

## Physical Health Status Key Findings

- This *Physical Health Status Report* is one of the first studies world-wide to investigate a comprehensive range of physical health indicators in recently transitioned military personnel.
- It is the third of eight reports and two papers that comprise the Transition and Wellbeing Research Programme.
- The Programme is the most comprehensive study undertaken in Australia on the impact of military service on the mental, physical and social health of serving and ex-serving Australian Defence Force (ADF) members, and their families. It is jointly funded by the Departments of Defence and Veterans' Affairs.
- The *Physical Health Status Report*:
  - Examines the physical health status of ADF members who transitioned from the Regular ADF between 2010 and 2014 (including Ex-Serving, Active and Inactive Reservists) and Regular ADF members serving in 2015.
  - Provides a comprehensive, high level overview of the physical health and wellbeing of recently transitioned ADF, as well as a comparison of the transitioned ADF with 2015 Regular ADF and with the Australian community.
  - Identifies the key demographic, service- and transition-related factors that may be associated with physical health in transitioned ADF.
- The research confirmed what government knows anecdotally, that while the physical health status of most veterans is good, others need support during the transition phase.
- The research found that, overall, transitioned ADF were more likely to report poorer physical health, to have increased lifestyle risk factors and report poorer self-perceived health, satisfaction and quality of life than 2015 Regular ADF.
- In the transitioned ADF, poorer physical health outcomes, overall, were reported in:
  - DVA clients compared with those who were not DVA clients. This finding is to be expected since DVA is specifically set up to help veterans who are unwell.
  - Ex-Serving compared with Active Reservists or Inactive Reservists.
  - Those who had been medically discharged compared with those who had been discharged for other reasons.
- The research also found that there was an important relationship between physical and psychological health. For example, physical health status in the transitioning phase may have

implications for general health and wellbeing, reintegration and employment post-transition and in the longer term for later onset of chronic health conditions.

- Other results include:
  - Transitioned ADF members reported a higher mean number of symptoms (Mean number = 16.4) compared with 2015 Regular ADF members (Mean number =11.8).
  - Transitioned ADF were more likely to report the majority of health symptoms compared with 2015 Regular ADF.
  - The 10 most common symptoms reported by both groups were fatigue, sleeping difficulties, headaches, feeling unrefreshed after sleep, muscle aches or pains, low back pain, irritable outbursts, joint stiffness, difficulty finding the right word, and ringing in the ears.
  - Transitioned ADF members were slightly more likely to have reported any service-related injury compared with 2015 Regular ADF members. Approximately three-quarters of transitioned ADF and two-thirds of 2015 Regular ADF reported having had a service-related injury.
  - Transitioned ADF reported slightly more service-related injury types compared with 2015 Regular ADF.
  - The two most common service-related injury types reported by transitioned ADF and 2015 Regular ADF were musculoskeletal injury (64.3% and 58.6%) and fracture/broken bone (30.0% and 27.9%).
  - In general, service-related injuries were more likely to have been sustained during training than on deployment in both transitioned ADF and 2015 Regular ADF.
  - Compared with the Australian community sample, the proportion of transitioned ADF members reporting 'current smoking' was significantly lower (21.9% vs 15.2%), reporting being 'former smokers' was significantly higher (28.8% vs 53.9%), and reporting having 'never smoked' was significantly lower (49.2% vs 29.5%).
  - Compared with the Australian community sample, the proportion of transitioned ADF members who rated their self-perceived health as excellent (19.2% vs 8.9%) or very good (37.5% vs 26.4%) was significantly lower and who rated their self-

perceived health as fair (10.1% vs 23.9%) or poor (3.1% vs 11.1%) was significantly higher.

- The proportion of transitioned ADF who reported doctor-diagnosed asthma was significantly lower compared with the Australian community sample (transitioned ADF, 15.3%; Australian community, 21.9%).