



The Royal Commission into Defence and Veteran Suicide

A Dementia Australia submission

October 13, 2023

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Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia. Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education, and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning. Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease. Dementia is one of the largest health and social challenges facing Australia and the world. In 2023, it is estimated there are more than 400,000 people living with all forms of dementia in Australia. This number will continue to grow to more than 800,000 by 2058. In 2023, it is estimated there are more than 28,650 people with younger onset dementia, and this is expected to increase to more than 42,400 people by 2058. This can include people in their 30s, 40s and 50s. ⁱ

In February, the Australian Institute of Health and Welfare released data showing dementia is now the leading cause of disease burden among Australians aged 65 and over. Dementia is the second leading cause of death for Australians and the leading cause of death of women. ⁱⁱ

Introduction

Over the last two decades, there has been an increasing awareness of the unique experiences and challenges faced by military personnel and the significant consequences that can result from those challenges during and after military service. Global research efforts reflect these concerns with researchers focussing on issues in relation to mental health, post-traumatic stress disorder (PTSD) and the risk of suicide among serving and former veterans. In Australia, ex-serving males and females had a higher rate of suicide than the general Australian male and female population, respectively.ⁱⁱⁱ

As the peak advocacy organisation for people living with dementia, their families and carers in Australia, we believe it is important to draw attention to the associations between military service and the increased risk of developing dementia, the nexus between risk factors for dementia and mental health issues in the veteran community, and relationship between these factors and the risk of suicide. Our submission therefore outlines the key research findings and concerns in relation to each of these issues.

Risk factors for dementia

There are a range of factors that are associated with an increased risk of developing dementia. Some risk factors are non-modifiable (age and genetic predisposition), but many are modifiable and related to lifestyle and other variables.^{iv} Some modifiable risk factors are specifically relevant to and prevalent in the veteran community including traumatic brain injury (TBI), depression, social isolation and excessive alcohol intake. Many of the risk factors associated with dementia are the same mental, physical and psychosocial health issues found in the veteran population and these in turn can be associated with and compound the risk of suicidal ideation and suicide risk.

Traumatic brain injury, blast trauma and dementia

Traumatic brain injury (TBI) results from a blow to the head and its severity can range along a continuum from mild (a brief change in mental status or consciousness) to severe (extended loss of consciousness, prolonged amnesia or death). Repeated head injuries can take the form of smaller head knocks without symptoms (sub concussion) or concussion. Increased exposure to repeated brain injury increases the risk and prevalence for a range of neurological impairments and neurodegenerative diseases in later life including Chronic Traumatic Encephalopathy (CTE), and CTE-related and other forms of dementia.^v

There have been a number of studies focussing on the presence of TBI secondary to blast trauma in the veteran community, and the links with an increased risk of developing dementia.

One study looking at the older veteran population noted that older veterans who had sustained TBI had a 60 per cent increase in the risk of developing dementia over 9 years. The authors suggested that not only were older veterans with TBI more predisposed to developing dementia but that their study had implications for the potential long-term consequences of TBI in younger veterans and civilians.^{vi}

Depression and dementia in the veteran population

The psychological and physical toll of military service can expose veterans to an increased risk of developing depression and dementia. Depression is a known risk factor for dementia and has been found in higher rates in Australian veterans who are clients of the Department of Veterans Affairs.^{vii}

Depression is a common comorbidity in veterans living with dementia and studies have found that the presence of depression can worsen cognitive symptoms and reduce the quality of life.^{viii}

Social Isolation and dementia

Social isolation is a known risk factor for cognitive decline and dementia in older adults and can exacerbate the symptoms and experience of living with the condition.^{ix} Veterans, particularly those who experience deployment-related trauma, may struggle with reintegration into civilian life, in addition to other physical and mental health issues, leading to self- or societally imposed social isolation. The combined effects of military service and cognitive decline or dementia can have a compounding effect on the increased risk of social isolation.

Post Traumatic Stress Disorder (PTSD) and dementia

PTSD is a mental health condition triggered by experiencing or witnessing a terrifying event. Studies have shown that due to the nature of their duties, military personnel are at a higher risk of developing PTSD.^x PTSD has been consistently linked to suicidal ideation, suicide attempts, and completed suicides among veterans.^{xi} The traumatic memories, hyperarousal, and feelings of hopelessness associated with PTSD can contribute to suicidal thoughts and behaviours.

Recent studies have also shown that PTSD is related to an increased risk of dementia. The latter association was found in war veterans and war-refugees, and those who experienced non-combat related traumatic experiences relation.^{xii} It is not clear how PTSD might lead to dementia but researchers think it could be a variety of factors including the chronic stress associated with PTSD 'wearing down the brain', making it more vulnerable to cognitive decline and dementia. Studies found that other risk factors for dementia including **depression**, social isolation or **excessive alcohol consumption** were also often associated with people experiencing PTSD.^{xiii}

A recent study looking at veterans with PTSD *and* a history of mild TBI found that this cohort had more severe symptoms of PTSD, and that this may be indicative of some additional suicide risk. These claims were based on research showing that PTSD-symptom severity is directly associated with suicide risk.^{xiv}

Substance abuse, dementia and suicide risk

Excessive alcohol intake is a known risk factor for dementia. Substance abuse disorders in global veteran populations have been studied closely and have been found to be associated with medical problems, other psychiatric disorders (depression and anxiety), interpersonal and vocational impairment, and increased rates of suicidal ideation and suicide attempts.^{xv} One study of military personnel found that approximately 30% of completed suicides were preceded by alcohol or drug use, and an estimated 20 per cent of high-risk behaviour deaths were attributed to alcohol or drug overdose.^{xvi}

Suicide risk among veterans with dementia

Studies specifically addressing suicide risk among veterans living with dementia are limited, but as the research outlined above indicates, there is congruity between the known risk factors for dementia and the mental, physical and psychosocial issues experienced by individuals involved in military service. A diagnosis of dementia can contribute to feelings of hopelessness, depression, and agitation, which could increase suicide risk, particularly immediately post diagnosis and in the early stages of the condition.^{xvii} The presence of comorbid conditions like depression and PTSD can further heighten the risk of suicidal thoughts and behaviours.^{xviii} Veterans may have unique stressors related to their military experiences, which, when combined with the challenges of dementia, could exacerbate suicidal ideation.^{xix}

In one of the few studies that specifically looked at the veteran population in relation to dementia and suicide risk, researchers found that the risk of suicide attempt was consistently highest for patients with a recent mild cognitive impairment (MCI) or dementia diagnosis.^{xx}

Diagnostic and post-diagnostic services and supports

Given the nexus between military service and the risk factors for dementia and suicide, Dementia Australia strongly advocates for improved awareness and understanding of dementia and the associated mental and psychosocial health issues in the veteran population. Access to dementia training and awareness for all individuals, service providers and organisations involved in the clinical and psychosocial support of veterans, and their family members and carers, is critical to the improved support and care for this community and minimisation of suicide risk.

Health care professionals, from GPs and registered nurses to allied health professionals, geriatricians and other specialists, play a vital role in this context. Recent studies suggest that early involvement of supportive services at the time of or soon after diagnoses of MCI or dementia may help mitigate risk of suicide attempts in the veteran population.^{xxi} Being alert to the predictors of suicide and means of completion in veterans living with dementia can contribute to reducing the risk of suicide among the population of individuals with dementia.^{xxii}

Dementia Australia supports appropriate and ongoing education for health professionals in relation to the specific issues and challenges facing veterans living with dementia to ensure they are referred to appropriate services and supports in a timely manner accordingly.

Efforts must also be focussed on ensuring that veterans and their family members know where and how to seek help in relation to concerns about memory changes and cognitive decline.

Dementia Australia believes it is important to acknowledge that many veterans experiencing cognitive decline, dementia and other mental and psychosocial issues, are often though not exclusively, younger. These individuals will potentially have different needs compared with their older counterparts. Given the complex, long term physical and psychosocial issues these younger individuals are likely to experience, Dementia Australia supports the provision of tailored services and supports that appropriately reflect and meet their needs.

Conclusion

Dementia Australia is grateful for the opportunity to make a submission to The Royal Commission into Defence and Veteran Suicide. We thank you for considering our submission and we would welcome further opportunities to discuss the issues we have raised.

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