC).

DCO's focus is on permanent ADF members and their families, but access to services depends on the circumstances. For example, Reserve service attracts 'points' for preferential access to Defence child care centres, a Reserve member who dies on duty or in uniform is eligible for a funded funeral and their family to bereavement support and Reservists injured on duty or in uniform and their family may be eligible for assistance under the Australian Dangerously Ill (AUSDIL) Scheme.

The full range of services is only available to families of Permanent members, Reservists on CFTS and Reservists while deployed and within 12 months post-deployment. The rationale for this policy is the Permanent career model which is characterised by posting mobility and the resulting potential for family disruption. DCO believes that families of Reserve members are not routinely dislocated from their sources of support, employment and education, and therefore are less likely to require DCO assistance.

Regional ADF Transition Centres assist separating members with transition administration. They also provide advice on, and linkages to, Defence and government support services. They are designed to assist members and their families to transition from full-time service to a civilian career. They do not attempt to integrate Reserve members returning from deployment to a civilian life, but they can, upon request, provide advice to Reserve members separating from Defence.[21]

Defence Reserve Support Council (DRSC).

Reserve members who are experiencing difficulty balancing their service with their work or study commitments can contact the DRSC for assistance. DRSC is focussed on relationships with employers of Reserve members. It does not provide professional counselling.

Veterans and Veterans Families Counselling Services (VVCS)

VVCS has 15 centres nationally and a network of outreach counsellors. The Veterans Line operates 24 hours a day, seven days a week to provide crisis telephone counselling as well as advice on, and referral to, other services.

VVCS provides counselling and group programs to the following eligible persons:

- Australian veterans of all conflicts and peace operations
- Partners and dependent children (under 26 years of age) of veterans with issues arising from the veteran's service

[21] Army Personnel Coordination Detachments (APCD) facilitate transition from the full-time force for ARA members, those on CFTS for over six months and those returning from operational deployment. APCD will interact with other agencies on the member's behalf and act as a conduit for on-going administrative enquiries post-separation.

- War widows and widowers
- Ex-partners of Vietnam veterans, within five years of separation
- Sons and daughters of Vietnam veterans, regardless of age, with issues relating to their parent's operational or warlike service
- All participants in the Veterans' Vocational Rehabilitation Scheme (VVRS) to help eligible veterans who need special assistance to access paid employment
- Ex-ADF personnel with a mental health condition as a DVA-accepted disability and their dependent family members where the issue is related to the disability
- Current serving members of the ADF who have been formally referred by the ADF under the 2008 Agreement for Services

DVA entitlement is not required to access services. VVCS can provide counselling for stress, relationship or family problems and other lifestyle issues as well as emotional or psychological issues associated with military service. VVCS provides group programs, treatment programs (psychiatric assessments, PTSD treatment and alcohol programs) and referrals to specialist services.

Any member who has deployed on an eligible operation, and their families, are eligible for VVCS, whether or not they are currently serving, and whether or not their issue is related to their service. If a Permanent member has never deployed, but has service-related issues, VVCS may offer assistance based on the member's clinical need. The member is usually treated if VVCS believes that VVCS offers the most appropriate care.

SeMPRO

The establishment of the Sexual Misconduct Prevention and Response Office (SeMPRO) is one of Defence's key responses to the 2012 Review into the Treatment of Women in the ADF (Phase 2), as part of Defence's implementation of Pathway to Change.

SeMPRO will:

- Respond to male and female victims of sexual misconduct, both ADF and APS, to ensure their immediate safety;

- Provide advice and guidance to commanders and managers on the management and reporting of sexual misconduct;

- Coordinate data collection and analysis of all sexual misconduct incidents; and

- Coordinate a national awareness campaign for all Defence personnel to reduce the prevalence of sexual misconduct.

SeMPRO will take a victim-focused approach to the management of sexual

misconduct within Defence. Its priority will be to provide sensitive, timely and ongoing support to victims reporting sexual misconduct through their recovery and return to full health.

SeMPRO will also provide advice and guidance to commanders and managers in dealing with instances of sexual misconduct. It will have professional, trained staff who are experienced in responding to victims who report sexual misconduct.

Unit resources

Commanding officers have a general duty of care to members of their units. Both Permanent and Reserve members should receive informal support from their peers and formal advice from their superiors. This may include referral to Defence personnel such as psychologists, legal officers and chaplains. ADF chaplains typically see members with milder problems who may require some counselling and pastoral care.

There are limits to the confidentiality of these services as providers are generally Defence members who may have an obligation to report to the chain of command. There is also no provision for referral to external service providers.

Medicare

Permanent members are not eligible for Medicare services as Defence provides full health care. However Reserve members not on CFTS and families of Defence members are covered.

Doctors who diagnose a patient with a mental health disorder can prepare a Mental Health Treatment Plan for them. If referred by a practitioner, a person may claim a Medicare rebate for treatment by a psychologist or social worker with a Medicare provider/registration number. The rebate is limited to 10 individual and 10 group sessions per year and only applies to clinical conditions, not counselling for other matters such as relationship issues.

Appendix 4 Inventory of services for deployed Reservists

Defence Personnel

- Liaison Officer: Each Reserve unit should have a liaison officer who can assist in the first instance.
- Defence psychologists: Defence psychologists are only available for ADF members and offer mental health related support and advice to individual clients.
- Defence Social Workers (DSW): DSWs are able to provide assessment and brief counselling services to assist in personal, family and Service related problems and issues, as well as community development programs, group work and educative programs and referrals to appropriate services and agencies.
- Military Support Officers (MSO): Uniformed members from the three Services who provide support, advice and assistance to individual clients and undertake a liaison function with units and Command. MSOs provide advice, assistance and practical support to members and their families in relation to military matters.
- Regional Education Liaison Officers (REDLO): Professionally trained teachers who understand the different State and Territory education systems and the Defence environment. They are available to provide advice to Defence families on education issues, particularly matters relating to mobility and relocation.
- Family Liaison Officers (FLO): Provide community based information, support and assistance to individual members, partners, families and Defence sponsored groups.
- Chaplains/Padres: Chaplains are assigned most Units/Squadrons. In addition, an On Call Chaplain is available 24 hours a day. The role of the Chaplain is to provide: pastoral care to serving members, their partners and families; advice to Command on ethical and welfare matters; character guidance, and religious ministry, both generic and denominational such as holding faith-specific services like mass, services, marriages, baptisms, and prayers.

Government Organisations

- Office of Reserve Service Protection Overview (OSRP): Offering support to Reservists regarding their employers. http://www.defenceReserves.com/aspx/orsp_overview.aspx .
- Defence Community Organisation (DCO): provides a broad range of individual and program related services to the ADF community. These services aim to support ADF families to balance the demands of military service with personal and family commitments. http://www.defence.gov.au/dco/
- National Welfare Coordination Centre (NWCC): Provides a 24-hour point of contact and information service for members and for families of personnel deployed on or in support of operations and on designated exercises. It is staffed by Navy, Army and Air Force personnel who can answer questions or direct queries to the appropriate agency. 24/7 Support line: 1800 801 026 http://www.defence.gov.au/NWCC/

- Veterans and Veterans' Families Counselling Service (VVCS): A specialised, free and confidential counselling service for veterans of all conflicts and peace-keeping missions and their families provided by the Department of Veterans' Affairs (DVA). Programs and treatments for war and service related mental health conditions are also offered. Phone: 1800 011 046, www.dva.gov.au/vvcs .
- Joint Health Command (JHC) Mental Health: A part of Defence, JHC Mental Health consists of a multidisciplinary team of uniformed and civilian specialists from medical, psychiatry, psychology, nursing, chaplains, social workers and administrative staff. JHC provides mental health support to Commanders and Australian Defence Force (ADF) members through the development of policy, training and treatment programs which, while evidence based, is adapted to the special conditions found in military service. http://www.defence.gov.au/health/DMH/i-dmh.htm
- Defence Housing Australia: provides housing for Permanent/Regular members of the ADF (or long term CFTS members who qualify) and their families. http://www.dha.gov.au/; 139 DHA (139 342).
- Defence Reserves Support (DRS): provides a link between the (ADF), employers and the community from which the Reserve force is drawn and promotes support for Reserves. www.defenceReserves.com; 1800 803 485.

Non Government Organisations (NGOs)

- The Defence Reserves Association (DRA): aims to: foster and assist the ADF with particular emphasis on the Reserves; to make and receive gifts and donations; to publicise the Defence Reserves by public relations facilities and activities; to be involved actively in the welfare and betterment of serving and former Defence Force members with specific attention to those of the Defence Reserves; to encourage loyalty to the Commonwealth of Australia and observance of its laws and statutes; to consider and where appropriate seek changes to the conditions of service, amenities and equipments relating to Defence Reserves; to aid recruiting for the Defence Reserves and assist in the promotion of their units and squadrons; to represent the standpoint of the Defence Reserves in the promotion of an effective tri-service Defence Force. http://www.dra.org.au
- Defence Families of Australia (DFA): A Defence Partner organisation aimed at representing the views of Defence families, their website has a variety of resources and tools. http://www.dfa.org.au/
- The Australian Peacekeeper and Peacemaker Veteran's Association (APPVA): The APPVA provides a comprehensive service to current and ex-serving members of the ADF in all aspects of Military Compensation. http://www.peacekeepers.asn.au/
- The Defence Special Needs Support Group (DSNSG): a non-profit benevolent volunteer organisation established to assist Navy, Army and Air Force families with a family member with special needs. http://www.dsnsg.org.au/ National Support and Information Line: 1800 037 674

advocacy and representation, commemoration and remembrance, employment

- Defence Forces Welfare Association (DFWA): Aim to watch and foster the interests of members of the ADF in any matter likely to affect them during their service or in retirement; and to advise or assist any serving or retired member of the ADF, or their dependants, as required, in matters affecting their welfare. www.dfwa.org.au
- Young Diggers: provides services like compensation, welfare, military to civilian transition and family advice for all serving and ex-serving personnel of the Australian or New Zealand Defence Forces. http://www.youngdiggers.com.au/
- The Naval Association of Australia: Unites former and serving naval personnel eligible for membership, promotes and assists activities in the wider community to improve health and wellbeing of the community of which former and serving naval personnel are a part. http://www.navalassoc.org.au/
- The RAAF Association: Established to foster friendships based on sharing Air Force and aviation experience, support commemorative activities, heritage and records of history and provide for the welfare of members through advice, liaison and representation. http://www.raafa.org.au/

Telephone Support Lines

- All-Hours Support Line (ASL): A confidential service for ADF members and their families to contact via telephone 24/7. It is a triage line aimed at directing the caller to available services: 1800 628 036.
- National Welfare Coordination Centre Support Line: Provides a 24-hour point of contact and information service for members and for families of personnel deployed on or in support of operations and on designated exercises: 1800 801 026 (more information above – under organisations).
- Defence Family Helpline: For Defence families seeking advice, support or connection with their local community. 1800 624 608.

Publications and DVDs

- Deployment Support Booklet: provides information about preparing for deployment, what to expect before, during and after a deployment, and how to access additional support if needed (http://www.defence.gov.au/dco/documents/Deployment_Support_Booklet_2012.pdf)
- Mental Health and Wellbeing after Military Service: A booklet released by the At Ease website (part of DVA) designed to provide information and advice for veterans, other former serving personnel, and their families, about mental health and wellbeing following military service. http://at-ease.dva.gov.au/resources/documents/Mental_Health_and_Wellbeing_Booklet_2011.pdf
- Dents in the Soul – helping to cope with PTSD: A 30-minute DVD documentary designed to address stigma, offer support and raise awareness of the issues

surrounding PTSD for Army personnel and their families. Featuring Army members who share their own experiences with PTSD, the movie supports the important message of 'look after yourself, your mates and your family.'

- Don't Forget it's Bin Night: A DCO single-service themed DVD titled *Don't Forget it's Bin Night—Stepping up when Mum or Dad is away* for Defence families to help them better understand the impact deployment has on older children, as well as presenting mechanisms to cope with a deployment for the member and their family.
- Going Solo—Dealing with Absence in Defence Families: A DCO DVD outlining different strategies and ideas that have been shared by Defence families to assist during periods of service related absence and providing useful tips to handle the before, during, and after periods of a deployment. This resource is focussed on younger children.
- Long Tan to Afghanistan: A documentary to help families understand the deployment cycle – to manage expectations and fears.
- JHC Mental Health Factsheets: Series of Factsheets on topics such as PTSD, Depression & Anxiety, Separation, Sleep etc. http://www.defence.gov.au/health/DMH/i-dmh_factsheets.htm
- VVCS Factsheets: Series of Factsheets on topics such as impact on work of stress related to war and peacekeeping activities, PTSD, Domestic Violence, Transition and Adjustment to Civilian Life etc. http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs/Pages/VVCS_factsheets.aspx

Websites

- Wellbeing Toolbox: Run by DVA, this toolbox (http://www.wellbeingtoolbox.net.au/) provides self-management tools for those adjusting from military back to civilian life. Tools provided include: Solving Problems, Building Support, Helpful Thinking, Getting Active, Keeping Calm, and Sleeping Better.
- ADF Mental Health Strategy: The Defence Mental Health Strategy website is also a source of information to assist members and families before, during and after deployments. www.defence.gov.au/health/
- Touchbase Website: A website for Veterans and Ex-Veterans to stay in touch with those with whom they have served and information and links that can help in civilian life, from jobs and finances to health and well-being. http://touchbase.gov.au/
- At Ease Website: A DVA run website designed to help returned soldiers, or someone in their lives, to recognise signs of mental health problems and to be able to take steps to improve or maintain health and wellbeing. http://at-ease.dva.gov.au/www/html/7-home-page.asp
- The Right Mix: A DVA developed website to help those in the veteran community maintain a balance with alcohol and a healthy and enjoyable lifestyle. http://www.therightmix.gov.au/

Schemes, Programs, Workshops etc.

- Operation CARE: The scheme, run by the RSL, provides up to one week's 'Rest and Recuperation' at sites throughout the country for selected Defence personnel and their immediate family, where the Defence member has been repatriated to Australia as a consequence of wounds received in combat operations. http://www.rslservicesclubs.com.au/default.aspx?id=3
- FamilySMART: A series of programs by DCO designed to assist Defence families to manage the challenges of deployment. These programs are delivered by Defence Social Workers. Some of the skills taught during a FamilySMART session include grounding techniques, progressive muscle relaxation, changing self-talk, problem solving and expressing emotions. Participants are given information and resources to help connect them with their local community during times of need.
- Support to Next of Kin: DCO scheme where they endeavour to contact the registered next of kin (NOK) of all deployed members at regular intervals during a deployment, if requested. NOK members can access a range of support services through their local DCO Office during times apart due to deployments, exercises or training.
- Deployment support groups and information sessions: DCO offers a range of different support activities and services to help Members and their families during periods of deployment. DCO also runs information sessions in various locations prior to departure, and reunion seminars when the members return.
- Changing the Mix: DVA run correspondence course aimed at assisting ADF Members to develop health drinking behaviours. 1800 180 868. http://www.therightmix.gov.au/www/html/748-alcohol-correspondence-program.asp?intLocationID=748
- Operation *Life* - Suicide Prevention Workshops: Run by VVCS this workshop provides a framework for action to prevent suicide and promote mental health and resilience across the veteran community. Its major components include a choice of suicide prevention programs and services. http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs/services/Pages/operation_life.aspx
- VVCS Group Programs: Aimed at improving the quality of life of veterans and their families and complement counselling and other services that promote recovery through prevention, early intervention, and treatment. Workshops vary by state but include things like Doing Anger Differently, Mastering Anxiety, Sleeping Better, Residential Lifestyle, Building Better Relationships, Heart Health etc. http://www.dva.gov.au/health_and_wellbeing/health_programs/vvcs/services/Pages/group.aspx

There are also local and state based support groups for veterans, e.g.:

- Geelong - Surfcoast Regional Veteran's Centre: http://www.geelongvets.org.au/
- Australian Navy In Vietnam Veterans' Welfare Association of Western Australia: http://www.ranveteranswelfare.asn.au/

- Carry On (Victoria): Community run organisation offering assistance (financial mostly) to veterans and their families.
  http://www.peacekeepers.asn.au/veterans/CARRY%20ON%20VIC.pdf

Appendix 5 Access to resources and support for Reservists based on survey responses from interviewees

Defence Personnel Services

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
Defence Liaison Officer	21	58.30%	15	41.70%	4	11.10%	32	88.90%
Defence psychologists	36	100.0%	0	0.00%	23	63.90%	13	36.10%
Defence Social Workers (DSW)	24	66.70%	12	33.30%	1	2.80%	35	97.20%
Military Support Officers (MSO)	15	41.70%	21	58.30%	0	0.00%	36	100.0%
Regional Education Liaison Officers (REDLO)	21	58.30%	15	41.70%	4	11.10%	32	88.90%
Family Liaison Officers (FLO)	30	83.30%	6	16.70%	4	11.10%	32	88.90%
Chaplains/Padres	36	100.0%	0	0.00%	19	52.80%	17	47.20%

Government Organisations

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
Office of Reserve Service Protection Overview (OSRP)	26	74.30%	9	25.70%	4	11.40%	31	88.60%
Defence Community Organisation (DCO)	31	86.10%	5	13.90%	9	25.00%	27	75.00%
National Welfare Coordination Centre (NWCC)	25	69.40%	11	30.60%	5	13.90%	31	86.10%
Veterans and Veterans' Families Counselling Service (VVCS)	23	65.70%	12	34.30%	5	13.90%	31	86.10%
Joint Health Command (JHC) Mental Health	20	55.60%	16	44.40%	4	11.10%	32	88.90%
Defence Housing Australia	36	100.00%	0	0.00%	12	33.30%	24	66.70%
Defence Reserves Support (DRS)	32	88.90%	4	11.10%	10	27.80%	26	72.20%

NGOs

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%

The Defence Reserves Association (DRA)	18	50.00%	18	50.00%	1	2.80%	35	97.20%
Defence Families of Australia (DFA)	17	47.20%	19	52.80%	3	8.30%	33	91.70%
The Australian Peacekeeper and Peacemaker Veteran's Association (APPVA)	9	25.00%	27	75.00%	2	5.60%	34	94.40%
The Defence Special Needs Support Group (DSNSG):	13	36.10%	23	63.90%	1	2.80%	35	97.20%
Returned and Services League (RSL)	35	97.20%	1	2.80%	15	41.70%	21	58.30%
Defence Forces Welfare Association (DFWA)	16	44.40%	20	55.60%	1	2.80%	35	97.20%
Young Diggers	3	8.30%	33	91.70%	0	0.00%	36	100.0%
The Naval Association of Australia	13	36.10%	23	63.90%	0	0.00%	36	100.0%
The RAAF Association	20	55.60%	16	44.40%	3	8.30%	33	91.70%

Telephone Support Lines

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
All-Hours Support Line (ASL) - 1800 628 036.	25	69.40%	11	30.60%	0	0.00%	36	100.0%
National Welfare Coordination Centre Support Line - 1800 801 026	26	72.20%	10	27.80%	2	5.60%	34	94.40%
Defence Family Helpline - 1800 624 608	24	68.60%	11	31.40%	1	2.90%	34	97.10%

Publications and DVDs

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
Deployment Support Booklet	26	72.20%	10	27.80%	22	61.10%	14	38.90%
Mental Health and Wellbeing after Military Service	13	36.10%	23	63.90%	7	19.40%	29	80.60%
Dents in the Soul - helping to cope with PTSD	11	30.60%	25	69.40%	6	16.70%	30	83.30%
Don't Forget it's Bin	8	22.20%	28	77.80%	4	11.10%	32	88.90%

Night-Stepping up when Mum or Dad is away								
Going Solo-Dealing with Absence in Defence Families	8	22.20%	28	77.80%	2	5.60%	34	94.40%
Long Tan to Afghanistan	4	11.10%	32	88.90%	1	2.80%	35	97.20%
JHC Mental Health Factsheets	9	25.00%	27	75.00%	4	11.10%	32	88.90%
VVCS Factsheets	15	41.70%	21	58.30%	9	25.00%	27	75.00%

Websites

	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
Wellbeing Toolbox (DVA) - www.wellbeingtoolbox.net.au	11	30.60%	25	69.40%	1	2.80%	35	97.20%
ADF Mental Health Strategy - www.defence.gov.au/health	25	69.40%	11	30.60%	4	11.10%	32	88.90%
Touchbase Website - http://touchbase.gov.au	3	8.30%	33	91.70%	0	0.00%	36	100.00 %
At Ease Website – http://at-ease.dva.gov.au	5	13.90%	31	86.10%	0	0.00%	36	100.00 %
The Right Mix - www.therightmix.gov.au	7	19.40%	29	80.60%	0	0.00%	36	100.00 %

Schemes, Programs, Workshops etc.

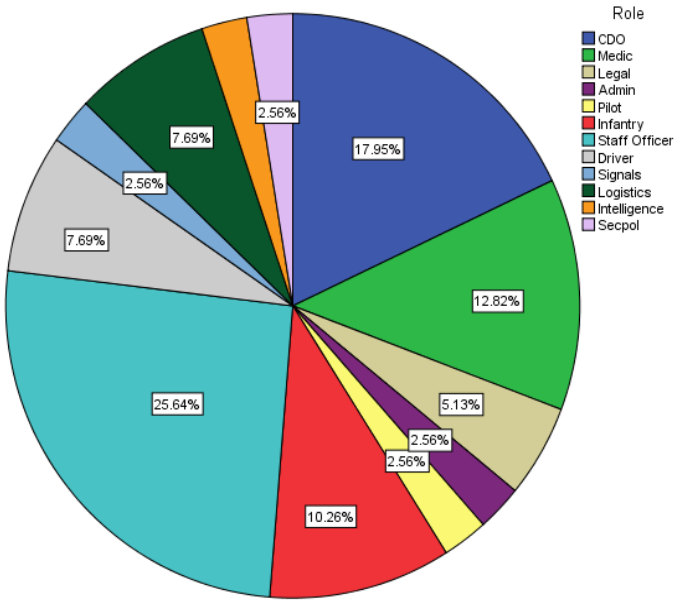
	Aware of the service				Used the service			
	Yes		No		Yes		No	
	Count	%	Count	%	Count	%	Count	%
Operation CARE:	3	8.30%	33	91.70 %	0	0.00%	36	100.00 %
FamilySMART	7	19.40 %	29	80.60 %	1	2.80%	35	97.20 %
Support to Next of Kin	15	41.70 %	21	58.30 %	3	8.30%	33	91.70 %
Deployment support groups and information sessions	18	50.00 %	18	50.00 %	5	13.90 %	31	86.10 %
Changing the Mix	3	8.60%	32	91.40 %	0	0.00%	35	100.00 %
Operation Life - Suicide Prevention Workshops	14	38.90 %	22	61.10 %	3	8.30%	33	91.70 %
VVCS Group Programs	11	30.60 %	25	69.40 %	5	13.90 %	31	86.10 %

Appendix 6 Ranks and roles of participants

Figure 6 Ranks of participants

Rank	Number	Percent
LTCOL/WGCDR	6	15.4
LCPL	2	5.1
LT	1	2.6
MAJ/SQNLDR	3	7.7
WO	1	2.6
FLTLT	4	10.3
SGT/FSGT	6	15.4
CPL	2	5.1
PTE/LAC	12	30.8
Total	37	94.9
Missing	2	5.1
Total	39	100.0

Figure 7 Roles of participants



Appendix 7 Operational tempo experienced by participants

Figure 8 Operational tempo as reported by participants

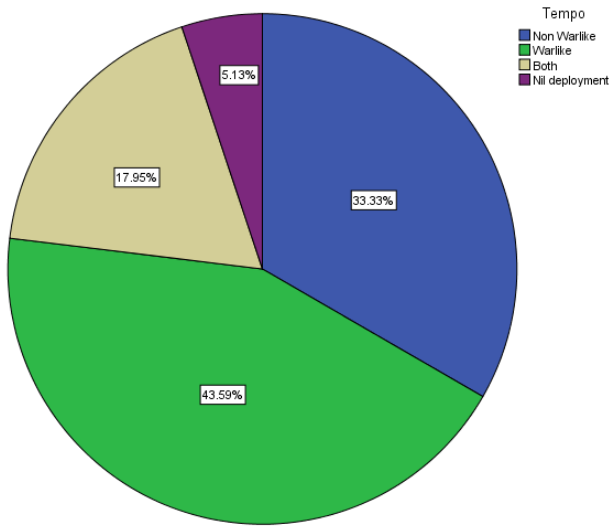


Figure 9 Impact-Tempo cross-tabulation

			Tempo				Total
			Non Warlike	Warlike	Both	Nil deployment	
Impact	None	Count	7	11	4	0	22
		Expected Count	7.7	8.9	4.2	1.2	22.0
	Minimal	Count	2	1	1	0	4
		Expected Count	1.4	1.6	.8	.2	4.0
	Serious	Count	4	3	2	0	9
		Expected Count	3.2	3.6	1.7	.5	9.0
	N/A	Count	0	0	0	2	2
		Expected Count	.7	.8	.4	.1	2.0
Total		Count	13	15	7	2	37
		Expected Count	13.0	15.0	7.0	2.0	37.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.410[a]	9	.000
Likelihood Ratio	16.930	9	.050
Linear-by-Linear Association	4.349	1	.037
N of Valid Cases	37		

a. 14 cells (87.5%) have expected count less than 5. The minimum expected

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