



## DEPLOYMENT HEALTH SURVEILLANCE PROGRAM

### Solomon Islands Health Study Results

You recently participated in the Solomon Islands 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 Solomon Islands Health Study was the first study in this program.

#### What did we do?

We began collecting data in March 2007 and completed data collection in October 2007. A final report on the outcomes of the study was provided to the Departments of Defence and Veterans' Affairs in September this year.

We asked 1000 serving and ex-serving Australian Defence Force members to participate in our study. Half of these people had deployed to the Solomon Islands as part of Op ANODE between July 2003 and December 2005, and half were eligible to deploy but did not.

More than half the people we contacted agreed to participate in the study. Unfortunately, we were unable to contact almost 200 people. Most of these people were ex-serving ADF members.

People who were randomly selected to be part of the study 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 ANODE were also asked to complete a questionnaire about their deployment.

Defence-held medical and psychology 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.

#### What did we find out?

There were almost no differences in mental or physical health outcomes between the people who deployed to the Solomon Islands and those who did not. This may or may not change in the future, as some health conditions may take longer to develop. Also, the number of people who responded may not have been enough to pick up differences for some less common health problems. This is why we need as many people as possible to take part in these studies.

We did find some interesting information about the general health of the people in the study. Here are some of the main findings.

#### Main findings

##### Participants' background

- More than half of all participants are currently married or in a defacto relationship, and relatively few are divorced or separated
- Most people completed some formal education after leaving school and work on average between 40 and 50 hours a week

### General health and lifestyle

- One third of participants consume alcohol in excess of 'low risk'
- One fifth of participants are current smokers. More than 40% of the sample were or had been smokers at some time in their lives. Smoking also tended to increase while on deployment
- Most participants have good oral health
- The most commonly used medications are for pain relief, joint conditions, high cholesterol and insomnia
- Nearly 40% of people report being diagnosed with back or neck problems
- Just over one third of all participants report at least medium levels of psychological distress

### Solomon Islands Deployment

- 82% of Solomon Islands veterans were full-time members and 5% were reservists on full-time service
- Most people believed that overall their deployment experience had been positive with only around 10% rating their deployment as a negative experience
- The most stressful factors on the deployment were double standards, separation from family or friends, leadership, the Australian military hierarchy and sorting out problems at home
- The top three chemical and environmental exposures reported by respondents were loud noises, insect bites and pesticides

- Over half of the respondents reported receiving between 2 and 4 vaccinations, but around 15% reported that they had received no vaccinations specifically for this deployment
- Nearly 80% of respondents indicated that they had taken antimalarial tablets, most commonly Doxycycline. 62% reported taking Primaquine on their return to Australia

### What next?

We are currently studying the deployments to East Timor and Bougainville. Nearly 13,000 people are being asked to participate.

A study into the Middle East Area of Operations is being planned to start in 2009.

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](mailto:dhsp@cmvh.uq.edu.au) or calling free call **1800 886 567**.

If you are interested in finding out more about these studies and the work we are doing, keep an eye on our website—  
[www.uq.edu.au/cmvh/dhsp](http://www.uq.edu.au/cmvh/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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