



**Australian Army
Research Centre**



Respite (Dwell) Periods in the Australian Defence Force

Phillip Hoglin, CSC

Australian Army Occasional Paper No. 21



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ISSN (Online) 2653-0406

ISSN (Print) 2653-0414

DOI: <https://doi.org/10.61451/267503>

All enquiries regarding this publication should be forwarded to the Director of the Australian Army Research Centre.

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Cover image: Australian Army member is welcomed home from Operation Vanuatu Assist 2023.

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Executive Summary

Respite periods in the Australian Defence Force (ADF) have historically been subject to a range of single-service policies. While these have been recently consolidated into a single policy, there remains scope for improvement. As it stands, there is uncertainty around whether the time period designated by the ADF respite policy is enough or too much, the extent to which it should be enforceable, and its applicability to different types of operational deployments. Further, the current policy is arguably too prescriptive in its eligibility requirements and the time periods for respite that it designates.

Issues surrounding respite periods are not unique to the ADF. Foreign militaries have also struggled to define a consistent policy, which has resulted in a variety of different approaches. Even among Five Eyes partners, the approaches taken to determining the length of a respite period range from a fixed period (regardless of deployment length) to a ratio that is dependent on the deployment length, to a maximum cumulative period for which a person can be deployed over a set period of time. None of these approaches can be characterised as best practice, because the respite period available to an individual does not take into account any particular characteristic or personal circumstances, other than simply the duration of their deployment.

For the purposes of this paper, respite is defined to mean:

A specified period of time after a deployment during which a person is to accomplish a prescribed set of activities, outcomes or objectives (such that the person is able to provide effective Defence capability and/or deploy on subsequent operations).

This paper identifies that there is a spectrum of applied and academic approaches available to inform respite policy. These range from a generalised approach that applies a respite period that is applicable and appropriate to most members most of the time, to a discrete individualised approach that defines a specific length of respite period applicable only to that person at that time.

Several unknown factors conspire to complicate respite policy. The nature and risk factors associated with an individual's next deployment are unknown, the possibility of changes in risk factors for an existing deployment are unknown, and the changes undergone by an individual during a deployment (or once their respite period has commenced) are also unknown. These factors, among others, render the development of effective respite policy particularly challenging.

A further challenge is in characterising the purpose of respite. Traditionally, the ADF has viewed respite periods as offering the opportunity for members to rest and recuperate from a previous deployment. But there are force structure considerations that create tensions between the organisation's willingness to provide respite from completed deployments and its obligations to achieve force preparation for the next. Further, there is evidence to suggest that respite periods may also assist in preventing the onset of chronic conditions and preparation for subsequent deployments. These multiple objectives of recovery, preparation and prevention increase the range of activities that need to be undertaken and have force structure implications that have yet to be fully addressed.

While all policy options outlined in this paper are broadly worth consideration by the ADF, it is notable that the additional complexity, policy support and resources required to provide individualised solutions for respite may be unnecessarily cumbersome in the short term. As a result, the extant policy, or a slight variation to it, may be the most pragmatic approach to delivering respite to military members in the immediate term—but with a view to further refinement in the future.

Introduction

The Australian Defence Force (ADF) has been involved in overseas operational deployments almost continuously since it led the International Force East Timor in 1999. Since that time, tens of thousands of ADF members have deployed and returned to Australia. While most continued in their military role or transitioned to civilian life without any adverse health and wellbeing outcomes, many did not. The role that the post-deployment rest period plays in the health and wellbeing of veterans (described in some literature as the dwell period and in Australian as the respite period) is tacitly acknowledged as necessary, but not widely researched.

Historically, respite periods have been applied inconsistently between and within the Royal Australian Navy (RAN), Army and Royal Australian Air Force (RAAF). While some individuals on some deployments may have been afforded respite at the discretion of their unit chain of command, other individuals on the same deployment, but serving with a different unit, may have been granted no respite. Meanwhile, another deployment might have seen individuals granted a different range of respite opportunities altogether. In all instances, the term 'respite' was infrequently used before late 2021 and confined to Army when it was used. Instead, a respite period took various forms and was described in different ways. These included the granting of leave for as little as a few weeks, opportunities to attend courses, or periods away from normal duties spent preparing for the next posting or deployment.

This paper explores the background and literature surrounding respite periods, with a focus on the central question: 'What should be the respite period between operational deployments in the ADF?' Although the recent publication of a single policy for all three Services does much to specify the requirement for a respite period in the ADF, there remains uncertainty around whether the time period is enough or too much, the extent to which it should be enforceable, and its applicability to the types of operations that the ADF might be involved with into the future. As it currently stands, the length of time is prescriptive, there are mechanisms through which a person can avoid a respite period, and only those deployed on specific types of operations are eligible. In short, there are likely to be some enhancements that can be made to the ADF's approach to respite.

The topic will be addressed first by defining the term respite. International approaches to respite will then be explored, along with identification of the spectrum of options available to ADF policymakers. Finally, analysis of the topic offers a way forward for the ADF to further improve respite outcomes for serving members and thereby enhance organisational capability outcomes.

Definition of Respite

Despite the importance of respite in the management of individuals and its recent inclusion in policy, the Defence Glossary does not currently include a broad definition of the term. Respite is generally understood to be ‘a short period of rest or relief from something difficult or unpleasant’. Therefore, in the military context of deployment, *respite* can be defined as a period of rest or relief after a deployment and prior to a subsequent deployment. It is not a period of leave or rest granted to a person after a military exercise, course, medical procedure, or other activity where specific leave provisions already exist.

As will be discussed later in this paper, respite periods differ subtly from so-called dwell periods. Specifically, during respite periods there are implied and specified activities and outcomes that the individual is expected to undertake or achieve. In contrast, a dwell period is simply a period of time between deployments during which the ADF has no expectations that specific outcomes or objectives will be achieved. Beyond their mention in the literature review, this paper will not further consider the topic of dwell periods.

Respite is characterised by a defined set of outcomes and objectives that indicate whether a person has *achieved respite* from a deployment. The *achievement* of respite during a respite period indicates that a person has a reduced likelihood of adverse health and wellbeing outcomes and an increased likelihood of being able to contribute effectively to Defence capability in the future (compared to a member who has not achieved respite). An individual who has had a successful respite period should be in a position to deploy again with no additional risk of adverse health or wellbeing outcomes.

On the basis of these considerations, this paper offers the following definition of *respite* in an ADF context:

A specified period of time after a deployment during which a person is to accomplish a prescribed set of activities, outcomes or objectives (such that the person is able provide effective Defence capability and/or deploy on subsequent operations).

Definition of Deployment and Operational Deployment

While the terms 'deployment' and 'operational deployment' are often used interchangeably, there are nevertheless practical differences between them in matters such as risk exposure and tempo. A 'deployment' is any non-training activity away from a home location. By comparison, an 'operational deployment' typically involves force assignment and rules of engagement. If conducted overseas, such deployments are often supported by a status of forces agreement. Regardless of whether an individual has been on a 'deployment' or an 'operational deployment', the requirement for, and purpose of, respite does not differ (subject to several factors discussed in this paper). This point is important, particularly when considering the frequency with which the RAN conducts deployments in the form of routine offshore activities.

For Army, there is little material distinction between a deployment and an operational deployment as far as the individual is concerned. While the task and mission may be different, and other factors such as risk exposure and environmental circumstances will vary, an individual will still be deployed away from their home location, will still require rest and recuperation, and may still have experiences that require a Defence intervention to reduce the likelihood of adverse health and wellbeing outcomes. This includes circumstances in which Army is deployed to provide Defence aid to the civil community within Australia. Recent examples include assistance to natural disaster recovery such as floods and bush fires, through to support during the COVID19 pandemic. Therefore, Army should avoid making distinctions between the types of deployment and instead apply respite policies for *all* deployments whether they are domestic, overseas, disaster recovery and relief, warlike or non-warlike, or any other category of task.

Why Is Respite Necessary?

Benefits of Respite

Regardless of a deployment's length, nature or intensity, an individual may experience increased levels of stress. While on a deployment, stress can be a positive attribute that enhances individual capability and performance. However, when stress is experienced over a long period, combined with specific incidents of stressful exposure, or when stress is no longer necessary for functioning in a particular environment, it can increase a person's risk of developing adverse health conditions. This risk can be markedly reduced with a respite period that provides an opportunity to return to a relatively optimal state of health, wellbeing and individual readiness.

A lack of respite opportunity increases the possibility of negative health and wellbeing consequences arising from a deployment. This means that, in order to increase the chances of positive outcomes, periods of respite after a deployment should be purposely planned and assured. Having a clear and implemented respite policy, which results in a respite plan and achievable outcomes, provides members with a strong basis on which to return to normalcy. To date, however, respite supported by an associated respite plan has not been consistently available to ADF members. Defence maintains several tools and information resources that can assist individuals returning from a deployment to manage stress. These include the Joint Health Command *Homecoming Guide*, Defence Member and Family Support brochures and programs,¹ and the resources from the Open Arms—Veterans & Families Counselling service.² However, use of these resources is optional, self-driven and rarely a component of a structured approach to respite. The opportunity therefore exists for the ADF to develop better structured approaches to the use of these resources, including their endorsement and inclusion in respite policy.

Optimal Outcomes of Respite

To develop a respite policy that is able to help assure the health and wellbeing of individuals, it is useful to first identify what successful respite outcomes might conceptually look like. It is suggested here that it is reasonable to expect that an ADF member should be at the level of individual readiness necessary to achieve one of the following outcomes by the end of a respite period:

- Contribute effectively to the provision of Defence capability and able to deploy, or prepare to deploy, on subsequent operations.
- Have identified all the requirements necessary to be achieved in order to return to the necessary level of individual readiness.
- Have commenced a managed pathway to transition out of the ADF where necessary and/or appropriate.

Additionally, by the end of a respite period, any unresolved or outstanding personal matters that occurred during the deployment should be resolved or be on the pathway to resolution, at least to a point where the person's wellbeing is manageable and their individual readiness is restored.

The extent of Defence's obligation to treat any mental health or general health illness issues (whether associated with the deployment or not) should also be defined, together with a treatment plan. Further, efforts should be taken to help restore family and social connections; work routine should be re-established (to the extent possible in a military environment); and other military administrative matters should be completed (performance appraisals, posting actions etc.). In some situations, a further complicating health factor may also need to be considered. Specifically, ongoing medical matters that existed prior to deployment may affect a member's future deployability. In such instances, the ADF may need to decide whether respite is intended to enable the individual to recover from the previous deployment, prepare for the next deployment, or both. This question is discussed in further detail later.

It is possible that not all of these matters will be resolved for all ADF members by the end of a respite period. However, they should be progressed to the point where the next steps have been identified and the respite outcomes listed above are achievable.

ADF Policy

Prior to publication of the first ADF-wide policy, the earlier ADF retention policies were inconsistent in content, application and adherence. The RAN policy was nested in *Australian Navy Publication 3421-4702*—Chapter 5, ‘Redeployment and Reconstitution’. While it listed some tasks and objectives to be undertaken during a respite period, it did not specify a length of time.³ Army’s 2005 policy *Chief of Army’s Guidance on Operational Postings and Respite Policy* was not embedded in any policy documents. While it outlined a 12-month respite period, it was generally considered as guidance and provided sufficient avenues through which to waive (or ignore) respite periods.⁴ RAAF policy was contained in Air Command Standing Instruction (Personnel) 33-02, *Force Preparation, Certification and Demounting—Operations and Exercises*. It provided for a respite period of twice the length of the previous deployment.⁵ The bespoke and inconsistent nature of these policies across Navy, Army and Air Force resulted in different respite opportunities for members. In some instances, members may have deployed together in the same unit but have been afforded different respite periods.

Arising from a recommendation in the Afghanistan Inquiry Report,⁶ inconsistencies in the ADF’s approach toward respite were first addressed in 2021 with the release of an interim policy. It covered the entire ADF⁷ and was in force from 17 September 2021 to 22 January 2023. This interim policy provided for a 12-month respite for any deployment over four months, but no respite for members who deployed on multiple shorter deployments.

Released on 23 January 2023, current ADF policy is specified in the *Military Personnel Policy Manual* (MILPERSMAN) Part 7, Chapter 11, ‘Respite Policy’.⁸ Key aspects of this policy include a defined length of respite period depending on the length of the deployment. Specifically, the policy provides for a graduated scale of respite comprising no respite for deployments of less than four months, a 12-month mandatory respite period for a cumulative deployment in a 12-month period between four and six months, and a 1:2

deployment-to-respite ratio for a cumulative deployment in a 12-month period exceeding six months. Further, the policy provides for a multi-stage approval process if a respite period needs to be changed and also requires the ADF to consider alternative means to provide the required capability other than simply redeploying an ADF member.

While the new policy improves on the interim policy, there remain weaknesses in it. Most significantly, the circumstances in which the policy applies are extremely narrow, allowing for respite periods only where an individual has been deployed on specific types of operations defined as warlike. This means that the respite policy does not apply to people who have deployed on non-warlike missions such as peacekeeping, humanitarian operations, disaster relief or other domestic tasks in support of the government or civil community. Further, it does not apply to people who have been away from their home location for extended periods of time on arduous duties such as seagoing tasks or lengthy mission-rehearsal activities.

Although some of these activities might not give rise to a requirement for respite, others do. For example, humanitarian and disaster relief roles may result in exposure to risk and environmental circumstances for extended periods that will require rest and recuperation. The cumulative health effects of these types of deployment on serving members are likely to be very similar to those of warlike deployments, particularly where human and animal fatalities and casualties are observed and recovered, and where environmental destruction is witnessed. In contrast, a person deployed on warlike operations to a headquarters position, with no exposure to many risk factors, is eligible for the full respite period. Furthermore, deployment on a non-warlike operation does not contribute to the qualifying time for respite. This means that a person who has been involved in disaster relief operations for significant periods of time, and who is shortly thereafter deployed on warlike operations, is only granted a respite period for the time spent on the warlike operation. This distinction appears to be largely arbitrary.

In effect, current ADF respite policy signals to members, to their families and to government that the ADF is willing to accept a risk of adverse health conditions arising from one type of deployment but not another. Assuming that this stance is accidental rather than deliberate, the need to review ADF respite policy appears to be self-evident. To determine how the ADF might reconsider its approach, this paper will first review the practices of several foreign militaries before examining relevant academic literature on the topic.

Foreign Military Policies

Respite and dwell policies in overseas militaries vary significantly and in some instances remain poorly defined. As a generalisation, the policies of other nations overwhelmingly provide for dwell periods for a defined period of time rather than respite periods requiring certain objectives and outcomes to be achieved. Policies are dominated by an emphasis on the time necessary to mitigate the impacts of deployment on mental health, or to optimise force structures for the generation of forces. The policies rarely explore other matters such as the interaction between respite and family, career or retention.

Dwell periods are occasionally referred to as the deploy-to-dwell ratio, or D2D, by foreign militaries. This is expressed as the ratio of time spent on deployment to the time spent at home. For example, a D2D ratio of 1:2 would indicate a dwell period that is twice the length of deployment. From time to time this ratio may be augmented with various additional policy limitations, such as the total number of deployments over an extended period. Additionally, various exemptions, waiver processes and considerations may be added to provide further clarity or to account for operational requirements in high-tempo circumstances. Table 1 summarises the respite policies of several militaries. Further explanation concerning overseas practice is provided in the next section.

Table 1: Summary of respite/dwell periods in selected militaries

Country	Respite/dwell period
Australia	<ul style="list-style-type: none">• No respite for deployments less than 4 months• 12-month mandatory respite period for a cumulative deployment in a 12-month period between 4 and 6 months• 1:2 ratio for cumulative deployment in a 12-month period exceeding 6 months
United States	<ul style="list-style-type: none">• Threshold of either 220 days deployed out of the previous 365 days or 400 days deployed out of the previous 730• Goal of 1:2• Secretary of Defense approval for less than a ratio of 1:1
United Kingdom	Deployed limit during 36 months: <ul style="list-style-type: none">• Royal Navy / Royal Marines: 660 days• Army and Royal Air Force: 498 days
Canada	6–12 months deployed in a 3-year cycle
New Zealand	1:2 ratio
Sweden	1:2 ratio
Norway	1:2 ratio
Denmark	1:6 ratio

Five Eyes Countries

Australia's Five Eyes partners (United States, United Kingdom, Canada and New Zealand) have experienced a similar journey in policy development but have arrived at very different arrangements for their respective dwell policies.

United States

The US military has a lengthy and uncomfortable relationship with dwell periods that has often been driven by operational tempo and force structure. A 2020 report from the Congressional Research Service indicated that problems with management of dwell periods were identified as early as 1995, with consistent dwell goals not established formally until as recently as 2013.⁹

The US policy differs from that of most other countries in two key respects. Uniquely, dwell for a person commences when ‘most of a unit or detachment ... returns to their homeport, station, or base from a deployment’. For those returning after the majority of their unit, this means a shortened dwell period.¹⁰ While there is provision for dwell to be applied at an individual level for those not deploying with a unit, only the link with the deployment cycle of a person’s parent unit is reflected in US policy. Secondly, dwell is established only as a ‘goal’ with a minimum threshold.

Currently, the US applies a deployment threshold of either 220 days deployed out of the previous 365 days (one-year threshold) or 400 days deployed out of the previous 730 days (two-year threshold). Secretary of Defense approval is required for anything less than a ratio of 1:1. The stated goal is a D2D ratio of 1:2 or more for the Active Component (Permanent Force).¹¹

This relatively complex policy landscape creates difficult management and measurement overheads for the US. This fact was partially acknowledged in the Congressional Research Service report.¹² This report also recognised the association between deployment frequency and duration, and decreased military spouse wellbeing (e.g. depression and anxiety), increased child problematic behaviours, and negative effects on parent–child and member–spouse relationships. On the other hand, while many members expressed dissatisfaction with an increased number of deployments, the report did not find a significant causal link between deployment frequency and continuation/retention rates.

United Kingdom

The UK equivalent of dwell is encapsulated in the definitions of ‘separated service’ and ‘individual harmony’. ‘Separated service’ refers to service whereby individuals are serving away from their usual place of duty or are otherwise unable to enjoy leisure at their normal place of duty or residence at their place of duty. ‘Individual harmony’ refers to the freedom to enjoy leisure at the normal place of duty or residence at the place of duty; this includes leave and adventurous training.

UK policy measures ‘separated service’ over a 36-month period. The current limits during a 36-month/1,095-day period are 660 days away for the Royal Navy and Royal Marines, and 498 days away for the Army and Royal Air

Force. Represented as a ratio, this equates to a 'separated service' limit of 1:0.66 for the Navy and Marines (i.e. 660:435 days), and 1:1.20 for the Army and Air Force (i.e. 498:597 days).

The UK is the only country that provides regular and publicly available open-source reporting of 'separated service', through the Ministry of Defence Quarterly Service Personnel Statistics and associated data.¹³ For example, the proportion of UK military members whose service breached 'individual harmony' guidelines in the 1 October 2022 reporting was 0.3 per cent of the Navy/Marines, 1.1 per cent of the Army and 0.3 per cent of the Air Force. A breach of the 'individual harmony' guidelines occurs when an individual experiences 'separated service' for longer than the policy guidelines provide for over a 36-month period.

Canada

The Canadian Armed Forces (CAF) has established a tour frequency policy specifying that members should not normally deploy on operations for six to 12 months in length more than once in a three-year cycle.¹⁴ In principle, this would create a deployment-to-respite ratio of at least 1:2 but as much as 1:5 for a six-month deployment. A normal deployment length is six to nine months.

In addition to its tour frequency policy, the CAF also has provision for specific periods where there is to be no posting or temporary duty. Specifically, there is a 60-day 'respite' period following all international operations of six months or more (for tours shorter than 180 days, respite is at the discretion of the commander of a Command). This means that, in addition to the limit of one deployment in a three-year period, there is a 60-day moratorium once the individual returns to Canada.

New Zealand

The New Zealand Defence Force (NZDF) respite policy identifies several purposes of respite. These are to recognise the need for a member of the armed forces to recover mentally and physically from a deployment, to ensure maintenance of the family unit, and to provide respite from the stresses of deployment.¹⁵ Additionally, where a member is considered for deployment before the prescribed respite period has expired, every other alternative is to be properly investigated first. Deployment of a member of the NZDF before the prescribed respite period has expired should occur only as a last resort.

The NZDF policy specifies a deployment-to-respite ratio of 1:2 up to a maximum of 24 months' respite. While there is provision for a member to be deployed before the respite period has been completed, NZDF policy specifies that the member is to have medical, psychological and welfare assessments conducted to evaluate their suitability for the deployment. Furthermore, policy prescribes that the member is to be made fully aware of the potential impacts of the deployment and included in the decision-making process.

Scandinavian Countries

A recent study indicated that the militaries of Sweden, Norway and Denmark have similar policies both among themselves and in comparison to other militaries.¹⁶ These countries have experienced challenges in policy development that have been 'shaped by considerations for the well-being of military personnel, but also by economic, strategic and operational factors'.

In the Swedish Armed Forces, deployments are normally for six months followed by a 12-month dwell period, resulting in a 1:2 D2D ratio. Reportedly, this standard for deployment length and dwell period was informed by 'experiences and examples from other countries, especially the US'. Similarly, in Norway a normal deployment length is six months 'followed by dwell time of at least double that of the most recent deployment', or a 1:2 D2D ratio. Sweden and Norway have evidently followed the precedent established by other militaries without using data from their own health and psychology practitioners to inform their dwell policies.

Denmark applies a policy of a six-year dwell between deployments, which for a normal deployment length of six months results in a D2D ratio of 1:6. A significant factor in Denmark's policy is that members receive advance assurance of a dwell period after deployment. This policy is based on a steady operational tempo and a known deployment cycle. Therefore, it may have limited utility as a point of comparison for Australia. For example, while the ADF has enjoyed some short periods of stable operational tempo, the Army in particular has been required to deploy forces on operations with little notice. This situation is unlikely to change without the introduction of a large redundancy (or latency) in the ADF's force structure. The implications of respite for force structure will be discussed later.

Peer-Reviewed Literature

After several decades of high-tempo operations for many of the world's westernised militaries, academic literature on the impact of deployment frequency and length on dwell/respice has gathered momentum. Most studies have been published since 2010; a smaller number were published during the mid-2000s, but very few prior to 2000. This is unsurprising as the effects of a high operational tempo and subsequent consideration of dwell periods, particularly for the militaries of the US and the UK (from where many of the studies originate), were especially influential on their force generation objectives during operations in Afghanistan from 2001 to 2021 and Iraq from 2003 to 2011.

Appropriately, a high proportion of the academic literature has been published in various health or psychology journals, which illustrates the emphasis on mental health, resilience and post-traumatic stress disorder (PTSD) arising from deployments. Unfortunately, this body of research is generally limited in focus to the impact of the deployment itself on health and wellbeing. Considerations of a person's individual demographic characteristics and sociological influences on their post-deployment health and wellbeing are less prominent. Furthermore, the literature rarely recommends a suitable length of respice with an associated rationale. Regardless, most literature includes reference to at least a few demographic or sociological control variables that are relevant to the development of respice policy (in addition to the impact of the deployment itself).

For example, one meta-analysis found that 'as deployment length increases, the potential for personnel to suffer adverse health effects also increases'.¹⁷ It also found some evidence of 'adverse effects on mental health and well-being when deployments lasted longer than personnel expected'.

Both findings are largely intuitive. Most telling, the same analysis identified deficiencies in existing research concerning the degree to which a person's individual demographics and their deployed role affect their wellbeing.

A more recent study reported that in the US the risk of developing serious mental illness is related to deployment frequency, military occupation (e.g. combat) and the level of risk exposure.¹⁸ The context of the findings was the relatively high level of combat exposure among US military personnel, their lower D2D ratio, and their higher frequency of deployment compared to UK and Canadian military personnel. Based on this research, there is reasonable evidence to suggest that deployments have an effect on an individual's mental health and work–life balance outcomes, even if the impact of multiple deployments is less clear.¹⁹

A study of members of the CAF identified that sociodemographic and historical factors are predictors of self-reported mental health conditions outside of deployment.²⁰ The study also found evidence that factors such as sex, combat experience and childhood abuse are significant contributors to adverse health outcomes, along with considerations such as age, marital status, rank and Service. While the study's findings around gender, age and rank risk factors are not uniformly reflected in other studies,²¹ the significance of Service and of combat injury remain relatively consistent.

A number of organisational factors may also be relevant to the achievement of respite. For example, questions of poor leadership, poor training, poor organisational design, poor equipment and/or materiel, and failure to deal collectively with poor performance (leading to poor morale) will all influence the outcomes of post-deployment respite. For example, the Moffitt Review of submarine workforce sustainability within the RAN identified that problems inhibiting adequate respite were largely organisational.²² The review recommended that '[s]trict guidelines on minimum and optimum respite and maximum allowable continuous sea service should be developed'. The RAN agreed to these findings and undertook to review respite guidelines in the context of 'sustainable crewing and support constructs'. It also committed to 'consider the relevance to current contemporary respite expectations'.²³ The recommendation and response suggest that the RAN has appreciated the importance of respite for some time—including the expectations of Navy members—but acknowledges the constraints that force structure considerations place on its ability to adequately apply the guidelines.

The effect of deployments on family members has also been the subject of study. For example, a recent meta-analysis on the impact of military service on the children of serving members concluded that deployments, increasing deployment length, and multiple deployments are associated with negative child wellbeing.²⁴ This study outlined that these adverse effects can be mitigated through increased time at home between deployments. It did not, however, offer insights into how long this period should be (although it did identify the existence of the UK and US harmony and dwell policies). It can nevertheless be inferred from the study outcomes that family composition is a relevant consideration when determining the length of dwell or respite periods.

Although it has been identified that longer respite periods are associated with reduced risk of adverse mental health outcomes such as PTSD,²⁵ few studies identify how long respite periods should be from a health and wellbeing perspective. One exception is the identification that dwell periods less than 12 months in duration were associated with significantly greater long-term PTSD symptoms than dwell periods longer than 12 months.²⁶ Correlations have also been found between dwell time and suicide attempts among those whose dwell time between deployments was less than six months.²⁷ These studies allow a 'bracketing' of appropriate dwell times to between six and 12 months, but they do not inform assessment as to the effect of incremental increases or decreases in dwell time.

There are several studies that approach dwell periods from the perspective of force structure and capability requirements. These studies identify that any policy that specifies or mandates a particular respite period will have force structure ramifications and that these will either influence the capabilities that can be deployed, due to respite-related constraints on individuals, or the force structure necessary to deploy a capability and concurrently maintain mandated dwell periods.²⁸ Either way, length of respite is a significant planning and force structure consideration for any military that delivers respite opportunities to its personnel.

Literature Summary

Based on the analysis of overseas practice and the relevant literature, it is fair to observe that respite policies reflect the unique national environments in which respite and dwell policies are created. Relevant factors include operational considerations (such as force generation), wellbeing issues, political influence, the intersection of national and military culture, outcomes from audits and inquiries, and a range of other societal influences. The result can be a confusing and uncertain policy landscape that militates against the achievement of best-practice respite policy.

While there is considerable variability in the focus and outcomes of academic studies concerning military dwell and respite policies, some issues predominate. The literature is replete with references to deployment length and its subsequent effect on individuals. To support their findings, many studies are based on sample sizes that range from substantial to entire populations of deployed military members. In some instances, there is even sufficient data to enable meta-analyses of the effect of deployment on mental health. Based on these studies a consensus exists that respite is important in supporting positive mental health outcomes following deployment. Also, the length of the deployment is clearly relevant in determining health outcomes. Less clear is the method by which respite can best be achieved.

While studies oriented around the length of deployment predominate, they are not the only thematic type of research. While fewer in number (and with a tendency towards untested hypotheses and theory), there are also studies that apply psychological and biological markers (indicators or a propensity towards a certain condition) that may be relevant to the experience of military members. Research involving markers, however, remains an emerging and challenging field with less immediate relevance to the determination of ADF respite policy.

Regardless of the focus of the relevant studies, nowhere in the literature is there an evidence-based approach to determining how long a respite period should be. Instead, research is dominated by examinations of the risk factors for adverse mental health outcomes arising from deployments. There is little available insight into how long respite periods *should be* or whether the militaries of countries with specified respite periods have

achieved better organisational health outcomes than those of other countries. Therefore, there is a gap in the body of knowledge critical to informing policy on the length of respite periods.

Despite this deficiency, examination of relevant foreign military policy and academic literature suggests that the factors in Table 2 may be important in identifying risk factors associated with negative health and wellbeing outcomes of personnel returning from deployments. It can therefore be inferred that these types of factors are also likely to be influential in determining the appropriate length of respite.

Table 2: Factors influential in determining length of respite period

Factors
Length of deployment
Combat exposure and/or combat intensity
Observed fatalities/casualties/incidents
Mid-deployment opportunity for rest and recreation
Previous deployments (including frequency, length and combat exposure)
Demographic characteristics (e.g. sex, age)
Military demographic characteristics (e.g. rank, Service, occupation, length of service)
Requirements for ongoing military training and exercises
Family composition (e.g. marital status, children, age of children, special needs)
Requirements for geographic stability (family, external studies, transition)
Pre-existing psychological or medical injury (ongoing and/or resolved)

Professional Opinion

While the preceding analysis provides the context within which the ADF has the opportunity to review its respite policy, decision-making within Defence is informed by the views of subject matter experts within the Defence Science and Technology Group (DSTG), Joint Health Command (JHC), service personnel branches and other interested parties. Together with the foreign military policies and academic literature outlined above, their opinions inform this paper's analysis and recommendations concerning the future trajectory of ADF respite policy. This section provides a brief summary of submissions made to the author by senior leaders of relevant Defence organisations. Full submissions are included in the annex.

Submissions from the Navy, Army and Air Force all recognised the importance of respite and that a respite period should encompass a range of activities that contribute to positive health and wellbeing outcomes. In particular, the Navy and Army identified the need to 'disengage from the demands of an intense period of service' and rejuvenate the workforce through the conduct of a range of activities including counselling, team building, adventurous training, and social events, in addition to the recommencement of normal in-barracks roles. This alignment in the purpose and utility of respite is useful in drawing a consensus around the policy. Less useful is the absence of formal views on duration or the type of deployment that would attract a respite period.

DSTG provided an in-depth submission identifying that the key challenge was in combining the requirements of 'duty of care' with the necessity of providing defence capability. DSTG explored the concepts around defining the requirements for respite using various biological markers, such as resting heart rate, salivary cortisol and startle habituation. It also introduced the concepts of mental fitness in promoting 'a positive and proactive notion of mental health' and suggested that there may be ways to train for cognitive fitness which may improve respite outcomes. DSTG closed by suggesting that the term 'respite' could actually be replaced with 'recovery' to better reflect some of the cycles represented in high-performance cycles and indicate that the process is actually about returning people 'back to where they were before'.

Resolving the Purpose of Respite

It is evident that no actionable consensus exists around whether the purpose of respite is recovery from the last deployment, or preparation for the next one. This difference is not semantic. Traditionally, the ADF has viewed respite as a component of force preservation, making no provision for it to disrupt force preparedness. Instead, respite objectives have needed to be incorporated as well as possible into existing reset activities. As a result, informal or formal respite periods have generally been offered to members in a tidy alignment with pre-existing force preservation objectives. While an alignment between respite and force preservation has some justification, it is arguable that respite is also a component of force preparation as it has a role in preparing individuals for the next deployment. This is particularly the case where individuals may be subject to repeated deployments on the same operation with relatively short deployment lengths.

In addition to force preservation and force preparation, there is a growing recognition among the services that respite serves a third important purpose: to prevent the onset of chronic conditions. In this context, preventing chronic conditions entails more than facilitating simple recovery. It also includes restoration and further development of the person's fitness—both physical and psychological. Importantly, psychological fitness is more than wellbeing. It also involves multiple functional capacities, such as cognitive fitness, that underpin individual resilience. Therefore, respite holds promise in preventing chronic conditions such as PTSD.²⁹

The purposes of recovery, prevention and preparation constitute objectives of respite worthy of consideration by the ADF. Simply undergoing a period of rest (dwell) from one deployment will not entirely prepare an individual to deploy on a subsequent deployment. It remains wholly plausible that a member may have undergone sufficient respite to reduce the risk of negative health consequences arising from a previous deployment, but may not be ready for what awaits, thus placing them at increased future risk. If this proposition is accepted, respite policy needs to be oriented towards force preservation and the needs of the individual in the short term, while force preparation and requirements related to capability can wait.

Policy Options—Respite Period

The options available for an ADF respite policy range from a generalised approach that applies a respite period adequate for most members most of the time, to a discrete individualised approach that considers numerous characteristics of a person in order to define a specific individual respite period. In this section, this spectrum of options is explored further along with implications for policy implementation and administration, resources and the availability of research evidence to support each option.

Spectrum of Options

At one end of the spectrum, ADF policy could deliver a single one-size-fits-all approach to respite that does not consider any factors concerning the deployment, the person, the duration, the risk exposure or any other factor. At the other extreme is a highly tailored individualised policy that takes account of every single known factor concerning an individual, including the nature of their deployment, their risk exposure, sociological circumstances and even a range of medical and psychological markers that require testing to ascertain. These policy options, including variations across the spectrum, are shown in the upper part of Figure 1. The lower section of the figure shows how the implications for policy implementation and resources vary depending on the option considered, and the lowest part of the figure indicates the availability of research evidence for the various policy solutions.

The simplest form of respite policy would be based on a fixed period. It would specify a mandated period of time before which a person could deploy again after having returned from a deployment. The designated length of time would be fixed and independent of the type, intensity or duration of operation, and would not consider any personal characteristics whatsoever. Such a policy would not include provision for a waiver. Additionally, there would be no exclusions and no exceptions to the requirement to complete the designated period of respite post-deployment.

A fixed-period respite policy would be the easiest for the ADF to implement with the least resource burden. The advantages and disadvantages of a fixed respite period policy are relatively clear; it trades rigidity and uniformity against individualised health needs. The base proposition to support such a policy would be the belief that deployments impact ADF members' health in relatively uniform ways. To be effective, therefore, the fixed respite period would need to be long enough to achieve the respite requirements of the overwhelming majority. While appealing in its simplicity, this 'long enough is good enough' approach risks delivering a respite period that is too long or too short for some individuals.

Spectrum of respite policy options

Factors affecting respite duration include:

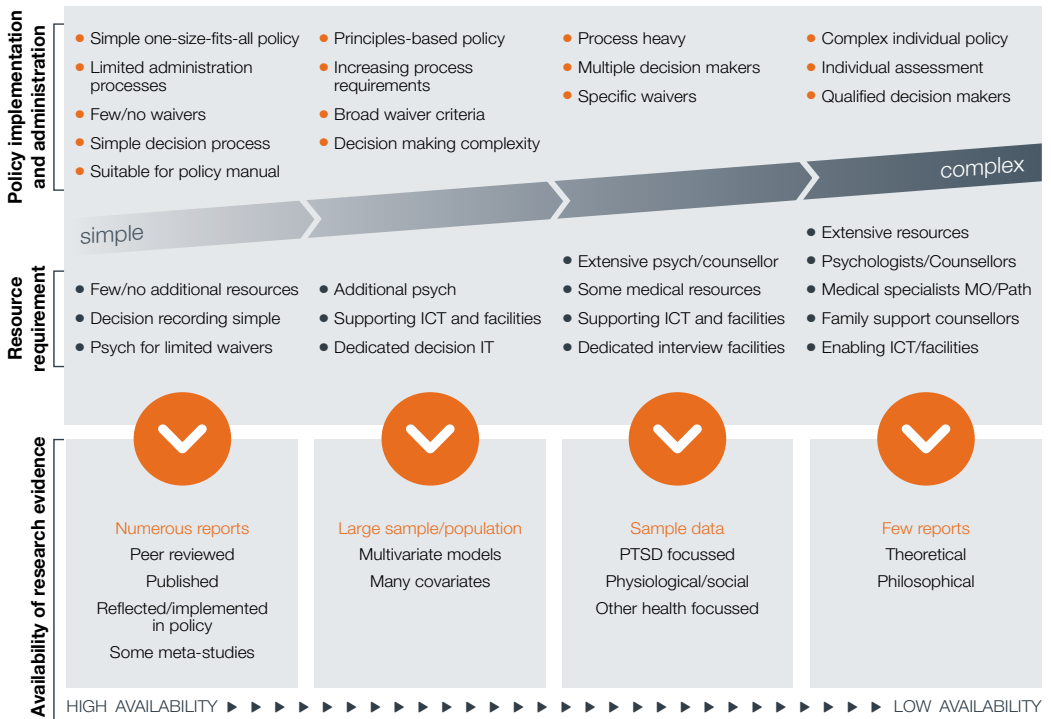
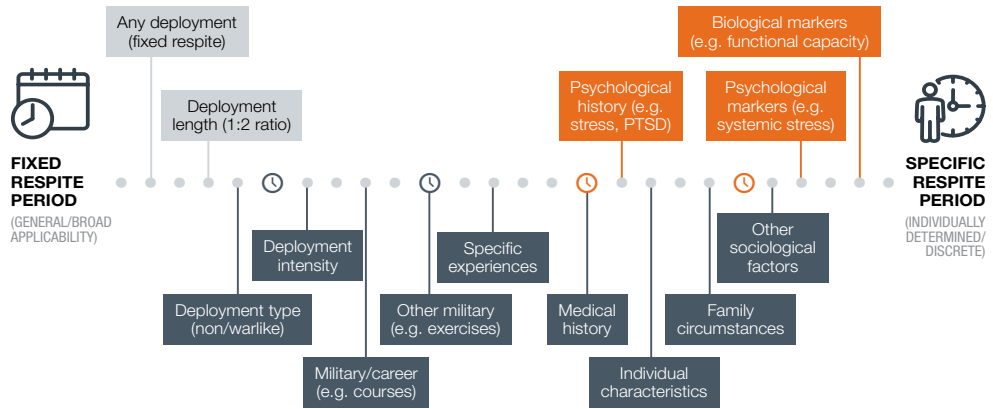


Figure 1: ADF respite policy options

To partially overcome the constraints inherent in a fixed-period respite policy, exceptions could be granted in individual cases. This might be achieved in one or more of the following ways:

- **Waiver process.** A waiver process could be incorporated into the respite policy. Used to reduce or increase a respite period under certain circumstances, the waiver could be applied to an individual either at their own request or at the request of their manager. The basis for a waiver would need to be defined in the policy, as would the conditions for its approval. Such conditions might include the conduct of an assessment by a psychologist, medical officer or other specialist concerning whether a person was yet ready to deploy again. An effective waiver process would require the designation of decision-makers, the development of administrative processes and the creation of an information management system. Therefore, it would have the potential to become resource intensive if waivers became common practice or policy settings were too rigid.
- **Specific exclusions.** Exclusions could be applied that effectively waive specific groups' requirements to undertake respite under the policy. Such an approach could risk undermining the purpose and intent of respite, which could lead to negative outcomes for groups subject to such exclusions. Further, the policy would need to avoid circumstances in which individuals had the discretion to choose to be excluded.
- **Screening.** The requirement for post-operational psychological and/or medical screening could be incorporated into the policy to ascertain ongoing support and early intervention requirements in individual cases.

A fixed-term policy that incorporates exceptions of the type outlined above could constitute the first 'step change' towards implementation of a relatively simple but improved ADF retention policy. The length of the fixed term could be determined with reference to the international practice of like militaries. For example, as outlined in the literature, many foreign militaries (and RAAF prior to the single ADF policy) use a policy that the respite period is set with reference to the length of the deployment itself—most commonly in a 1:2 deployment-to-respite ratio. This approach acknowledges that the length of a deployment may increase a person's risk exposure and may therefore require the opportunity for a longer period level of respite. In the case of short deployments, a policy of this type may have the effect of delivering a shorter period of respite than a less flexible fixed-period policy, but it could equally result in longer respite periods for longer deployments.

In addition to considering the length of the deployment and exceptions, a further 'step-change' to the ADF's retention policy would take into consideration the nature of the deployment. Specifically, the policy would be responsive to whether the deployment was warlike or non-warlike, and also to its level of intensity. In this case, consideration could be given to factors such as the intensity of conflict, risk exposure, fatalities/casualties, opportunity for rest, and a range of other conditions that could vary from one deployment to another. Should such an approach be pursued, measures would need to be implemented to enable the ADF to determine the likely impact of different deployments on the health of the contingent members, as a group, in order to determine the appropriate length of respite for each deployment and/or rotation.

Beyond these measures, further enhancements to the ADF's retention policy would begin to include a range of characteristics specific to the individual. A policy of this type is no longer simple in its nature, as it introduces a range of complexities and administrative overheads associated with assessing the respite needs of particular individuals. For example, while the ADF may know or suspect that an individual characteristic can lead to an increased risk of adverse health or wellbeing outcomes (and therefore a requirement for a longer respite period), it would be difficult to determine how much longer (or shorter) a respite period needs to be to reduce this risk. Characteristics relevant in the assessment could include posting cycles, promotion planning and individuals' requirements to attend training courses, all of which might operate to restrict a person's ability to undertake effective respite within the period assessed under the policy. Similarly, the individual's employment category could operate to either increase or reduce the opportunity for respite, depending on factors such as operational tempo and vacancy stress (workforce hollowness).

An extensive range of other individual characteristics could also affect the need for, and length of, respite. For example, attributes such as age and rank may play a role, as might marital status, family composition, spouse's occupation, age and needs of children (and other dependents), social networks, financial stability, and other factors shown in literature to affect the health and wellbeing of ADF members. The length of individual respite periods might also be informed by, for example, medical and psychological history (such as existing and previous physical and psychological injuries, including childhood trauma), and previous responses to trauma (medical and

psychological). Unfortunately, the extent to which elements of a person's medical and psychological history might necessitate more (or less) respite lacks quantifiable evidence. Medical and psychological information is also highly sensitive, which militates against the ADF's capacity to share data across the information systems necessary to make a determination about respite length.

The most individualised and discrete form of respite policy is represented to the right of the spectrum in Figure 1; it includes an assessment of a person's psychological and biological markers. Generation of data to support such assessments is currently beyond the capacity of the ADF. Therefore, this approach remains aspirational until more evidence about the relevance and efficacy of using psychological and biological markers becomes available. If and when they are identified, research findings concerning such factors should be considered by the ADF.

Unknowable Factors

Although a spectrum of respite policy options exists, three unknowable factors will affect any effort to determine the appropriate respite period to deliver, at either a generalised or an individual level. These three factors can be defined as 'unknown environmental changes', 'unknown individual changes', and 'unstable data'. The relevance of these unknown factors is not trivial. Specifically, the nature of a deployment is likely to change; the next deployment will be different from the last (e.g. warlike, non-warlike, high intensity, counterinsurgency, conventional); people will change during a deployment; and attributes and characteristics will change during respite (e.g. marriage, divorce, children, promotion, posting). Academic research will continue to enhance the organisation's understanding of the relative relevance of these factors.

Unknown Environmental Changes

Most of what is known about a deployment and its associated risk exposure is based on knowledge drawn from past operations. Future escalation or de-escalation, and the timing of these changes, will rarely be predictable. Furthermore, the nature of the next operation will also be unknown.

There are numerous contemporary examples that illustrate the likelihood of environmental changes affecting the nature of the deployment. For instance, the ADF's deployment in Timor-Leste from 1999 illustrates the difference in risk exposure between those members who deployed during the initial intervention and those who deployed in the later transition phases. These risks ranged from exposure to mass casualties, exhumation of bodies, recovery of cadavers from waterways and water wells, and likelihood and threat of armed conflict, through to the more benign risks associated with nation building. Deployments to Timor-Leste were followed by entirely different operations in Iraq, Afghanistan and Solomon Islands, and a range of humanitarian operations for which the risk exposures varied *during* and *between* the operations.

The variability in the nature of the deployments means that attempts to define individual respite periods for a person before they deploy, based on the expected risk exposure known prior to deployment, will be easily compromised when/if the risk exposure changes. While increasing a member's respite period based on the actual risk exposure experienced may be readily achieved in policy, decreasing a publicised respite period is likely to be resisted by members, their families and society more broadly.

Unknown Individual Changes

Unsurprisingly, individuals will change during a deployment regardless of their level of exposure to events or the arduous nature of their deployment. The passing of time alone, even in the absence of a deployment, will result in individuals' characteristics changing and evolving. Many such changes are unpredictable and some will be significant. They may be driven by, for example, events such as marriage, divorce, childbirth, promotion, posting and other similar occurrences. Regardless of their origin, such changes are relevant in determining risks to individual health and wellbeing.

The relevance of unknown individual changes is that a respite period for an individual that was considered adequate at a particular point in time may no longer be adequate after the changes occur. For example, the respite period necessary for a married soldier without children may change significantly if a child is born during the respite period, even if all other factors remain unchanged. The effect of the change may be exacerbated if that same soldier were to exhibit trauma due to having witnessed events involving children on operations. These changes cannot necessarily be predicted, so accounting for them in policy would be particularly complex.

Unstable Data

An individualised model for determining the length of a person's respite period (based on factors such as risk exposure, personal characteristics and various markers) depends on the existence of sophistication and stability in the relevant statistical variables and data. Conceptually, when the variables appropriate to a certain person are considered, an algorithmic model should be able to specify an appropriate respite period for that person. However, such an outcome requires that the variables are sufficiently nuanced to deliver incremental increases to a respite period and that the impact of these changes remains relatively stable.

Unfortunately, models rarely work with such stability. As additional data, research and other information becomes available, adjustments are inevitably required to the model's underlying assumptions. At the very least, analysis of large quantities of observational data would be necessary, supported by an organisational capacity to adjust the model in response to changing environmental and individual factors. This being the case, pursuit by the ADF of a discrete individualised model to determine respite periods is—for the time being at least—more aspirational than achievable.

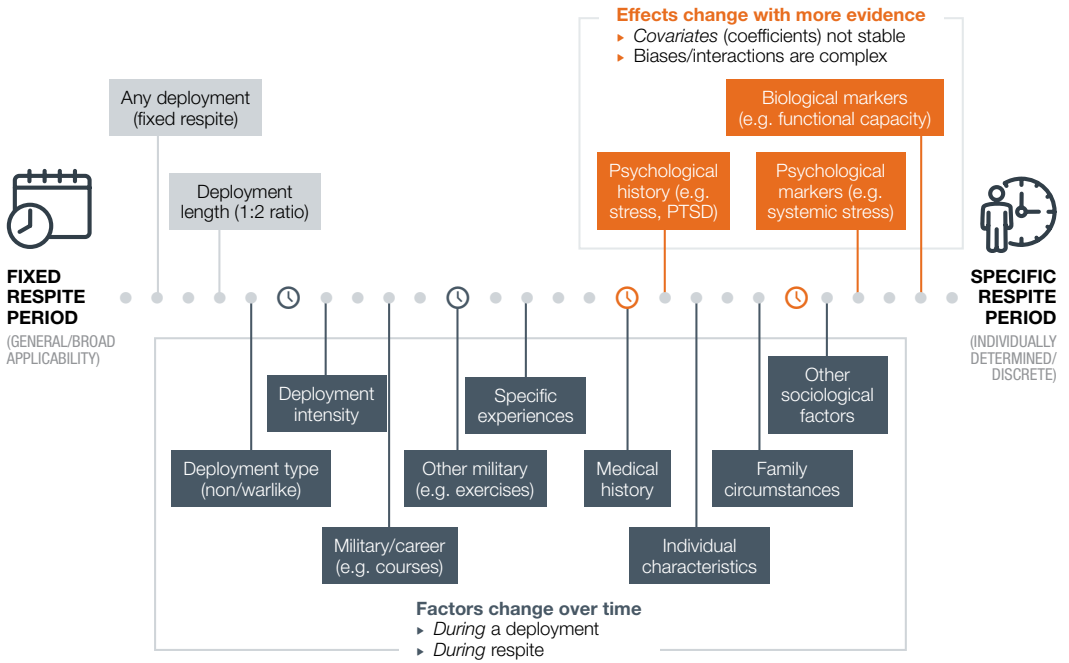
Combined Effect of Unknowable Factors

Figure 2 provides comments on the relevance of the following 'unknowable factors' to the spectrum of policy options previously discussed:

- The nature and risk factors associated with the next deployment are unknown.
- The possibility of risk factors for an existing deployment changing *during* the deployment is unknown.
- The changes undergone by an individual *during* a deployment or *during* their respite period, and the subsequent impact of these changes on risk factors, are unknown.
- The effects of certain characteristics (variables) on the length of respite necessary is likely to be unstable as more data and research becomes available.

Spectrum of respite policy options

Factors affecting respite duration include:



Everything we know about length of respite periods is based on the past

- Nature of the next operation is unknown
- Need for respite after the next operation is unknown
- Risk profiles are unknown

We are trying to determine ideal respite periods for a person(s)

- Before we know what they'll need 'respite' from
- Before we know their risk exposure

Figure 2: Confounding attributes in developing respite policy

Policy Options – Respite Activities

What Activities Should Occur?

Current ADF policy directs some mandatory activities that are to occur when an individual returns from an operational deployment. These activities include psychological and medical screening. However, while directing these activities assists the ADF to achieve its duty of care to its members, and also aids in the early identification of potential health issues, these interventions are not sufficient of themselves. An individual who participates in these two screening activities has not necessarily achieved respite; nor are these screening procedures ordinarily integrated as a package of respite activities.

In addition to screening, there are a range of activities available to increase the likelihood that a person will achieve respite following deployment.

Table 3 is a suggested list of activities derived from a combination of existing (sometimes informal or non-compulsory) post-deployment information and processes enhanced by the author's observations based on the relevant literature.³⁰ The activities outlined provide a basis from which Defence could generate a structured package of respite activities to be undertaken by all individuals returning from an operation. To be successful, any such program would need the support of the member's chain of command. Accordingly, the individual's commanding officer should be responsible for monitoring the member's progress through these activities and ensuring that respite is prioritised over other unit tasking.

Table 3: Suggested activities to be undertaken during a respite period

Activity	Outcome
Cognitive fitness training: Return to Australia Psychological Screen Post Operational Psychological Screen Mental Health and Wellbeing Questionnaire Psychological referral Ongoing treatment Provision of support options (e.g. Open Arms)	Screen and take further action to maintain or restore mental health and improve mental fitness
Medical Post-deployment health screen (PM589/PM607) Medical referral Medical treatment	Screen and take further action to maintain or restore physical health
Workplace Establish a healthy post-deployment work routine Re-establish workplace relationships/friendships Undertake command (chain of command) interviews Attend command (chain of command) interviews Schedule exercises, courses and unit plan	Re-integrate into the barracks/ship non-deployed work environment
Government administration Submission of DVA claims Arising from operation Pre-existing (prior to deployment)	Undertake long-term resolution of health claims
Military administration Posting orders Performance appraisals Career/trade course attendance Promotion course attendance Removals Storage	Ensure military-related administration and career management are undertaken

Activity	Outcome
Personal and family administration Home maintenance and repair Finances and investment Reconnect with child education/schooling Attend teacher interviews, school assemblies Reconnect with children's sporting/hobby activities Attend sporting events Undertake relationship counselling where appropriate	Ensure personal and family-related administration is undertaken
Social Re-establish family connections Re-establish social connections Rejoin sporting and hobby clubs Re-establish workplace relationships	Re-establish mechanisms that assist with positive wellbeing, and maintain and further develop interactional competence and sense of connectedness

What Activities Should Not Occur?

Effective respite can easily be compromised when individuals are required to participate in activities that prevent them from pursuing respite objectives. Such activities may include prolonged participation in exercises, attendance at lengthy courses, or other career or capability related tasking. The difficulty for the ADF is to reconcile the competing requirements of capability and career objectives against respite and wellbeing requirements. In some instances, a moratorium on certain unit-directed activities may be necessary during a respite period in order to reduce the likelihood of adverse health, wellbeing and retention outcomes.

As it stands, ADF policy does not consistently prioritise respite over other service considerations. Specifically, it provides for exceptions and exclusions from respite policy for individuals based on overriding considerations such as high operational tempo, skill shortages, and multiple successive operational requirements. While understandable, this situation risks negative health and wellbeing outcomes for individuals affected and may thereby compromise ADF capability in the medium to longer term.

Organisational Overheads

Resource Implications

Although there exist a wide range of respite policy options on the spectrum discussed above, a level of pragmatism is necessary. Complex, individualised and comprehensive policies that deviate from a 'principles based' approach towards more individualised responses attract greater implementation, administration and management overheads. While these overheads are not insurmountable, they require the ADF to accept, and plan for, the resulting liability.

Fundamentally, as the range of relevant decision-making factors increases, the number of experts required to inform those decisions also increases. Even relatively simple assessments concerning the warfighting intensity of an operation would require the designation of a decision-maker with suitable authority and a certifiable/auditable process through which to record and apply such decisions with sufficient consistency for subsequent operations. Inclusion of factors such as career implications, family circumstances, medical history and psychological history, among others, may require further expert and professional assessments from across the Defence organisation. An increase in psychological and medical assessments would require commensurate increase in doctors, psychologists, nurses and facilities. All of these requirements would demand dedicated information technology and decision-support solutions to manage the workflow, store documentation, record decisions, and process waivers. In turn, this approach would likely compel an interface with health and career management systems along with other government agencies such as the Department of Veterans' Affairs (DVA). Finally, appeals and waiver processes would add cumbersome

complexity to the process of determining the length of a respite period for an individual. In summary, a completely individualised option would require consideration of each factor for every individual returning from a deployment, which will come with a commensurate and complex administrative overhead.

The simple fixed-term respite policy is the simplest option to implement, administer and manage. Supplemented by a system of waivers and exclusions, and with a respite period determined by a ratio (i.e., D2D), such a policy offers the opportunity to achieve an ADF-wide approach to respite which would likely meet the ADF's duty-of-care requirements to its members. The policy authority could be centralised and informed by appropriate subject matter experts with oversight of operational and non-operational deployments. Finally, successful completion of respite could be a component of individual readiness, ensuring that respite is not a standalone outcome but part of a broader force-preparedness requirement.

Force Structure Considerations

All options, simple or complex, are contingent on sufficient redundancy in the ADF force structure to provide for a significant proportion of members to be on respite, and therefore unable to deploy. It is possible that circumstances of high operational tempo could require suspension of a respite policy or changes (increases) in the force structure. However, short of total war or the deployment of multiple brigade-sized battle groups (or Navy and Air Force equivalents), an effective respite policy depends on force structure planners acknowledging that a proportion of the ADF will be on respite at any particular time.

Unlike the Navy, the Army and the Air Force do not currently factor respite policy into their force structure planning. Army, for example, does not include a personnel margin to allow for personnel being on respite and unable to deploy, or to prepare to deploy, for a period of time. Much of the legacy structure of Army still reflects the concept of an 'Army of threes' developed through Plan Beersheba between 2011 and 2020; that is, there are triplicates of many types of unit such that one will be in a reset phase, one readying for deployment and one ready or deployed. This plan presupposed that, should it be necessary, respite would occur during the reset phase. However, the reset phase was traditionally oriented towards the achievement of individual readiness as it relates to courses and training,

not the health and wellbeing of individuals. Given that some reset activities required members to be away from their home location, it was not always suited to the achievement of respite outcomes.

Plan Beersheba formally ceased in 2020, and respite has not been factored into its replacement force generation plan.³¹ Therefore, there remains no Army plan for members to be on respite for significant periods of time outside of the existing force generation cycle. In simple terms, the force structure of the Australian Army cannot currently sustain large numbers to be on respite without a detrimental impact on force preparedness.

In principle, if Army were to position itself to guarantee respite opportunities as part of the force generation cycle for a sustained deployment of a brigade-sized task force, then an 'Army of fours' would be the minimum requirement. Numerically, this would require around an additional 8,000 members spread across a range of capabilities. However, the ADF has rarely deployed a task force of this size and therefore a full-time personnel margin of this magnitude is unlikely to be achievable. Given the resource implications, it would therefore be difficult to mount the argument to government that such a requirement is strictly necessary for the provision of directed capability outcomes. Nevertheless, other options exist. These include a smaller full-time personnel margin, or greater and more formal use of other service categories (e.g. the Army Reserve). Even a small personnel margin of a just a few hundred in the full-time Army would enable an enduring deployment capacity *and* provide formal and planned respite for a battalion-sized task force. As a further benefit, force structure models involving the Army Reserve may also serve to provide leave opportunities for other full-time members engaged in small-scale force rotations.

Currently, Army is reluctant to include a personnel margin to cover routine business-as-usual absences due to courses, recreation leave, long service leave, parental leave, injury or another absence from the workplace. Force structure planning that provides a margin for respite would therefore require a substantial change in organisational thinking. It would need to involve a deliberate and planned approach by force structure designers to increase the establishment or, alternatively, mobilise the Reserves several years ahead of a likely deployment time frame. Army has historically been reluctant to exercise such options. Considerations of force preparation have routinely taken precedence over factors relevant to personnel health and welfare, and there appears to be little appetite within Army to change.

Way Forward

While the ADF has recently established an ADF-wide respite policy, the eligibility provisions, and the respite periods specified, are not well supported in medical evidence or psychology. There is no accepted benchmark from which to determine how long a person might need to rest, recover and become ready to redeploy. While the benefit of the ADF policy lies in its simplicity, it arguably pays insufficient attention to factors such as the type, nature, risk or exposure attributes that apply outside of situations of warlike deployment. As it stands, the ADF risks providing too much respite in some instances and not enough in others. While achieving a more nuanced approach entails administrative, management, operational and resource challenges, there is an opportunity—and arguably an obligation—to review and revise the ADF’s new respite policy.

Further research and a renewed focus on the purpose of respite offer a basis from which to commence such efforts. A starting point would be to engage subject matter experts from JHC, DSTG, academia, and inter-agency partners that deploy personnel (such as the Department of Foreign Affairs and Trade, the Department of Home Affairs and the Australian Federal Police). Whatever the collaboration arrangements, the focus needs to be oriented towards investigating an optimum respite period whereby a person is considered to have reached an appropriate balance of rest and improvement in wellbeing, and to have met a deployable threshold.

The range of factors that such research might consider are potentially extensive. They include (but are not limited to) the length of previous deployments; experiences on the last deployment; cumulative impact of experiences on all previous deployments; personal characteristics and/or resilience; family circumstances (e.g. marital status, family composition,

ages of children, stability, location); impact of financial pressures; career implications; training; and professional requirements, among many others. Detailed research could also anticipate the respite requirements of likely types and nature of future operations and deployments, along with consideration of factors that could conspire to compromise or disrupt successful respite. Other relevant enquiry could include whether it is possible to define respite in ways *other* than a period of time, such as the achievement of a psychological condition or a set of observed characteristics.

In the meantime, efforts should be made to better coordinate implementation of the ADF's current respite policy. Measures could include advice to individuals concerning their eligibility for respite prior to deployment. Such a strategy would provide personnel with knowledge about their likely post-deployment conditions of service, which may incentivise them to volunteer for further deployment opportunities, as well as allowing selection or negotiation of the deployment windows most suited to individual circumstances. A concomitant outcome could be improvement of service retention (through avoidance of the risk of subsequent deployment). Further, such an approach could reinforce positive interactions with other policy initiatives (such as posting location stability). While there may be circumstances in which service needs, operational tempo and the provision of capability may necessitate a reduction in respite periods for some people, such circumstances should be avoided wherever possible.

Key Points

The following key points can be derived from the analysis in this paper.

- Respite periods should not just be periods of time after a deployment; they should encompass a range of activities and outcomes that contribute to a reduction in the likelihood that a person will experience adverse health or wellbeing outcomes.
- By the end of a respite period, an ADF member should either:
 - be at the level of individual readiness necessary to contribute effectively to the provision of Defence capability and able to deploy, or prepare to deploy, on subsequent operations, or
 - have identified all the requirements necessary for them to achieve in order to return to the necessary level of individual readiness, or

- have commenced a managed pathway to transition from Defence where necessary/appropriate.
- Defence may choose to develop a package of respite activities to be undertaken by all individuals returning from an operation, to increase the likelihood that respite outcomes are actually achieved by ADF members.
- Approaches of foreign militaries towards respite periods vary significantly. There is little consistency between militaries, or even between their composite services. This was also the case in the ADF prior to September 2021, when a single ADF policy was published to replace the inconsistent policies of Navy, Army and Air Force.
- There is significant evidence that respite periods reduce the likelihood of negative health and wellbeing outcomes for ADF members that can arise from a deployment; however, the literature does not generally provide insight into how long a respite period should be.
- There is evidence that deployments, increasing deployment lengths, and multiple deployments are associated with negative child wellbeing. Impacts can be mitigated through increased time at home between deployments.
- There is a distinct lack of discussion in the policies of foreign militaries and in literature concerning the evidence for a particular length of respite. Little insight is provided into what a respite period should comprise and there is no evidence of a best-practice solution.
- Respite (dwell) policies appear to be a characteristic of all-volunteer militaries. No examples were found of respite provisions in conscription militaries or in countries with a mixed volunteer/conscription model.
- Respite periods may serve the dual purpose of recovering from a previous operation while preparing for the next. This dual purpose contrasts force preservation objectives with force preparation objectives. The ADF needs to deliberately resolve the purpose of respite.
- Policy options for defining the length of respite periods vary from a generalised approach to an individualised approach. These options have implications for the administration and resources necessary for ongoing management commensurate with the complexity of the policy.
- No distinction is made between a 'deployment' and an 'operational deployment' as the terms are used interchangeably; however, policymakers may choose to distinguish between the two for the purpose of policy administration.

Recommendations

The discussion and findings in this paper give rise to the following recommendations for consideration by the ADF:

- The extant ADF policy should be broadened to include the application of respite periods to all types of deployment, rather than being constrained narrowly to warlike operations.
- The ADF should formalise the use of available tools and information resources during an individual's respite period. Defence maintains several tools and information resources that can assist members returning from a deployment with management of stress. These include the JHC *Homecoming Guide*, Defence Member and Family Support brochures and programs (<https://defence.gov.au/members-families>), and the High Res application (www.openarms.gov.au/resources). However, use of these resources is optional, self-driven and rarely a component of a structured approach to respite.
- The ADF should resolve and formalise its purpose for respite periods to distinguish between force preservation and force preparation objectives. Force preservation requires that respite is oriented toward individual wellbeing, with emphasis placed on rest and recuperation, including the prevention of chronic medical or psychological conditions. In subtle contrast, force preparation requires that respite periods are oriented toward preparing individuals for provision of capability and potential redeployment; accordingly, although it encompasses a component of individual rest, this approach emphasises preparedness.
- The ADF should embed consideration of respite periods into the force generation cycle. This may include the development of force structures and unit establishments that provide a personnel margin for the purpose of providing respite.
- Further research should be undertaken to ascertain the length of respite period necessary to achieve the desired outcomes of a respite period. Research could be conducted by JHC, DSTG or academia, and may involve collaboration with other agencies that deploy individuals, including the Department of Foreign Affairs and Trade, the Department of Home Affairs and the Australian Federal Police.

Conclusion

There is considerable evidence that respite periods reduce the likelihood of negative deployment-related health and wellbeing outcomes for military members. The ADF's respite policy, while an improvement on previous single-service approaches, has weaknesses. Significantly, the question 'What should be the respite period between deployments' is largely unresolved. Unfortunately, the extant policies of foreign militaries and associated literature do not provide clear guidance on the optimal length of a respite period that will minimise the risk of adverse health and wellbeing outcomes while optimising positive results. As yet, a defined best-practice methodology is frustratingly unavailable, let alone able to be adopted.

There is nevertheless a spectrum of academic and applied approaches to determining the length of respite. These range from a generalised approach that applies a sufficiently adequate respite period that will be applicable and appropriate to most members most of the time, to discrete individualised approaches that consider a person's numerous characteristics to define a very specific length of a respite period applicable only to that person at that time. While all of the options are generally worth considering, the additional complexity, policy support and resources required to provide personalised solutions for an individual's respite requirements may render these options unattainable for the ADF, at least in the short or medium term. The extant policy, with modest variation, is more likely to be achievable.

Ultimately, respite periods should not just be limited to a period of time following a deployment; they should also encompass a range of activities and outcomes that contribute to a reduction in the likelihood that a person will experience adverse health or wellbeing outcomes into the future. In determining the characteristics of these desirable outcomes, the ADF will need to resolve the purpose of respite. While respite periods may be used to rest and recuperate from a previous deployment, and to support preparation for subsequent deployments, they also have a role in preventing the onset of chronic conditions. These multiple objectives—recovery, preparation and prevention—influence the types of activities that need to be undertaken during a respite period. While challenging for an organisation such as the ADF to achieve, the benefits of successful respite—while hard to define—are nevertheless undeniable.

Acknowledgements and Contributions

This paper was developed with the assistance of numerous subject matter experts across the three services, Joint Health Command and DSTG. The following are acknowledged for their guidance and assistance in the development of this paper:

DSTG:

- i). Dr Katerina Agostino, Chief Aerospace Division
- ii). Dr Eugene Aidman, Principal Scientist (Applied Cognition) Land Division
- iii). Dr Nicholas Beagley, Research Leader Human Performance, Land Division
- iv). Dr Samuel Huf, Group Leader Human Systems and Information Integration, Maritime Division
- v). Dr David Crone, Group Leader Cognition and Behaviour, Land Division
- vi). Dr Justin Fidock, Group Leader Human Domain Analytics, Intelligence Surveillance and Space Division
- vii). Mr Warren Roberts, Deputy Chair, DSTG Low Risk Ethics Panel
- viii). Mr Robert Bolia, Research Leader Aerospace Decision Effectiveness, Aerospace Division

Joint Health Command:

- ix). Colonel Neanne Bennett
- x). Mr Geoff Gallas

Navy People Branch

Army People Capability Branch

Air Force Personnel Branch

Defence Member and Family Support.

About the Author

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Annex A: Professional Opinions on Respite—Submissions from Defence

Defence Science and Technology Group

The key challenge in examining the issue of respite duration (and activities to fill it with) is to combine the medical, ‘duty of care’ requirements (e.g., avoiding accumulation of chronic stress/fatigue/under-recovery) with the performance-driven requirements to restore functional capacity and be fit for duty/mission/task. Combining these two distinct perspectives—medical (mental health, in particular) and performance—there is a real opportunity for the new policy that has not been exploited before. Specifically, the opportunity exists to create a joint model that opens up options beyond ‘one size fits all’ to a more tailored approach that treats individual differences as a norm rather than [an] exception. This tailored approach does not have to jeopardise the organisational capability objectives; it just calls for more nuanced ‘fitment’ of individuals to collective capabilities. In order to be feasible the approach needs to be proactive.

There exists enough evidence to rationally engineer preventative work-life systems using endurance and resilience modelling and then use individual response patterns to monitor and inform evolution of augmented respite strategies (i.e. based on prior evidence, not just data driven). For example, the Human Factors literature has documented operators’ capacity to adjust their performance to task demands. Combined with the fact that most work tasks require moderate (rather than extreme) effort and psychophysiological resources by the operator, this leads to a relatively wide range of individual readiness that can be deemed sufficient for performing those tasks. Individuals can be deemed ready for the next deployment,

with a qualifier of where exactly they sit along that range (and with attendant recommendations on any required mitigation).

An important enabler is an agreed set of recovery/readiness criteria and methods of measuring them. These criteria can range from a simple 'Am I ready?' survey to individual baseline-referenced biometrics such as resting heart rate (HR) or heart rate variability (HRV), salivary cortisol or startle habituation, all of which reflect the level of systemic stress and functional capacity. These objective measures would be instrumental to defining fitness-for-duty/occupational readiness and will help to capture fatigue (both acute and chronic), endurance and requirements for respite. When calibrated and baseline-referenced, these measures would enable 'condition-based' decisions—as distinct from 'time-based'—and as such would lead to genuinely tailored approaches to determining the length of respite (much like 'personalised medicine'). This is where research can produce sizable pay-offs, with a range of promising technologies that would enable objective assessment of readiness and tracking of its dynamics.

Combining the medical and performance perspectives is a challenge that science has begun to address, with the nested concepts of mental and cognitive fitness beginning to connect the clinical world of dysfunction and treatment to the performance world of (typically) healthy individuals pushing their limits. Covering several occupational groups—from competitive sport and performing arts to first responder and military professions—these concepts share a common focus on striving for superior performance under pressure. The factors contributing to such performance go beyond mere 'wellness' (i.e., the absence of pathology) and include, apart from knowledge and skills, a range of 'capacity' factors, such as strength, endurance and flexibility, that are best summarized by the concept of 'fitness'.

The concept of mental fitness (MF) has emerged in the mental health and positive psychology literature to promote a positive and proactive notion of mental health. The MF literature is focused on protective factors, such as cognitive flexibility, implicated both in the prevention of mental illness and in the promotion of flourishing. As aerobic fitness and muscular strength are both a requirement [for] performing strenuous tasks and a protection against cardio-vascular and bone breakage risks, respectively, so are primary cognitive capacities, such as attention and impulse control, driving both real-time cognitive performance under pressure and the resilience that enables career longevity and life-long thriving.

Similar to physical conditioning, cognitive fitness can be improved with deliberate practice and systematic training protocols are being developed. In addition to integrating the clinical/medical and performance perspectives, the mental/cognitive fitness approach offers an important advantage of reducing the 'mental health' stigma, which is known to undermine help-seeking and treatment compliance. So, renaming 'mental health maintenance' [as] 'mental/cognitive fitness training' would go a long way towards making it more attractive to the majority of serving personnel. 'Ethical fitness' can potentially be added under the same frame, to address the 'moral compass' issues, and to examine the relative weights of contributing factors, such as degraded impulse control vs. degraded moral standards, to inform both the assessment of moral/ethical fitness and the interventions to improve it. Risk factors contributing to 'normalisation of deviance' in groups have to be considered here, including the role of governance and other organisational factors in mitigating or (inadvertently) reinforcing these risks.

Finally, there may be merit in considering an alternative phrasing for the Policy name. The semantics of the term 'respite' is rather weighted. 'Recovery' may be a more attractive alternative, promoting something that is relevant to all, and potentially improving the uptake of associated interventions. Taking it one step further: recovery means 'back to where you were before'. An even more attractive message could reference an upward spiral of over-recovery and further development: the system could be designed for growth. This is one of [the] design principle[s] present in most high performance macro-cycles: exhaustion – adaptation – recovery – growth. With that in mind 'Reset' could be a viable alternative to 'respite' in the name of the policy as it allows re-setting for higher functional levels (in addition to 'returning to previous').

Navy People Branch

The Royal Australian Navy recognises the importance of a sustainable workforce and factors respite into the management of its people as a deliberate component that helps to alleviate the effects of fatigue and stress often borne by members returning from lengthy deployments or extended sea service. A respite period enables personnel to transition from the demands placed upon them during an operational or seagoing role

and achieve an optimal work/life balance. For Navy, respite is a term that describes a period during which a returning member is able to proceed on uninterrupted recreational leave, has an opportunity to reconnect with friends and family, builds relationships and adapts to a more standardised work routine associated with their shore employment. Navy considers respite to be a vital component of rejuvenating the workforce and preserving the resilience of Navy people.

Army People Capability Branch

The Australian Army experience recognises that there are different respite requirements (and respite is achieved at different rates) depending on individual experiences, roles and levels of resilience. For example, returning a staff officer to a headquarters (HQ) environment after an intense period of operational planning on a coalition force HQ will have different respite requirements than those for a combat soldier returning to their parent battalion.

Regardless of the nature of the experience of deployment, effective respite encompasses more than formal leave arrangements. It is the combination of various activities and management processes that allow for Army members to disengage from the demands of an intense period of service. In some instances, it may be as simple as time to participate in recreational activities, re-connect and build relationships, and quality time with family. However, in order for a period of respite to be successful, active management of individuals returning from deployment is essential.

Although respite periods that incorporate an initial leave period away from the workplace enable the achievement of some components of respite, the period after a person returns to the workplace is particularly crucial to success. Returning to business-as-usual activities immediately after returning to the workplace often manifests as a perception that 'respite' is over and can potentially place the member back into a state of stress or increase the likelihood of adverse health outcomes. To reduce this likelihood, the process of returning to normal work routine after a deployment and period of leave requires a specific return-to-work program. These programs have several potential benefits: they reduce the stress and uncertainty for an individual, and they assist in the management of an individual's expectations and those of their chain of command.

Success of a return-to-work program also relies on a diverse range of programs that provide an opportunity to return to a greater level of homeostasis. The focus of any program can be professional and/or personal, and managed through graduated and agreed intrinsic (motivated within the individual) and extrinsic (motivated or mandated by the ADF) stimulus. Programs should always include an opportunity to access all respite mechanisms available including programmed access to counselling, personal development opportunities outside of promotion courses, team building and resilience activities such as adventurous training, social activities and targeted training. A combination of these activities assists to provide a balance in respite activities in addition to the recommencement of business-as-usual and therefore improves the likelihood of successful achievement of respite outcomes.

Air Force Personnel Branch

Air Force recognises a significantly improved understanding of respite as a protective factor in the support of personnel. Respite, and fatigue management, is an important consideration in the generation and recuperation of its aviators. This has been in addition to improved mounting and demounting activities as well as the enhancement of psychological, family and deployed support. This continued progression should complement a mature respite policy that is sufficiently tailorable to consider the duration and nature of the deployment as well as any cumulative factors from successive deployments.

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