



DEPLOYMENT HEALTH SURVEILLANCE PROGRAM

Bougainville Health Study Results

You recently participated in the Bougainville Health Study and, as promised, this newsletter will tell you how we used the information from the questionnaire you filled in and what we have found so far.

Because of your time and effort, a lot more is known about the short to medium-term physical and mental health effects of this deployment. So, a big THANK YOU from the team.

Why did we do the study?

In 1999, the Minister for Veterans' Affairs and Minister Assisting the Minister for Defence announced the Government's commitment to conduct health reviews on future overseas deployments. This led to the development of the **Deployment Health Surveillance Program** as part of the **Centre for Military and Veterans' Health**. The Bougainville Health Study was the latest study in this program.

What did we do?

We invited over 7000 serving and ex-serving Australian Defence Force members to participate in our study: all 4775 who had deployed to Bougainville as part of OP BEL ISI I & II between November 1997 and August 2003, and 2363 randomly-selected individuals who were eligible to deploy to Bougainville but did not.

Sixty percent of the people we contacted agreed to participate in the study. Unfortunately, we were unable to contact 25% of the sample. Most of these people were ex-serving ADF members. Participants were asked to complete a general health questionnaire which asked about: current health, smoking, drinking, background and military career.

People in the study who had deployed on OP BEL ISI were also asked to complete a questionnaire about their deployment.

Defence-held health and psychological screening records were obtained for the people in the study and the information provided in the questionnaires was linked to the other data when we had permission from the individuals to do this.

Data was collected in 2008. A report on the outcomes of the study has been provided to the Departments of Defence and Veterans' Affairs, and is available on our website.

What did we find out?

Mental Health Outcomes

- No clear differences between Bougainville veterans and the comparison group on measures of posttraumatic stress disorder (PTSD).
- No differences between the groups on measures of psychological distress, with most participants (57%) scoring in the lowest category of distress.

General Health

- The majority of Bougainville veterans (65%) reported that their health was the same as one year ago, with 15% reporting improved health and 19% reporting worse health. These percentages were equivalent to those in the comparison group.
- From the list of 63 symptoms both the Bougainville veteran and comparison groups reported an average of just over 14 symptoms.
- The most common symptoms reported were fatigue, feeling unrefreshed after sleep, and sleeping difficulties.
- Overall, Bougainville veterans were not shown to have any increased reporting of negative health outcomes.

Tobacco Smoking and Alcohol Consumption

- The majority of respondents (68%) were in the lowest risk category of drinking behaviour, and there was no difference between the Bougainville veterans and the comparison group.
- Only 3% of both groups scored in the highest risk category for drinking behaviour.
- There were no differences in smoking behaviour between the groups, with less than 18% recording that they were current smokers.

Deployment Issues and Hazards

- Most Bougainville veterans felt that they had made a useful contribution to the local population (79%) and to the military mission as a whole (95%).
- However, many veterans found being away from family and friends (66%) and sorting out problems at home (59%) stressful.
- Most veterans took antimalarial medications (94%) and participated in

malaria prevention programs on their return to Australia

What next?

A study into the Middle East Area of Operations is due to begin soon. This study will look at personnel both before and after deployment.

We hope to contact you again in the future to ask about your health in the longer term. Please consider participating again if asked, as information from everybody is important, even if you are quite well.

Please keep us updated with any change in your contact details, by emailing dhsp@cmvh.uq.edu.au or calling free call **1800 886 567**.

If you are interested in finding out more about these studies, or to look at the full study reports, please go to our website: www.cmvh.org.au/dhsp.

Once again, many thanks for taking part in the study! We hope that you have found this newsletter interesting and useful, and hope you will continue to support our research.



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