



painaustralia

Chronic Pain &
Mental Illness

A dangerous combination,
increasing suicidal
behaviours.

September 2022



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Chronic pain is a key factor that contributes to suicidal ideation and behaviours in military and veteran cohorts.

The link between chronic pain and mental health is undeniable.

Chronic pain is also a significant risk factor for suicidal behaviour.

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Executive Summary

The link between chronic pain and mental ill-health is undeniable and we know that defence and veteran populations living with chronic pain are at a greater risk of mental health illness and suicidal behaviours.

Current and ex-serving men and women who live with chronic pain need individualised support to help them manage their condition and to mitigate its impact on mental health and other comorbidities.

Here is what we know:

1. Rates of death by suicide amongst ex-serving military are much higher than in the general population with the identified suicide risk being shown to be 18% higher in men and 115% higher in women who have served. *(Appendix A)*
Risk factors identified include involuntary/medical discharge, age and holding lower rank.
2. Chronic pain is one of many factors that contribute to suicidal ideation and behaviours in military and veteran cohorts. The link between chronic pain, and mental health is undeniable. Chronic pain is also a significant risk factor for suicidal behaviour.
3. Reported rates of chronic pain in military and veteran populations are between 27-57%, with females more likely than males to have back, musculoskeletal and joint problems.
4. Veterans, especially women veterans, suffer chronic pain much more than the general population, (1 in 2 are affected as compared with 1 in 5 in the general population).
5. Military and veteran populations experience chronic pain alongside a range of other physical, cognitive and emotional disorders including post-traumatic stress disorder (PTSD) and mild traumatic brain injury. Higher pain prevalence figures were reported in the presence of these comorbidities.
6. Chronic pain contributes to suicidal behaviours in military and veteran cohorts and adds to the burden of comorbidities.
7. Interventions aimed at providing social and relationship support as well as those targeted at improving mental health, can help reduce suicide risk. These include psychology services, gym membership, friendships with other post serving members, meaningful work, membership of social organisations and/or volunteering.
8. Access to and better awareness of pain treatment services in the veteran population can help reduce suicide risk as they access these services.

While the link between chronic pain and suicidal ideation and behaviours is clear, more work needs to be done to understand the full extent of chronic pain's impact on the lives of defence and veteran populations in Australia.

Much of the available research is drawn from studies into the US military cohort.

While both current and ex-serving members live with chronic pain, those leaving the service, and their families, need more support as they transition to civilian life. This group is of particular concern as the support structures they have relied on and the meaning they have derived from uniformed and team-based community service as military personnel are no longer available or existent for them.

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While both current and ex-serving members live with chronic pain, those leaving the service, and their families, need more support as they transition to civilian life.

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Recommendations

Our recommendations are immediately actionable and will reduce the burden of chronic pain for defence and veteran populations and ultimately lead to better mental health.

Recommendation 1

Chronic pain should be recognised as a diagnosable and standalone condition affecting the defence community, with specific support structures created particularly after service (p 12).

Recommendation 2

Current and ex-serving populations need better education about how to manage any pain associated with their depression and vice versa any depression associated with their pain (p 13).

Recommendation 3

More research should be commissioned to better understand the impact of chronic pain on current and ex-serving women, such as on the quality of health services they receive; the level of awareness that treating health professionals have about the unique issues faced by women; and, the stigma that women face in attempts to treat or manage their conditions (p 14).

Recommendation 4

That a consolidated and holistic action plan be developed to overhaul the business practices of ADF Health and DVA Health to ensure all veterans have access to necessary health care provisions that are applicable to the unique needs of service people (p 18).

Recommendation 5

The Commission should create a guide, widely distributed during service, training, and at the point of separation from defence to give defence members and veterans all available information about risk factors, potential points and types of intervention, best practice approach and support available to help them manage their chronic pain particularly after service (p 19).

Recommendation 6

The Commission should engage Painaustralia to produce a report based on research of the Australian defence and veteran community which outlines the causes of chronic pain for this cohort in the Australian context and the best practice response and treatment for such pain and injury which can form the basis of planning for DVA and Defence services and their future funding (p 20).

Recommendation 7

That better support be available during discharge and transition, including biopsychosocial care. This should include high-quality rehabilitation, social integration with others who have served; including meaningful work, sporting and/or volunteering opportunities, all of which would make a marked impact for those members living with pain during transition (p 23).

Recommendation 8

Current and ex-serving members living with fibromyalgia should be provided targeted support to help manage their chronic pain via specialist pain clinics providing multidisciplinary care (p 24).

Recommendation 9

The availability of pain specialists should be promoted for those currently serving who live with chronic pain as they leave the defence forces. Painaustralia will work with defence and veteran bodies to provide access to its National Pain Services Directory and to tailor pain services to defence and veteran personnel (p 25).

Recommendation 10

Defence and the Department of Veterans Affairs (DVA) should proactively engage any member who is using non-prescribed or non-medically managed substances to relieve their pain and suffering to provide alternative best practice pain management options (p 26).

Recommendation 11

Veterans moving to or living in rural and regional areas should be provided with additional support to help them access chronic pain services which are particularly difficult to access outside urban and suburban areas (p 27-28).



Introduction

Chronic pain is a key factor that contributes to suicidal ideation and behaviours in military and veteran cohorts. The link between chronic pain, and mental health is undeniable. Chronic pain is also a significant risk factor for suicidal behaviour.

The impacts of chronic pain (persistent and present for longer than three months) extend beyond the pain itself to impact on work, sleep, relationships and self-esteem. It affects 3.4 million Australians annually. People with chronic pain often live with depression, anxiety and/or other mood disorders.

Chronic pain impacts people who are serving or have served in defence forces, especially women.

Defence members and veterans are in fact even more greatly impacted by chronic pain, mental health and the problems resulting from the interplay of comorbidities that result in suicidal behaviours.

Current and ex-serving members living with pain are not a homogeneous group.^(Appendix B) While they have common needs, each person needs individual support to manage their chronic pain and we need to serve them better.

This group needs:

- Access to specialist multidisciplinary health teams (pain specialist, physio, psychologist, GP and Pharmacist) to achieve the best possible

combination of care in the areas of Physicians, Pharmacology, Psychology and regular physical movement.

- Acknowledgement of mental and physical injury from defence service.
- Acknowledgement of the added trauma of leaving the military, losing the uniform, and the meaningful existence that service life entails.
- Additional research to understand how chronic pain and its complexities impacts the Australian cohort's pain and mental health status given that most research into this area is American.
- Smooth transition to more comprehensive physical, social and mental health support after their period of service to ensure they do not fall through the cracks while waiting for services.

Our submission contextualises and addresses these needs and the factors that cause chronic pain to contribute to poor mental health.

We know chronic pain and mental ill health are linked. The toll of chronic pain, as it relates to current and especially ex-serving populations, needs further research and exploration to understand its full impact on mental health and suicide.

Painaustralia would be pleased to further participate and give evidence as part of the Royal Commission's hearings.

About Painaustralia

Painaustralia is the national peak body to prevent and manage long term pain. Painaustralia represents the interests of a broad membership that includes health, medical, research and consumer organisations.

Painaustralia is a strong advocate for better understanding and responses to chronic pain among the defence community and veterans. We are well positioned to provide input into this Royal Commission. Our National Patron is Air Chief Marshal Sir Angus Houston AK, AFC (Rtd) and our Chair is Major General Duncan Lewis AO DSC CSC (Rtd). They know from long defence experience how obligated we are as a nation to improve outcomes for those who have served our nation in the defence forces. Further, Painaustralia Champion, veteran and Invictus Games competitor, Peter

Rudland, who survived the 2010 Blackhawk helicopter crash, provides direct input to this Submission.

We have a wealth of experience via the veterans that support our work. We have knowledge and expertise in chronic pain, through the leading pain research bodies, institutions and specialists who are our members. We have co-commissioned a meta-analysis study and report from Monash University which has just been finalised. Finally, our staff including our CEO have a long standing interest in PTSD for serving members and chaired a parliamentary committee inquiry into the care and treatment of front-line state personnel from the police, fire and Ambulance, in Australia.

All these sources inform this Submission.





Monash Report:

A rapid review of the association between chronic pain and suicidal behaviour and suicidality in military and veteran populations¹

Our Submission draws on key data from a co commissioned Painaustralia and Monash University report: *A rapid review of the association between chronic pain and suicidal behaviour and suicidality in military and veteran populations* (the Report), various other studies, experiences and input gleaned through Painaustralia's consumer and specialist medical networks, including those who have served in Australia's defence forces.¹ Their experiences tell us that pain related to service can be a silent, overlooked and at times an unbearable contributor to reduced quality of life and suicidal behaviours.

The impact of chronic pain on defence and veteran populations and suicidal behaviours is not a side issue for us. Our research with Monash University conducted a rapid review of the evidence about chronic pain and suicide.

The research questions explored in the project were:

- Amongst Australian and overseas current serving and ex-serving military populations what is known about the prevalence of, and risk factors for, chronic pain?
- Amongst Australian and overseas current serving and ex-serving military populations, what is the evidence for an association between chronic pain and suicidal ideation /suicide?

- Amongst Australian and overseas non-military (general) populations, what is the evidence for an association between chronic pain and suicidal ideation /suicide?

The main findings from the report were:

In studies of currently serving or ex-serving military personnel:

- The most common reason for medical discharge amongst younger serving personnel is musculoskeletal disorders associated with chronic pain.
- There is consistent data suggesting an increased prevalence of chronic pain amongst ex-serving personnel and overlap of chronic pain with mild traumatic brain injury (mTBI), post-traumatic stress disorder (PTSD), depression and anxiety.
- There is insufficient data about prevalence, causes, or risk factors for chronic pain amongst currently serving military personnel, particularly in the Australian context.



Amongst ex-serving personnel, there is evidence that chronic pain conditions increase the risk of suicide attempts, and that the risk is increased further by other conditions such as PTSD and insomnia.



- That more research is urgently needed amongst currently serving and ex-serving personnel to better understand Australian cohort and their pain and mental health comorbidities and what treatments are presently available.

In the general population:

- There is a doubled risk of attempting suicide amongst people with moderate or severe chronic pain as compared with people with less severe pain.
- Chronic pain is associated with having thought about suicide (OR 2.166) ^(Appendix C); planned suicide (OR 4.219); or attempted suicide (OR 2.130) (n = 6,126).²
- Migraine increased the odds of thinking about suicide (AOR 1.79) and attempting suicide (AOR 2.49) and severe migraine was associated with increased risk of thinking about suicide.
- Compared with people without pain, people with back pain have an increased risk of having made suicide plans (AOR 1.55).
- Chronic pain is strongly associated (5-fold) with increased risk of suicide drug poisoning deaths (AOR 5.57).³
- Severity of chronic pain is associated with thinking about and attempting suicide.
- Pain reported as preventing most activities was associated with increased odds of reporting suicide plans (AOR 1.72) and attempts (AOR 1.94) compared with pain not usually preventing activities (n > 25,000).⁴
- Chronic physical disorders are

associated with suicidal ideation, either directly or indirectly through post-traumatic stress syndrome, depression, and functional disability (n = 1,533).⁵

The evidence for a link between chronic pain and suicidal thoughts, plans, and attempts is strong from studies in the general population, particularly in the presence of an additional comorbidity.

There is growing evidence of the importance of chronic pain to suicide in ex-serving (international) personnel, particularly in relation to mTBI and PTSD. Unfortunately, more and targeted research is needed to map out the precise nature of the Australian experience and availability of treatments as much of the data available is of the US military cohort.

Painaustralia can provide a copy of the Monash report to the Royal Commission upon request.



Unique challenges for current and ex-serving men and women

Current and ex-serving men and women face unique challenges which lead to and exacerbate the impacts of chronic pain, contributing to poor mental health. They may experience events during their time in service that have long lasting traumatic impacts that require management well after their time in service ends.

Understanding these contributing factors and the after-effects of sustaining an injury or condition with a relationship to pain is vital to mitigating its impact on a person's mental health.

Let's look at the key factors relating to the impact of chronic pain on the mental health of current and ex-serving men and women.



The Disproportionate Impact of Pain

The link between chronic pain, mental ill health and suicide is clear. Almost a third of Australian adults with severe or very severe pain experience high levels of psychological distress; around three times the rate of those with mild pain and six times the rate of those with no pain.

We know that rates of mental ill health and suicide are higher amongst people living with pain and that major depression is the most common mental health condition associated with chronic pain; with among 30-40% of people with a diagnosed mental health condition also presenting for treatment for chronic pain.⁶

We know that people living with chronic pain experience higher rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse. Suicidal behaviour is also two to three times more likely in people with chronic pain than the general population.

We also know that chronic pain's effect on mental health and suicide risk has an even greater impact for defence communities.

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While suicide is 18% more likely among people living with chronic pain than in the general community,⁷ the rate is even higher for current and ex-serving individuals living with chronic pain conditions such as fibromyalgia amongst whom suicide is 58.3% greater.⁸

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Recommendation 1

Chronic pain should be recognised as a diagnosable and standalone condition affecting the defence community, with specific support structures created particularly after service.



Pain and Depression

Pain and major depression are associated in many ways. The psychological and physical distress of persistent pain may precipitate an episode of major depression for an individual. Depression may be a precursor to, and contribute to, an individual's experience of pain by lowering their level of pain tolerance. Chronic pain and major depression may both be associated with a common underlying process, such as a

neurological illness, fibromyalgia and other comorbidities. Addressing depression in isolation without addressing co-existent pain can cause suboptimal health outcomes.

Recommendation 2

Current and ex-serving populations need better education about how to manage any pain associated with their depression and vice versa any depression associated with their pain.





Women Veterans and Chronic Pain

Rates of death by suicide amongst veterans are much greater than in the general population, with the identified suicide risk being shown to be 18% higher in men and 115% higher in women who have served.^(Appendix A) Risk factors identified include involuntary/medical discharge, age and being of lower rank.

Reported rates of chronic pain in military and veteran populations are between 27 – 57%, with females more likely than males to have back, musculoskeletal and joint problems.

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Veterans, especially women veterans, suffer chronic pain much more than the general population, with 1 in 2 rather than the 1 in 5 compared with the general population.

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Recommendation 3

More research should be commissioned to better understand the impact of chronic pain on current and ex-serving women, such as on the quality of health services they receive; the level of awareness that treating health professionals have about the unique issues faced by women; and, the stigma that women face in attempts to treat or manage their conditions.



From a Veteran's Perspective: Lucinda Casey

Males still dominate the Australian Defence Force, and there is a risk that the experience of women living with pain and the mental health issues they face is not well represented.

Current serving women and ex-serving women are disproportionately affected by chronic pain and its associated impacts on mental health. The Commission must recognise that women in the defence population face unique challenges while living with chronic pain and need targeted support.

We spoke with Commander Lucinda Casey, RAN Rtd who shared some of her experiences with us.

"Health care in the ADF is limited in scope and is underpinned by administrative management. It appears that there is more a focus on meeting budgets and policy restrictions than ensuring the correct medical attention and treatment is applied. Defence medical appointments are more focused on the administrative management than treating the clinical need," she said.

Lucinda joined the Royal Australian Navy in 1999 through the Australian Defence Force Academy. She has served a significant amount of time at sea on land operations including Iraq, Sudan, Border Protection, Greater Middle East region, Southeast Asia and domestically.

While women are an accepted part of the sea-going environment and the greater RAN operational picture, there has been very little recognition of the impacts on females and the dominance of males in the work environment.



Commander Lucinda Casey (Rtd), Australian War Memorial, 2016.

Lucinda told us:

“It felt like to be a successful woman in the RAN you had to work twice as hard to achieve the same standards as men. I sustained multiple musculoskeletal injuries ranging from ankles, knees, back, shoulder, jaw and mental health issues inclusive of Post-Traumatic Stress Disorder, Major Depressive Disorder and alcohol misuse disorder,” she said.

“While it was socially acceptable to request treatment (to an extent) for visible injuries sustained through operational service, it was less so for chronic pain and mental health-related issues. They were often not reported or downplayed to clinicians to protect the sense of your value to the service.

“There is a definite stigma attached to females seeking treatment for injuries as you are then perceived as a “squeezer”, “a chitter” or you may be accused as having a “salt water activated back”.

Women’s health services in all respects needs acute attention. There is a lack of appreciation of women’s health implications, and there is a more than likely cognitive link between this and the promotion of women into senior leadership positions.

She noted that while in service there is very little conversation about chronic pain and/or how best to manage it. “There is a fear to seek treatment to begin with as it may result in the termination of your service or at best limit your potential for promotion or selectable senior positions. There is an image that must be upheld, and an injured service person is not in keeping with the depiction of a Naval Officer.”

Lucinda mentioned that the treatment solution is often presentation to a Defence Physiotherapist for acute injuries but there is a lack of availability of other allied health professionals such as Exercise Physiologist, Chiropractors, Clinical Pilates, or one on one rehabilitation physical trainers.

On-going injuries result in a medical classification downgrade. This may result in posting changes. This also has ramifications on pay and promotion opportunities. Once medically downgraded the member has 90 days to demonstrate the ability to undertake all aspects of the Navy Fitness Test.

Failure of the fitness test then results in adverse administrative action taken against the member. The member has another two opportunities to pass the fitness test otherwise they face the risk of losing their career.

“There is a lack of General Practitioners to service the Australian Defence Force needs. The continuity of care is sporadic at best and serving members are not always able to access medical appointments in a timely manner, commonly waiting up to three months for a GP appointment.

“This causes serving members to hide injuries and subsequently chronic pain often manifests itself with mental health conditions,” she said.

“A more tolerant and accepting workforce structure needs to be applied to people with chronic medical conditions.

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There is an intolerance of medically unfit people and as a result there is a weaponisation of administrative process against these people.

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“As it stands there is a definite “us and them” when it comes to “medically fit and medically unfit” people. The moment you are deemed medically unfit; administrative process takes place.”

She says that it is not uncommon for members to finance their own medical treatment such as therapy from allied health professionals due to the inability to see a GP to seek a referral or the lack of availability of all types of medical practitioners. There is a difference in medical support afforded to serving members and veterans covered under DVA. This is particularly evident in the availability of pain management specialists and exercise physiologists.

Lucinda stated that while her GP at Duntroon Health Centre was exceptional in her patient care, the GP was constrained by bureaucratic red tape of civilian and military medical policy. As a senior naval officer, Lucinda did not hesitate to reach out to senior delegates to attempt to access allied health coverage for her service caused injuries and made attempts to access all reasonable health care in an attempt to



Commander Lucinda Casey (Rtd), HMAS Melbourne, Northern Arabian Gulf, Operation Catalyst, 2003.

rehabilitate herself to return to a deployable medical standard. However, as there was a lack of available allied health services (such as exercise physiologist and osteopath) it was easier to take opiate-based pain medication.

After being medically terminated from service, Lucinda's transition to civilian life with her chronic pain has not been easy. After more than two years on medications, she now faces delays in accessing treatment while depending on drugs that aren't recommended for use beyond 3 and half months. Lucinda wants to cease her dependency on these drugs but stopping them suddenly is dangerous and tapering takes time.

Lucinda notes that access to medical professionals under DVA white or gold card is difficult as only a limited number of medical practitioners are willing to accept the DVA rate of payment. "In a city such as Canberra or other regional areas, this issue is particularly acute with very few specialising in the treatment of chronic pain," she said.

Lucinda told us she was not alone, and her experience is echoed by other women in active service and veterans who have also had similar experiences.

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***“Defence’s approach to the rehabilitation of physical and mental health injury is apathetic. It is process driven versus people centric. The divide between command and health systems is significantly growing. There needs to be a greater appreciation of the impacts this has on the individual. The rhetoric of “we look after our people” needs to become the reality and simply not a statement made to appease the taxpayers and politicians.*”**

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Recommendation 4

That a consolidated and holistic action plan be developed to overhaul the business practices of ADF Health and DVA Health to ensure all veterans have access to necessary health care provisions that are applicable to the unique needs of service people.



Chronic Pain is Multifaceted

Pain is a complex condition, and everyone experiences it differently. It is rooted in and influenced by biological, psychological and social factors (biopsychosocial), the treatment of which is unique to the needs of the individual.

Current and ex-serving populations are exposed to a greater number of these biopsychosocial drivers of chronic pain, such as injury, PTSD, trauma, musculoskeletal injury, loss of identity, and loss of friendship and camaraderie, loss of uniform and the associated identity that comes with it, financial stress as well as societal and relationship pressures in transitioning to civilian life.

Understanding the complexity of pain conditions, its interplay with comorbidities and the lived experience of defence and veteran populations, is critical if effective treatment is to be achieved that will enable maintenance of good mental health.

As pain can exist as part of or due to other conditions and comorbidities, such as fibromyalgia, musculoskeletal conditions or headaches, it is often overlooked and not addressed as a standalone condition. Chronic pain exists as a stand-alone diagnosis, sometimes long after the physical injury or illness has been resolved.

Chronic pain is a diagnosis in and of itself and well managed and well treated chronic pain will lead to better physical and mental health outcomes and reduce the impact of mental health illness and suicidal behaviours by current and ex-serving people.

Recommendation 5

The Commission should recommend a guide be written, widely distributed during service, training and at the point of separation from defence, to give defence members and veterans all available information about risk factors, potential points and types of intervention, best practice approach and support available to help them manage their chronic pain particularly after service.



Realities of Service

Current and ex-serving populations are exposed to considerable and sustained physical and psychological risks more than the general population.

These exposures can result in physical injuries, ongoing disability and brain injuries which can also impact cognitive function, and a range of depressive disorders as well as PTSD.

A significant number of veterans live with pain from injuries caused by improvised explosive devices and weapons that inflict severe impacts on heads, necks, spines and limbs.

Pain is also common in veterans who have experienced several injuries, and it is often accompanied by PTSD and other co-morbidities and chronic conditions. Most if not all these injuries and conditions have a relationship with pain.

Recommendation 6

The Commission should engage Painaustralia to produce a report based on research of the Australian defence and veteran community which outlines the causes of chronic pain for this cohort in the Australian context and the best practice response and treatment for such pain and injury which can form the basis of planning for DVA and Defence services and their future funding.



From a Veteran's Perspective: Peter Rudland

Peter Rudland, veteran and Invictus Games competitor and Painaustralia Champion, knows first-hand the impact of chronic pain.

Peter joined the Army in 1989 and served for 28 years in the Royal Australian Infantry. On 21 June 2010, three Australian Commandos and a US soldier were killed in the Blackhawk helicopter crash in Afghanistan.

Peter was wounded in the crash and received multiple musculoskeletal injuries and a traumatic brain injury. As a result of the injuries, Peter was medically discharged from Defence in November 2017, but his journey of recovery continues. He is a committed advocate for better mental health and pain management for his defence force and veteran colleagues.



"The mental health of veterans is receiving increasing attention but what is not often highlighted is the extent to which mental health problems and post-traumatic stress in particular, are underpinned by a chronic pain condition that becomes disastrous if not well managed," he told us when we spoke to him as part of this submission.

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“Living within the defence space as a member or veteran can be complex enough, without the debilitating effects of chronic pain. Pain can directly affect strategic capabilities and domestic life depending on the individual and functioning thresholds of that person.”

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He shared his personal experience while also drawing from the wealth of knowledge he has obtained through his engagement with veterans. Through his various public ambassadorships as well as through his work counselling soldiers, police and emergency services for PTSD, depression and associated illnesses, Peter understands the importance of addressing pain as part of improving health and wellbeing.

Peter noted that adjusting to home life after service can be a challenge and pain can be an all-consuming factor of life that leaves you with little mental and emotional energy. He told us how pain can be a contributing factor to social and relationship breakdown which in turn leads to substance use and abuse as a potential coping mechanism.

He told us that although there are better alternatives to treat and manage pain, the default use and overuse of prescription medication as first line therapies is having perverse outcomes.

Some of the medications used to manage pain cause weight gain and negatively affect memory and cognitive function. However, because of the addictive properties of these drugs, people with chronic pain feel little option but to take it, with an increased risk of triggering depressive episodes.

“Mental health issues can be exacerbated by chronic pain. Understanding the causes and effects of chronic pain, together with a well-managed implementation of a holistic pain treatment plan, will dramatically improve a person’s overall health and well-being. It’s a negative spiral that can be avoided with adequate education about pain management and better access to pain services and specialists.”





Musculoskeletal Pain

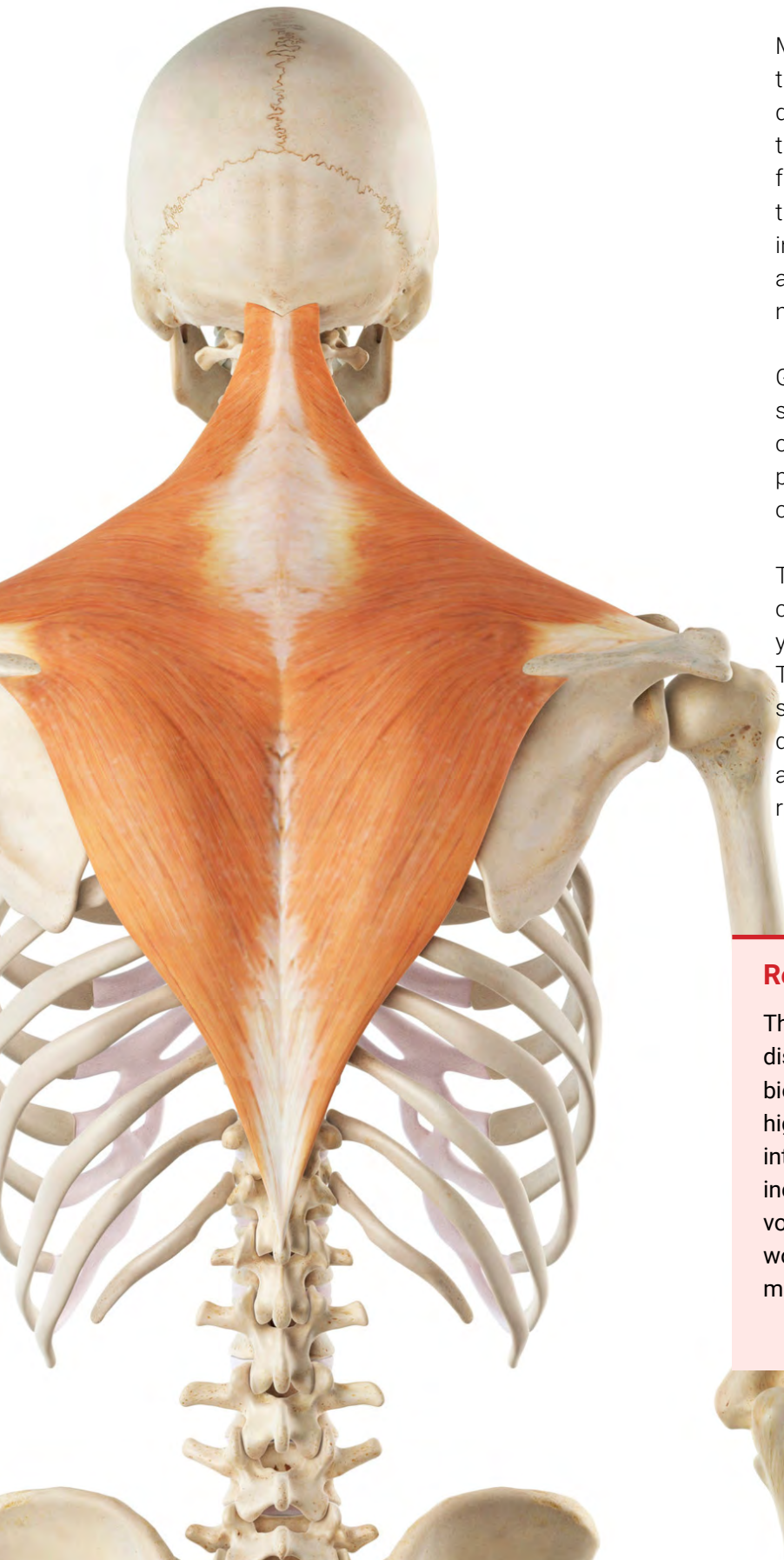
Musculoskeletal conditions are one of the most common reasons for medical discharge from the armed forces. It is the number one reason for discharge from the British Armed Forces, while in the US a survey of veterans who served in Iraq and Afghanistan found that almost 57% now have compromised musculoskeletal systems.⁹

Given the potential severity of injuries sustained while in service, chronic pain can be more burdensome in military personnel compared with civilian populations.

This contributes to the prevalence of chronic pain, especially prevalent in younger military and veteran populations. The most common reason for young serving personnel to be medically discharged is musculoskeletal pain/injury associated with chronic pain and suicide risk is higher in younger people.

Recommendation 7

That better support be available during discharge and transition, including biopsychosocial care. This should include high-quality rehabilitation, social integration with others who have served including meaningful work, sporting and/or volunteering opportunities, all of which would make a marked impact for those members living with pain during transition.

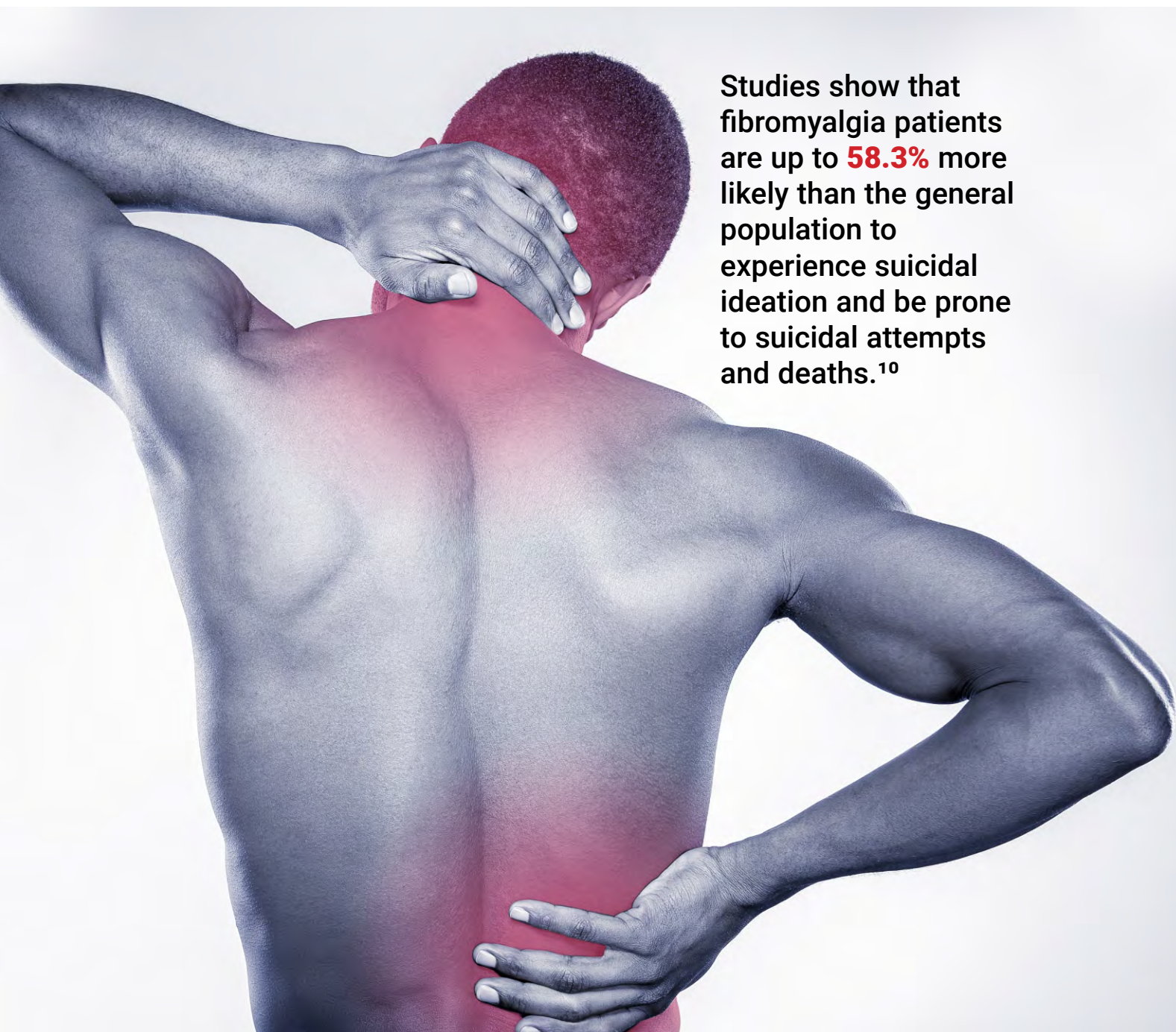


Fibromyalgia

Fibromyalgia is a condition that can cause widespread body pain, usually accompanied by fatigue, cognitive disturbance and emotional distress. Fibromyalgia affects two to five per cent of the population, mainly women, although men and adolescents can also develop the condition.

Recommendation 8

Current and ex-serving members living with fibromyalgia should be provided targeted support to help manage their chronic pain via specialist pain clinics providing multidisciplinary care.



Studies show that fibromyalgia patients are up to **58.3%** more likely than the general population to experience suicidal ideation and be prone to suicidal attempts and deaths.¹⁰

Service to Civilian Life

Transitioning to civilian life after service poses many challenges for the ex-serving member and their family and friends. It is a major change in lifestyle and routine that can be stressful and is about more than just a change in occupation. Leaving the defence force means a change of identity, loss of uniform, belonging, mateship and often loss of purpose. Daily interaction and comradery with fellow service personnel is lost and this must be replaced with other groups, mates, work and social networks.



During this time, the mental health of veterans is particularly vulnerable, and they may utilise suboptimal coping mechanisms, including alcohol and other substances which exacerbate health issues.

The nature of pain is that it can be brought about and amplified by stress which in turn causes a greater risk of emotional distress and bouts of depression.

When a mental health condition occurs alongside chronic pain, the pain can be intensified by stress and distress which affects occupational, social, and recreational functioning. This can lead to feelings of hopelessness and worthlessness (mental defeat) and act as a catalyst for social isolation and severe depression, contributing to risk of suicide.

Long term, or chronic pain must be appropriately treated by tertiary pain care and best practice multidisciplinary care which Painaustralia is an authority on and is keen to assist Defence and the Department of Veterans Affairs to provide pathways to access.

Recommendation 9

The availability of pain specialists should be promoted for those currently serving who live with chronic pain as they leave the defence forces. Painaustralia will work with defence and veteran bodies to provide access to its National Pain Services Directory and to tailor pain services to defence and veteran personnel.

Medicine Harm

While medications can help, they can also do harm. People living with chronic pain take medications for various injuries and conditions, many of them being drugs of dependence with risk of misuse.

Best practice pain management guidelines do not recommend, for example, opioid prescription for longer than three months. But due to poor or inadequate access to pain management specialists or services, they become the only solution for many. With their efficacy decreasing over time, necessitating increased doses, the risk of abuse and harm increases with prolonged use.

Studies have found that defence personnel and veterans who commit suicide were more likely to have opioid and other analgesics in their system.¹¹

While men account for the majority of all Suicide Drug Poisoning Deaths (SDPD), **a higher proportion of overall drug poisoning deaths occur in women.**

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Gender is also a factor. Studies examining both Suicide Drug Poisoning Deaths (SDPD) and non-SDPD among women identified chronic pain as an associated risk factor in these deaths.

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Recommendation 10

Defence and the Department of Veterans Affairs (DVA) should proactively engage any member who is using non-prescribed or non-medically managed substances to relieve their pain and suffering to provide alternative best practice pain management options.



Rurality and Suicide

Rurality is also a contributing factor. Rural Australians are accustomed to pushing through pain and self-managing injury without necessarily seeking treatment and this shows in the statistics as suicide rates are higher in rural and remote areas.

Rural Australians have limited access to services, which largely contributes to the health inequalities and poorer outcomes they experience. Approximately 10% of recorded suicide deaths were previously determined as “farming-related” and a significant number of veterans are living in rural or regional communities after leaving the defence force.¹²

Pain Management in Rural Australia

Most people in rural Australia with chronic pain do not have access to best practice pain services, which includes mental health care. This is typically due to location and/or cost, with a lack of services in rural and remote areas.

Stigma about chronic pain and mental health conditions also prevents people from seeking and receiving treatment.

There is a higher incidence of mental health conditions amongst people living in rural and remote areas and the impact of such conditions is also much greater.¹³



People living outside major metropolitan areas are also more likely to experience chronic pain and may be more susceptible to mental health conditions.

People who live outside urban areas are 23% more likely to experience back pain, with higher percentages in the 55 to 64 age group, and 30% more likely to have a long-term health condition due to an injury.¹⁴

This may be due to the location of physically demanding jobs in industries such as agriculture, fisheries, forestry, and mining in rural and remote areas.

Similarly, early intervention and support plays a significant role in the

management of both chronic pain and mental health conditions and can reduce negative long-term outcomes.

With the cost of living and housing in urban and suburban areas rising comparative to average annual incomes, some veterans are attracted to living in rural and remote areas but may not have access to appropriate care as a result.

Recommendation 11

Veterans moving to or living in rural and regional areas should be provided with additional support to help them access chronic pain services which are particularly difficult to access outside urban and suburban areas.



Conclusion

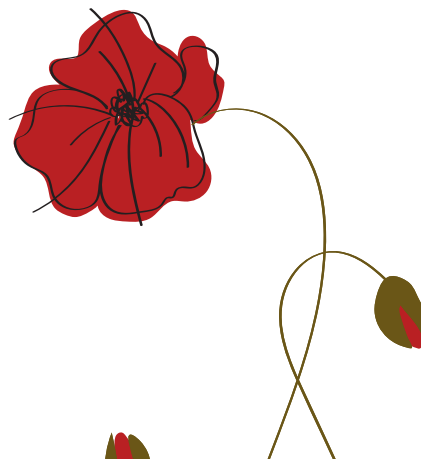
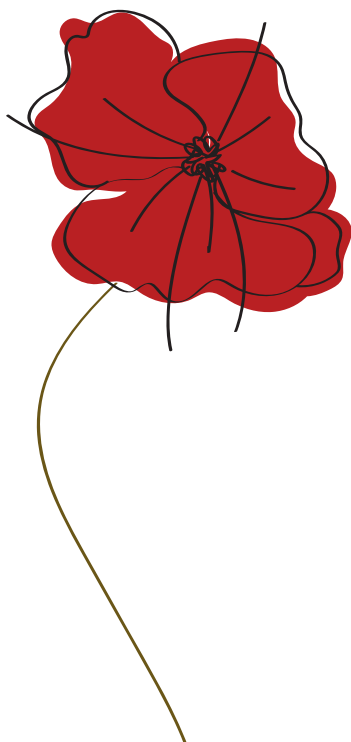
Chronic pain contributes to suicidal ideation and behaviours in current and ex-serving populations, especially when it presents with other comorbidities.

While much is known, further research and exploration is necessary to understand its full impact on mental health and suicide, particularly in the Australian defence and veteran context and for specific at-risk cohorts such as women, those living with fibromyalgia and members medically discharged due to musculoskeletal injuries.

We have provided first-hand accounts of two veterans and their experiences in managing and treating their chronic pain. Their stories highlight the clear link between chronic pain, mental health and the need for more service for ex-serving members, particularly veterans and current and ex-serving women.

We know that:

- The most common reason for medical discharge amongst younger serving personnel is musculoskeletal disorders associated with chronic pain.
- There is consistent data suggesting an increased prevalence of chronic pain amongst ex-serving personnel and overlap of chronic pain with mild traumatic brain injury (mTBI), post-traumatic stress disorder (PTSD), depression and anxiety.
- Amongst ex-serving personnel, there is evidence that chronic pain conditions increase the risk of suicide attempts and that the risk is increased further by other conditions such as PTSD and insomnia.
- There is insufficient data about prevalence, causes, or risk factors for chronic pain amongst currently serving military personnel, particularly in Australia.
- That more research is urgently needed amongst currently serving and ex-serving personnel to better understand the Australian cohort and their pain and mental health comorbidities and what treatments are presently available.



Therefore, Defence and Veteran populations need:

- Increased medical support to help them manage pain resulting from injuries sustained in service.
- Treatment of comorbid pain and mental illness concurrently via multi-disciplinary teams.
- An emphasis on ex serving personnel's need for meaningful work, social and purposeful connections.
- Additional research to understand how chronic pain and its complexities impact the Australian defence and veteran population and the services currently available for chronic pain and mental health care.
- Both during and post service access to pain specialists and health services that can help them manage their pain.
- A serious assessment of the support available upon separation from defence and any waiting period in which medical scripts may not be available and other treatments may require a waiting period to ensure they do not fall through the cracks while waiting to access care.

The Monash University report showed that there is evidence of a link between chronic pain and suicide thoughts, plans, and attempts.

It also stated that there is growing evidence of the importance of chronic pain to suicide in ex-serving personnel, particularly in relation to mTBI and PTSD.

This needs to be addressed as should the major gaps in the evidence for Australian current and former military personnel with much of the data relied upon coming from the US context.

Further research and understanding will yield more actions that can be taken, but the recommendations made in this submission highlight what can be done now to increase support current and ex-serving men and women who live with chronic pain.



Recreation of WWII Australian Soldier.



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Appendices

Appendix A: Although the total numbers of female defence personnel and veteran suicide is low (36 since numbers started being recorded), this is an issue that requires further investigation given that this cohort is disproportionately represented.

Appendix B: As there is no homogenous definition, with each nation with their own understanding, ‘currently serving’ and ‘defence’ members are used interchangeably, as are ‘ex-serving’ and ‘veterans’.

Appendix C: Odds Ratio (OR) is a measure of association between exposure and an outcome. An adjusted odds ratio (AOR) is an odds ratio that controls for other predictor variables in a model.





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Amongst ex-serving personnel, there is evidence that chronic pain conditions increase the risk of suicide attempts, and that the risk is increased further by other conditions such as PTSD and insomnia.

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Veterans, especially women veterans, suffer chronic pain much more than the general population, (1 in 2 are affected as compared with 1 in 5 in the general population).

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