Return to Sender: Reintegration after Reservists Deploy

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Editorial Comment

This paper is a reminder of the mental health challenges which Reservists face after deployments. Great reliance is often placed on Reservist health personnel when health services deploy. As Orme points out, they have challenges that are different from permanent forces. When not deployed, many have little ongoing connection to the ADF and often have only family members or civilian employers to monitor their health and to support them. To access professional support requires a high level of insight, motivation and effort. Reservists are more likely to suffer in silence and fail to receive the treatment they require for conditions caused by their ADF service. They may feel abandoned by the ADF and may lose motivation for future ADF service. Neither is desirable given the ADF's increasing reliance on reservists. In the light of the recent Dent review into mental health in the ADF, this paper is timely. Some of the cornerstone recommendations of the Dunt review are for enhanced prevention strategies, better mental health surveillance, enhanced rehabilitation and transition services, and greater involvement of families (who are often the forgotten primary source of support for reservists). The Dunt Review recommended expansion of the ADF mental health workforce. Orme's paper, which highlights the particular issues of reintegration for Reservists, should be considered carefully as future ADF mental health policy, governance, and service delivery is planned.

Abstract

This paper outlines post deployment re-entry and reintegration challenges for reservists following a military deployment. The transformation of many militaries has highlighted the evolution of the role of reservists from a strategic reserve to an essential part of the total force. As a result of this change, reservists are now an integral component of military responses both overseas and domestically and rates of deployment are increasing. The risks to reservists are discussed and a potential solution outlined.

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

Faber AJ,Willerton E,Clymer SR,MacDermid SM,Weiss HM, 'Ambiguous Absence,Ambiguous Presence: A Qualitative Study of Military Reserve Families in Wartime'*J Fam Psych* 2008;22: 222-230.

Introduction

The military transformation of reserve organisations from a strategic reserve to operational force has taken place within many militaries over the past few years [1]. Reservists are now deployed on overseas military operations and contribution to capability exceeds fifteen percent (15%) of deployed personnel [3], which is similar to other nations such as USA, UK, Canada and NZ. The operational tempo in the ADF today is such that the reliance on Reservists to deliver capability and participate in operational deployments overseas and in continental Australia will remain high.

Functions undertaken by reservists now extend beyond combat support to the full spectrum of military roles, including Special Forces, domestic security and humanitarian support. The ADF's exclusive use of reservists in the Solomon Islands and their deployment to the recent devastating bush fires in Victoria provides testimony to the versatility of reservists. Reservists generally take great pride in balancing their civilian careers, family commitments and community responsibilities. Reservists have been described as 'twice the citizen', because of their commitment to both civilian and service careers.

However, while reservists undertake similar roles to their permanent full-time counterparts, the process of reintegration to their civilian lives after the completion of their deployments is not well understood[4]. There are some significant differences between full-time and reserve personnel, and even between different services that may render the experiences learned from permanent personnel inadequate when applied to reservists. For example, there are significant differences between the three services with regard to the degree of exposure to full-time service of their personnel. While the proportion of Navy and Air Force personnel who have had previous permanent service prior to reserve service is 85% and 95% respectively, only 20% of Army reservists have had previous service in the permanent forces[5]. Further, there are differences in the way that reservists are deployed. Research in the UK identified that although 65% of Regular personnel deploy with their parent unit, only 23% of Reservists did so[11]. Most reservists deploy individually or in small 'capability bricks' to bolster other units. While permanent personnel maintain their military support networks when they return from deployments (which is usually considered a vital buffer against post-deployment adjustment difficulties)[10], reservists commonly lose the support networks that they established during deployments. Finally, for many reservists, a deployment may be a series of firsts; operational deployment, journey overseas, and lengthy absence from family, friends, studies and civilian work. With less engagement in stable social structures throughout the entire deployment cycles, from notification through to reintegration to 'normal life' after a deployment concludes, provides challenges and environments different to those experienced by permanent forces. While it is often assumed that reservists have the flexibility, patience, resilience and high levels of motivation to achieve this, reservist status has been identified as a risk factor in adjustment and post deployment well being[6-9].

Recent research in the UK with large numbers of reservists (Territorial Army) who deployed to Iraq from 2003 indicated a higher prevalence of ill-health outcomes compared to their regular counterparts. The researchers noted that the effect of deployment was different for reservists compared with regulars, and demonstrated evidence of a clinically and statistically significant negative effect on health in reservists[12].

Given the ADF's increasing reliance on reservists, especially in the health services, it is in their interests to maintain visibility of reservist's wellbeing and to understand their experiences, to ensure their willingness for redeployment and continued readiness.

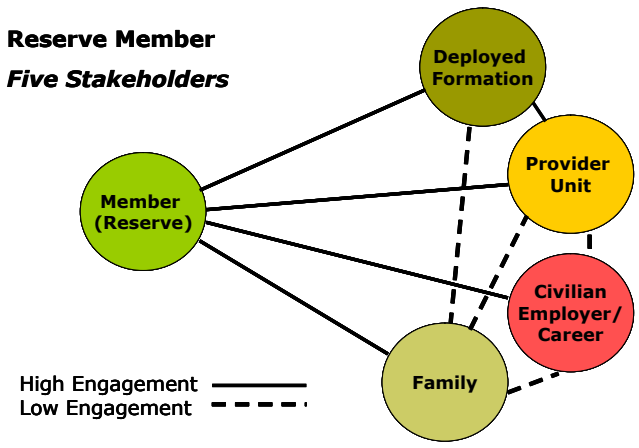

Fig. 1 *Stakeholders around a Reservist's Deployment*

Understanding the experience of reservists

Studies of the experiences of UK, US and Canadian reservists returning from active duty, indicate higher levels of adverse health outcomes and quality of life for reservists, compared to permanent forces. These studies attribute these differences to different levels of cohesion, social support and systematic follow-up in the post-deployment environment[11,13-15,16].

Reserve personnel may at times, return on their own with little in the way of formal homecoming activities and celebration of their achievements and the sacrifices made. The availability of peer (and military) social support, although important for post deployment adjustment[19, 20], can be difficult or not available.

While reservists may feel detached from the units they deployed with, their post-deployment environment (home, family, friends, civilian employment, etc) may have little to no comprehension of their deployment activities, adding to the experience of social isolation. For the permanent forces personnel, their families and friends may have time to adjust to previous and repeated deployments and view deployments as extensions of a member's everyday career, rather than being something exceptional, as it is for reservists. The social network of a reservist returning from deployment may be complex than for a permanent member, as it includes not only their family and their unit, but may also include their civilian employer and their home unit (if deployed as an individual member).

Finally, some entitlements and access to medical, family support and other services may also cease with the completion of the reservist's full time continuous service contract; usually a few weeks after return. This limits the ability of services to monitor, support or intervene if required. For many reservists, out of sight means out of mind.

It is usual that reservists exit the '*military milieu*' and attendant support structures upon return and are, to a large extent, required to focus on the immediate needs of family and civilian life; including studies or career path. Close relationships developed on operations or during a deployment may cease on returning home with challenges associated with maintaining contact and ongoing support. This is exacerbated for regionally based personnel as well as specialist reservists who may not necessarily have strong links to a unit environment or regimental affiliations. This situation is also the case for family members and some civilian employers of reservists who may not be actively engaged with the military life of their family member or employee.

Problems with deployment and repatriation are not confined to reservists, but can also include deployment and repatriation adjustments for their families and civilian employers due to absence, changes that occur during the deployment in absence of the other, changes in roles and expectations of the other, and adjustment to reunion.

Returning to civilian life from military deployments may have some parallels with other occupational groups that deploy overseas from their home countries, such some business

personnel, college students and missionaries. Research with US corporations[30] found that nearly a half of companies reported problems with attrition among returnees, with up to three-quarters of personnel anticipating that they would not be working for the same company one year later and one-quarter actually leaving[31]. Up to 15% felt uncomfortable due to their deployment more than a year after returning[26]. Research with repatriating business personnel and other groups,[25] demonstrated that during deployments there are two different psychological adjustments required. Firstly, there is acculturation to the host country, and secondly, re-acculturation to the homeland. However, while three-quarters of corporations studied had orientation programs for employees heading overseas, only one-quarter having repatriation programs for returnees.

Research with Australian Reservists

An initial review of responses from Australian Army reservists who deployed to Timor L'Este in 2002 and to the Solomon Islands indicate they experienced reactions to reintegration including leaving the '*military milieu*' and returning to their home unit; issues related to separation from family and reunion with friends and community; changes in self, affective responses, and coping strategies; and issues related to under-employment, work motivation, and career uncertainty[33].

Challenges for Australian Army reservists around post deployment re-entry and reintegration include individual return, readjustment, personal change, reacculturation and successful reintegration to civilian employment[23]. Australian reservist doctors[27] report that deployment could lead to "guilt and a feeling of desertion" and that "you come back exhausted mentally and physically". Such feelings can be related to grief surrounding loss of role, status, and relationships acquired on deployment.

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

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

What can be done?

Most reservists settle in well and resume their civilian roles in a positive fashion. Military service, especially when it has involved physical challenges, learning new skills and the application of years of training, leads to increased confidence and self-belief. This is generally a great asset to any employee and leads to improved capacity for responsibility and contribution in the workplace, though many reservists do report loss of motivation in the early stages of return to their civilian roles[21].

In recognition of the unique experiences of deployment on reservists, some militaries are responding with re-integration programs tailored to reservists. Funding for specialist reintegration programs in the U.S. and their development has increased significantly in the past few years[21] with the introduction of the US *National Guard and Reserve Mental Health Access Act (2008)*. Similarly, the UK has established the Reserve Mobilisation Training Centre (RTMC) at Chilwell, to enact a standardised approach to preparation for deployment and also redeployment (including re-entry) for all reservists (TA) and civilian personnel; and 'Reserve Mental Health Program', which aims to improve recognition of problems in primary care for reservists.

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

Conclusion

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

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

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

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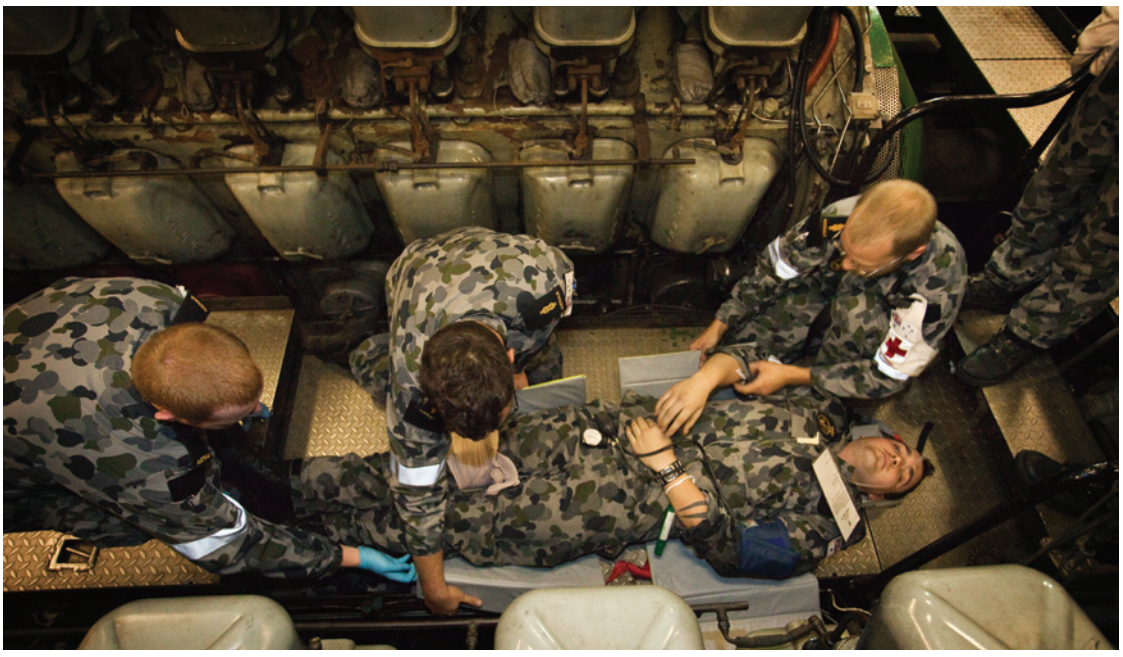

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