



Australian Government

Department of Defence

AUSTRALIAN DEFENCE

Human Research Ethics Committee

Annual Report 2014

INTRODUCTION

1. The Australian Defence Human Research Ethics Committee (ADHREC) was established in 1989 and is registered with the National Health and Medical Research Council (NHMRC) and constituted in accordance with the *National Statement on Ethical Conduct in Human Research*.
2. In accordance with the National Statement and Defence Instruction (General) Administrative 24-3 *Conduct of human research in Defence*, the ADHREC reports annually to the Chief of the Defence Force on research during the previous year involving humans.
3. The Committee met eight times during the reporting period and considered proposed human research projects undertaken on Defence personnel, by Defence personnel, or on Defence property. A total of 35 new protocols were reviewed. This is a decrease on the number of new application reviewed in previous years, however; this can be attributed to the establishment of low risk review pathways within Joint Health Command.
4. This 23rd Annual Report provides a summary of ADHREC's activities from 1 January 2014 to 31 December 2014.

MEMBERSHIP

5. The composition of the committee is in accordance with National Statement 5.1.30, as follows:
 - a. a chairperson, with suitable experience
 - b. at least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work
 - c. at least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional
 - d. at least one person who performs a pastoral care role in a community
 - e. at least on lawyer, where possible one who is not engaged to advise the institution
 - f. at least two people with current research experience that is relevant to research proposals to be considered at the meetings that they attend.
6. In addition, ADHREC includes two Defence health graduates as members, in accordance with Health Manual Volume 23 *Human Research in Defence - Instructions for Researchers*.
7. No new appointments were made to the committee during 2014, however; the following people resigned from the committee:
 - Ms Ruth Townsend (February)
 - Mr Andrew Arnold (March)
 - Dr Susan Hawes (July).

8. Additionally, MAJGEN Jeffrey Rosenfeld advised that he would not be seeking reappointment as Chair at the expiration of his current tenure (January 2015) due to competing demands.

9. Committee membership for the reporting period is provided below.

Australian Defence Human Research Ethics Committee members	
Position	Name
Chair	MAJGEN Jeffrey Rosenfeld AM, OBE
A laywoman not associated with Defence	Ms Kaye Hogan AM, PSM Ms Rosa Gagliardi
A layman not associated with Defence	Mr Lindsay Roe Mr Mike Baker
A member with knowledge of , and current experience in, the professional care, counseling or treatment of people	Dr Jodi Bailey Ms Dorota Thorp
A minister of religion	SCHAP Catie Inches-Ogden Mr Robert (Doug) Hutchinson
A lawyer	Dr Wendy Bonython Ms Ruth Townsend (resigned February 2014)
A member with knowledge of , and current experience in, the areas of research that are regularly considered by ADHREC	Dr Mark Jaffrey Dr Stephen Coleman Dr Susan Hawes (resigned July 2014) Dr Keith Horsley Mr Tony Cotton
A health graduate from Defence (one of two, one of who is to be a medical graduate)	Dr Victoria Ross VACANT

10. A review of the committee functions occurred in May 2014 with a recommendation being made that members should be appointed as either a core or alternate member in their respective categories in order to assist with continuity of ethical review. It is anticipated that the new structure will be implemented in 2015.

TRAINING

11. In accordance with the National Statement 5.2.3 (c), members are required to attend continuing education or training programs in research ethics at least every three years.
12. During the course of regular meetings, members are provided with professional development through human research ethics articles and publications on an ad hoc basis.
13. In October, members were offered the Defence-sponsored opportunity to participate in the Monash University online ethics course. Nominations for this opportunity closed in November 2014 and the start of the course will be in early 2015.
14. Members were also advised of the Australasian Ethics Network Conference at the University of Sydney, 3-5 December. One member attended.

MEETINGS

15. ADHREC conducted eight meetings in period from February to December 2014, with the meetings lasting on average 2 hours and 10 minutes.
16. The meeting attendance record, below, provides a list of members and the categories they represent for each of the ADHREC meetings in the reporting period.

Meeting attendance record for the Australian Defence Human Research Ethics Committee

Monday 3 February 2014

Attendees:

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Mike Baker	Lay person - category (b)
Ms Kaye Hogan	Lay person - category (b)
Ms Dorota Thorp	Professional care/counselling – category (c)
COMDCHAP Catie Inches-Ogden	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Mr Andrew Arnold	Researcher – category (f)
Dr Stephen Coleman	Researcher – category (f)
Dr Keith Horsley	Researcher – category (f)
Dr Victoria Ross	Defence health graduate

Secretariat:

Ms Donna Brennan	Executive Secretary ADHREC
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Apologies:

Dr Mark Jaffrey	Researcher – category (f)
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Monday 17 March 2014**Attendees:**

Dr Victoria Ross	A/Chair - category (a)
Mr Lindsay Roe	Lay person - category (b)
Ms Dorota Thorp	Professional care/counselling – category (c)
Mr Doug Hutchinson	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Mr Andrew Arnold	Researcher – category (f)
Dr Stephen Coleman	Researcher – category (f)
Dr Keith Horsley	Researcher – category (f)

Guest:

Professor Lisa Jackson-Pulver	Specialist Reviewer for research involving Aboriginal and Torres Strait Islander Peoples
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Secretariat:

Ms Donna Brennan	Executive Secretary ADHREC
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Apologies:

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
COMDCHAP Catie Inches-Ogden	Pastoral care – category (d)
Ms Rosa Gagliardi	Lay person - category (b)
Mrs Vivienne Moyle	Director, Defence Health Research

Monday 28 April 2014

Attendees:

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Lindsay Roe	Lay person - category (b)
COMDCHAP Catie Inches-Ogden	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Mr Tony Cotton	Researcher – category (f) (<i>left at 1800 hours</i>)
Dr Susan Hawes	Researcher – category (f)
Dr Victoria Ross	Defence health graduate

Sponsoring Institution Representative (non-member):

Mrs Vivienne Moyle	Director, Defence Health Research
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Secretariat:

Ms Terri Davis	A/ADHREC Executive Officer
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Apology with comments provided:

Ms Rosa Gagliardi	Lay person - category (b)
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Apologies:

Ms Dorota Thorp	Professional care/counselling – category (c)
Dr Stephen Coleman	Researcher – category (f)

Monday 6 June 2014**Attendees:**

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Mike Baker	Lay person - category (b)
Dr Jodi Bailey	Professional care/counselling – category (c)
Mr Doug Hutchinson	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Mr Tony Cotton	Researcher – category (f)
Dr Mark Jaffrey	Researcher – category (f) (<i>from 1611 onwards</i>)
Dr Victoria Ross	Defence health graduate

Sponsoring Institution Representative (non-member):

Mrs Vivienne Moyle	Director, Defence Health Research
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Secretariat:

Ms Terri Davis	A/ADHREC Executive Officer
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Apology with comments provided:

Ms Rosa Gagliardi	Lay person - category (b)
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Apologies:

Ms Dorota Thorp	Professional care/counselling – category (c)
Dr Susan Hawes	Researcher – category (f)

Monday 28 July 2014**Attendees:**

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Lindsay Roe	Lay person - category (b)
Ms Rosa Gagliardi	Lay person - category (b)
Dr Jodi Bailey	Professional care/counselling – category (c)
Mr Doug Hutchinson	Pastoral care – category (d)

Dr Wendy Bonython	Lawyer - category (e)
Dr Keith Horsley	Researcher – category (f)
Dr Mark Jaffrey	Researcher – category (f)
Dr Victoria Ross	Defence health graduate (<i>till 1625</i>)

Sponsoring Institution Representative (non-member):

Mrs Vivienne Moyle	Director, Defence Health Research
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Secretariat:

Ms Terri Davis	A/ADHREC Executive Officer
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Apologies:

Mr Tony Cotton	Researcher – category (f)
Dr Susan Hawes	Researcher – category (f)

Monday 8 September 2014

Attendees:

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Lindsay Roe	Lay person - category (b)
Ms Rosa Gagliardi	Lay person - category (b)
Dr Jodi Bailey	Professional care/counselling – category (c)
Mr Doug Hutchinson	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Mr Tony Cotton	Researcher – category (f) (<i>from 1611</i>)
Dr Victoria Ross	Defence health graduate

Sponsoring Institution Representative (non-member):

Mrs Vivienne Moyle	Director, Defence Health Research
Secretariat:	
Ms Terri Davis	A/ADHREC Executive Officer

Apologies:

Ms Kaye Hogan, AM PSM	Lay person - category (b)
Dr Mark Jaffrey	Researcher – category (f)

Monday 20 October 2014**Attendees:**

Dr Victoria Ross	A/Chair - category (a)
Mr Mike Baker	Lay person - category (b)
Ms Dorota Thorp	Professional care/counselling – category (c)
Mr Doug Hutchinson	Pastoral care – category (d)
Dr Wendy Bonython	Lawyer - category (e)
Dr Keith Horsley	Researcher – category (f)

Secretariat:

Ms Terri Davis	A/ ADHREC Executive Officer
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Apologies:

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Ms Kaye Hogan	Layperson - category (b)
Dr Jodi Bailey	Professional care/ counselling - category (c)
Dr Mark Jaffrey	Researcher - category (f)
Mrs Vivienne Moyle	Director, Defence Health Research

Monday 8 December 2014**Attendees:**

MAJGEN Jeffrey Rosenfeld	Chair - category (a)
Mr Lindsay Roe	Lay person - category (b)
Ms Kaye Hogan	NS category (b)
Dr Jodi Bailey	Professional care/counselling – category (c)
COMDCHAP Catie Inches-Ogden	Pastoral care – category (d)
Mr Doug Hutchinson	Pastoral care – category (d)

Dr Wendy Bonython	Lawyer - category (e)
Dr Mark Jaffrey	Researcher – category (f)
Dr Stephen Coleman	Researcher – category (f)
Dr Victoria Ross	Defence Health Graduate

Secretariat:

Ms Terri Davis	A/ ADHREC Executive Officer
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Apologies:

Ms Dorota Thorp	Professional care/counselling – category (c)
Dr Keith Horsley	Researcher - category (f)
Mrs Vivienne Moyle	Director, Defence Health Research

EXECUTIVE SUPPORT

17. Mrs Vivienne Moyle, Director Defence Health Research provided organisational oversight of the administration of the day-to-day functions of the ADHREC and the support staff supporting these processes.

18. ADHREC Secretariat support was provided by:

- Ms Donna Brennan – Acting Executive Secretary (till April 2014)
- Ms Terri Davis – Acting Executive Officer (from April 2014)
- Ms Georgina Gill – Research Administration Officer

19. Ms Terri Davis commenced within the Directorate Defence Health Research as the Acting Assistant Director, Health Research and ADHREC Executive Officer in April 2014. Ms Davis has previously worked at the NHMRC where she was an integral part of the administration of the National Certification Scheme (for institutional ethical review processes, as administered by their Human Research Ethics Committees) and was also trained and participated as both a lead and co-assessor under the Scheme. Ms Davis has experience as a research assistant in the Aged Care Evaluation Unit at Greater Southern Area Health Service and was co-author to two published articles.

20. As part of her ongoing training and development Ms Davis attended the Australian Research Management Society Conference which was held in Canberra from the 17 – 19 September and also attended the Australasian Ethics Network Conference at the University of Sydney between 3rd and 5th December 2014.

REVIEW OF RESEARCH PROJECTS

Overview of protocols reviewed

21. During 2014, 35 new protocols were reviewed during the reporting period. This is a decrease from previous years, however; this can be attributed to the establishment of the Joint Health Command Low-risk Ethics Panel (JHC-LREP) and the implementation of mutual recognition as of 1 July 2014. The protocols reviewed in the reporting period were varied and represented a wide-ranging diversity of human research being conducted in Defence.

22. The status of the new research protocols is provided below:

Status of new protocols reviewed in the reporting period 1 January – 31 December 2014	
Protocol status	Number
In Progress (approved)	18
New Protocol (require further action prior to ethical approval being granted)	6
Completed	1
Withdrawn by researcher	1
Not Approved	6
Referred to the JHC-LREP	1
Deemed to not require ethical approval (quality assurance or evaluation activity)	2
Total	35

23. In addition to approving 18 new protocols, ADHREC also approved four protocols that were initially submitted during 2013 and required further action prior to ethical approval being granted.

ADHREC APPROVED RESEARCH

24. The following research projects were approved by ADHREC in 2014.

Approved Research		
Principal Investigator and Institution	Protocol number and Title	Description
Professor Carolyn Mountford The University of Newcastle	Protocol 732-13 Biomarkers for Mild Traumatic Brain Injury, Blast Injury and Post Traumatic Stress Disorder	<p>We aim to study the neurochemistry of patients who have been clinically diagnosed with post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). This will be achieved through scanning these participants using advanced magnetic resonance spectroscopy (MRS) methods. The study is a joint undertaking by researchers from the Centre for MR in Health at the University of Newcastle and the Australian Department of Defence in collaboration with the USA Combatting Terrorism Technical Support Office (CTTSO).</p> <p>There will be three experimental groups made up of participants with pre-existing PTSD, mild traumatic brain injury (mTBI) and those who have suffered traumatic brain injury (TBI) from a blast injury (BI). There will be two control groups made up of individuals with previous trauma exposure and no previous trauma exposure.</p> <p>Participants will be males or female, aged 18 60 and will undertake an online survey prior to MRI scanning or psychological assessment. The online survey will involve the following modules:</p> <ul style="list-style-type: none"> • Previous medical history • PTSD Checklist – Civilian Version (PCL-C) • Alcohol Screen Tool (AUDIT) • anxiety and depression checklist (K10) • Primary Health Questionnaire (PHQ 9 and 15) • Ohio State TBI identification method • Graded Chronic Pain Scale. <p>If the participant remains suitable after undertaking the questionnaire, a telephone based mental health diagnostic interview will be undertaken. This interview will consist of the clinician-administered PTSD panel (CAPS) assessment and composite international diagnostic interview (CIDI).</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Professor Carolyn Mountford The University of Newcastle ctd.</p>	<p>Protocol 732-13 Biomarkers for Mild Traumatic Brain Injury, Blast Injury and Post Traumatic Stress Disorder</p>	<p>Patients who have volunteered within the mTBI or BI cohorts will undergo additional neuropsychological testing. Additionally for this group, a detailed history of previous head injury and blast injury will be taken by a clinical member of staff prior to MRI scanning.</p> <p>Finally participants will undergo a MRI where magnetic resonance spectroscopy (MRS) will be obtained using the latest MRS techniques. Along with conventional 1D spectra, 2D COSY will be obtained from the brains of participants. Additionally Diffusion Tensor Imaging and Susceptibility Weighted imaging will be obtained.</p> <p>The spectroscopic data of the experimental cohorts will be analysed and compared to trauma exposed and non-trauma exposed control groups.</p>
<p>Associate Professor Belinda Beck Griffith University</p>	<p>Protocol 733-13 Reducing the Costs to the ADF of Musculoskeletal Injury in Recruit Training: A Retrospective Injury Audit and Prospective Investigation of Preventative Musculoskeletal Pre-Conditioning</p>	<p>Lower limb injuries are the cause of the greatest number of days lost to military training and comprise one of the largest associated costs to Defence. Bone injuries take the longest to heal and are the most common cause of medical discharge from the Army. Bone stress injuries are primarily caused by overly rapid increases in exercise training. It is well recognised that if such increases are applied gradually, muscles and bones will adapt to the extent that physical training can be tolerated and injuries avoided. As the demands and time constraints of army training preclude gradual increases in musculoskeletal loading, training-related injury is a frequent and predictable consequence.</p> <p>The current project proposes a novel pre-conditioning program to prepare the musculoskeletal system for the rigors of army training, and reduce rates of injury. The project is comprised of two Stages, the second of which has two parts. Stage I will involve a retrospective audit of the previous seven years of training-related musculoskeletal injury at Army Recruit Training Centre (ARTC), Kapooka. Stage II will examine the effect of a 4-month targeted musculoskeletal pre-conditioning program (prior to arrival at ARTC) on rate of musculoskeletal injury during army training. Stage II will involve conducting a pre-training program and taking relevant musculoskeletal measures before and after that training (Phase I), then following the pre-trained recruits through their army training and tracking injuries in comparison with members who do not chose to undertake the pre-training (Phase II).</p> <p>Rates of musculoskeletal injury sustained by pre-conditioned recruits during subsequent army training will be compared with that of 1) members completing training at ARTC during the</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
Associate Professor Belinda Beck Griffith University ctd.	Protocol 733-13 Reducing the Costs to the ADF of Musculoskeletal Injury in Recruit Training: A Retrospective Injury Audit and Prospective Investigation of Preventative Musculoskeletal Pre-Conditioning	previous seven years, and 2) member peers who did not participate in pre-conditioning. In addition to injury outcomes, we will measure physical and behavioural characteristics relevant to the musculoskeletal system, including: biometrics, dietary calcium, vitamin D, bone mass and strength, and muscle strength and endurance. The relationship of those factors, and change in those factors with pre-training, to rates of injury will be evaluated. Measures will be taken before and after preconditioning, on entry to Kapooka, and immediately prior to marching out from all consenting recruits over the course of approximately 18 months. An economic evaluation will be performed to compare costs of the pre-conditioning program with costs of musculoskeletal injury in training.
Ms Rachel Green Defence Strategic People Research	Protocol 737-13 ADF Military Justice Survey 2013/2014	The survey will measure serving ADF members' views on, and experiences of, current military justice issues so that apparent failures or shortcomings may be identified, examined and remedied. It will also support other data collected by IGADF (Inspector General of the Australian Defence Force). This other data includes data from focus groups and from the 2011 and 2012 iterations of the military justice surveys.
CAPT Paula Dabovich Army	Protocol 738-13 From well to wounded and back again: Identity and agency in high risk/highly cohesive soldiers undergoing rehabilitation in the Australian Army.	This research will examine how identity of high risk/highly cohesive soldiers may be affected by serious injury and how this may impact on health related behaviour such as engagement and positioning with healthcare professionals. The research is being conducted in order to develop culturally appropriate unit based rehabilitation and transition practices. To undertake this research, approximately 15 soldiers who are undergoing complex rehabilitation, will be invited to participate in three in-depth, semi-structured interviews over a 6-12 month period. The questions asked in these interviews will be designed to elicit information pertaining to their recovery experience, enabling the research team to identify common themes. Through analysis of the interviews, the research team will also ascertain how these high risk and highly cohesive soldiers see themselves in relation to others, giving insight into their identity and potential shifts in identity. Identity is essential to self-agency and mental health. Identity or changes in identity may influence how veterans engage with healthcare services, both with 2 CDO Regiment and as civilians.

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
Professor Jeffrey Rosenfeld National Trauma Research Institute - The Alfred	Protocol 739-13 Measuring the effectiveness of the in-hospital and new on-based P.A.R.T.Y. programs (Prevent Alcohol and Risk-related Trauma in Youth) in reducing alcohol-related harms in young naval trainees.	This proposed research program includes two concurrent randomized controlled trials; one focused on previous offenders, and one focused on new trainees. All participate trainees will complete the validated, World Health Organization's Alcohol Use Disorders Identification Test (AUDIT), which is a screening tool for alcohol-related behaviour already used by the RAN in those deemed "at risk". Participants will be randomly allocated to attend P.A.R.T.Y. Defence (either at the hospital or on-base at <i>CERBERUS</i>) or to not participate in P.A.R.T.Y. at all. All participants will be followed up at 12 months to repeat the AUDIT and other measures in order to measure the effectiveness of P.A.R.T.Y. in reducing alcohol-related harms.
Dr Catherine Scarff University of Melbourne	Protocol 744-14 Review and development of Advanced Training Night program for the ADF Health Reserves Victoria and Tasmania.	This project will seek to determine ADF Health Services Member's opinions about the ADF advanced Training nights, and explore reasons why Members do not always attend these sessions. The goals of these sessions need to be clearly defined by and for the Members in the first instance and this is the first part of the project. Information will be obtained by review of all planning material related to the development of the Advanced Training Nights and by observation of the current situation of Training Nights by recording attendance and observing Member participation and interaction and asking for Members to complete a paper exit survey. An electronic online survey will then be distributed to all Health Reserve Members. This will ask Members about their involvement with and opinions of the Advanced Training Nights. Depending on the analysis of the material obtained, if it is felt that particular areas require further exploration, focus groups may then be used to probe further. The project will consider theories of human behaviour to help make sense of this information. A revised program for Advanced Training Nights will be formulated and implemented based on the information gained. Evaluation of this program will be made over the subsequent months, determined by Member attendance numbers and review of exit surveys.
Mrs Kerri-Ann Welch Queensland University of Technology	Protocol 746-14 Defence Relationship Health - deployment impact experience. A prospective study of the impact of deployment on the intimate relationships of Australian Army personnel	Establishing an understanding of the unique relationship challenges faced by Defence members and their loved ones during and after deployment to a war-like zone.

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
A/Prof Robin Orr Bond University	Protocol 748-14 The impact of a lengthened Australian Army recruit training course on recruit injury rates.	The aim of this study is to profile injuries associated with the Australian Army Recruit Training Course and the potential impact of increases in course length on recruit injury rates. This will be achieved by analysing retrospective data (including fitness and injury data) collected by Army Physical Training Instructors, base physiotherapists and through AC563s reports during Recruit Training Courses. Findings from this study will be available to the Australian Army to inform future injury risk minimisation strategies for recruits undergoing training.
Prof Michael Dodson National Centre for Indigenous Studies (Australian National University)	749-14 Serving Our Country: A History of Aboriginal and Torres Strait Islanders in the Defence of Our Country	The ‘Serving Our Country’ project will bring the histories of Indigenous Australians in Defence service from the back of the line into the public eye. This research is urgently needed and long overdue. It will be the first in-depth social history project to explore Aboriginal and Torres Strait Islander involvement in Defence nationally and across all conflicts from the Boer War and throughout the entire twentieth century. Indigenous Australians have been rendered relatively invisible in ANZAC and in the social history of war, which is commonly imagined as a white Australian narrative. Yet, Indigenous people fought in all major conflicts and served in defence support and peacekeeping. By researching Indigenous knowledge and an extensive range of archival collections, this project aims to increase public understanding and appreciation of their service and to highlight Indigenous historical perspectives. By bringing archival data and memory work together, it will address past silences, inform our understandings of Indigenous Australians contested relationships to nation, and deliver substantial works that will enrich wider Australian historical narratives.
Dr Christine Booth Defence Science and Technology Organisation (DSTO)	Protocol 750-14 Nutritional Metabolomics for improved ADF combat rations: A pilot study	Urine collected from people eating two different diets—fresh foods or combat ration foods—will be compared using mass-spectrometry and NMR in order to detect distinctive chemical signatures in urine which are specific to each diet. This methodology may then be used to investigate any metabolic effects from eating enhanced ration foods (i.e. ration foods including new plant-derived ingredients).

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Ms Robyn Whalley Joint Health Command</p>	<p>Protocol 751-14 The Implications of Traumatic Exposure: An Examination of the Impact of Exposure Type on the Mental Health Outcomes in Australian Military Personnel</p>	<p>The Health and Wellbeing Study (HWS) provided mental health prevalence for the Australian ADF population. The HWS research (McFarlane et. al., 2011; Van Hooff et al, 2012) found little difference in mental health prevalence rates for deployed and non-deployed ADF personnel. Also, the high rates of trauma in ADF personnel who have never deployed. This study will explore recommendations from the HWS research to further examine mental health outcomes of non-deployed and personnel who have not deployed to the MEAO. The study will focus on mental health outcomes in relation to the type of trauma experienced by ADF personnel.</p>
<p>Mr Darran Foo HMAS Penguin Prince of Wales Clinical School</p>	<p>Protocol 755-14 The influence of nitrogen narcosis on emotional processing</p>	<p>Divers breathe compressed air at depth and are increasingly affected with nitrogen narcosis with increasing depth. Narcosis is characterised by decrements in both cognitive and psychomotor function of a type analogous to the onset of general anaesthesia. This project extends the previous work of this department in the investigation of the diving environment on emotional processing. A pilot study has previously shown there are statistically significant effects on emotional responses to highly stimulating images during sham diving in a recompression chamber to a depth equivalent of 39m. This study will be performed in open water at depth with RAN divers undertaking training at the RAN Diving School. We will elicit an emotional response in divers using images taken from the International Affective Picture System (IAPS). Each test subject will rate the images in three categories, valence (pleasant/unpleasant), arousal and dominance at 101.3 kPa (sea level) and 506.5 kPa (equivalent to 40 metres depth of seawater). The results will be compared to quantify any change in emotional processing.</p> <p>The pilot study used a sample size of 20 and suggests the current proposed study will have sufficient power to detect potentially important differences in emotional processing with a larger sample size of 30 subjects. As this project is limited to the academic year (constraint of the ILP process), in practice we are dependent on the deep diving trainees of the RAN Diving School for the year (approx. 30) and the numbers of divers willing to consent to the study. The test will be conducted in conjunction with scheduled training dives to 506.5 kPa (40 metres of seawater) or more. Whilst still at sea level, the first set of images will be used at sea level prior to the dive. We will not randomise the order of the testing as the data from our previous work suggests this does not influence the result. Subjects will then descend to depth with an allocated buddy who will administer the test again using the second set of images. Subjects will answer verbally and their scores recorded by a third party at the surface via radio communications.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Mr Darran Foo HMAS Penguin Prince of Wales Clinical School ctd.</p>	<p>Protocol 755-14 The influence of nitrogen narcosis on emotional processing</p>	<p>We propose using three two sets of IAPS images, with 30 images in each set as recommended by the IAPS technical manual. A third of the group will view picture set 1, the next third picture set 2 and the last third picture set 3. Each set will have different images but the pictures will have approximately the same normative ratings. Both sets will contain 10 pictures from each of the three different valence categories, pleasant, neutral and unpleasant, which will be shuffled into a random order. Subjects will be randomly assigned to be shown either picture set 1 or set 2 at sea level and the other at depth. Subjects will be blinded as to which picture set they are viewing and the order of pictures shown. The number of images viewed at 40 metres of seawater may be limited by the time constraints of the diving tables in use. The DCIEM decompression tables in ABR 155 will be adhered to and dives will be planned as no-decompression dives.</p>
<p>Dr Timothy Doyle DSTO</p>	<p>Protocol 756-14 The use of kinematic and kinetic analysis measurement to identify the critical factors in optimising dismounted combatant load sharing systems</p>	<p>This program of work will evaluate current technologies that can be integrated into existing body armour systems without modification that will transfer the loads of the armour and attached equipment off the shoulders and to the waist. Using this information an evidence based approach will be applied to develop optimal criteria for a load sharing system.</p>

Approved Research		
Principal Investigator and Institution	Protocol number and Title	Description
Professor David Forbes University of Melbourne	Protocol 758-14 The Managing Anger Trial	<p>The ADF is seeking to deliver evidence-based treatment for problematic anger and aggression treatment for PTSD serving Defence members who are also experiencing PTSD.</p> <p>This project involves the clinical intervention from existing evidence based approaches for the treatment of anger. It will be designed for key mental health clinicians working with ADF Defence members. The anger and aggression intervention will be developed by the investigator team which includes two internationally recognised experts in the assessment and treatment of problematic anger in military veterans. Treatment manuals detailing this intervention will be developed, as well as a training workshop designed for Defence mental health clinicians.</p> <p>Longer-term expert support will be provided to the clinicians via teleconference consultations with the two anger experts, and there will be an evaluation of the intervention effectiveness.</p> <p>This overall aim of this initiative is to develop and evaluate a treatment approach which can be used by defence mental health personnel to increase Defence’s workforce capacity for treatment of problematic anger and aggression in Defence members.</p>
Ms Kelly Hand Australian Institute of Family Studies	Protocol 760-14 The role of the family in Australian Defence Force members rehabilitation	<p>Study One involves a mixed method approach of three key components. The components include:</p> <ul style="list-style-type: none"> • a detailed literature review; • analyses of the Australian Defence Force Rehabilitation Program (ADFRP) database and ; • interviews across selected sites with rehabilitation service providers and Defence members with a complex health condition. <p>The interviews component will involve semi-structured interviews (individual or group) with service providers and semi-structured interviews (individual) with Defence members who have a complex health condition. The data collected from the interviews will be supplemented by quantitative analyses of existing ADFRP data. These multiple sources of data will be used by AIFS to address the key research questions and to prepare a report to document the results of the project. Department of Defence intends to use the research findings to assist it to understand what it needs to do to assist and support Defence members who have a complex health condition, and their families.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Ms Karen Edwards Ernst & Young</p>	<p>Protocol 761-14 Evaluation of the mate to mate peer visitation (pilot) program.</p>	<p>The Mate to Mate Peer Visitation program project sits in the Simpson Assistance Program (SAP), in the Directorate of ADF Rehabilitation and Compensation. It provides WII members with improved access to supportive activities. Engagement in these activities is aimed to help members improve and maintain their health and wellbeing while suitable duties are unavailable to them.</p> <p>The Department of Defence, JHC is evaluating the pilot of the Mate to Mate Peer Visitation program. The purpose of the evaluation of the Mate to Mate Peer Visitation program is to:</p> <ul style="list-style-type: none"> • Assess to what extent the Mate to Mate Peer Visitation program objectives have been achieved • Assess the effectiveness of the Mate to Mate Peer Visitation program in achieving its objectives • Identify areas of improvement in any further rollout of the Mate to Mate Peer Visitation program <p>What we find in this evaluation can to be used to refine the design of the program beyond the pilot phase, and to improve linkages with other elements of the SAP.</p>
<p>Dr Noah Riseman Australian Catholic University</p>	<p>Protocol 762-14 Serving in Silence?: Lesbian, gay, bisexual, transgender and intersex (LGBTI) Military Service in Australia since 1945.</p>	<p>In recent decades, Australian society has moved decisively towards the acceptance of lesbian, gay, bisexual, transgender and intersex (LGBTI) equality, with changes in laws, public attitudes and institutional norms and practices. This project investigates how the Australian Defence Force (ADF) has reflected changing social attitudes towards LGBTI people – from persecuting LGBTI Defence members to promoting their full participation in military life. The research will advance knowledge about ADF culture, including the interlocking processes of change to policies and practices, the experiences and activism of LGBTI Defence members and wider cultural shifts.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Ms Karen Edwards Ernst & Young</p>	<p>Protocol 763-14 Evaluation of the living with disability, families stronger together (pilot) program.</p>	<p>Living with Disability, Families Stronger Together program project sits in the Simpson Assistance Program (SAP), in the Directorate of ADF Rehabilitation and Compensation. The program aims to provide support for the family of a wounded, injured or ill (WII) Defence member. The family may be experiencing loss of identity and function due to member's illness/injury, parenting issues, relationship issues and other stresses associated with the situation.</p> <p>The Department of Defence, Joint Health Command (JHC) is seeking a process evaluation of the pilot Living with Disability, Families Stronger Together (pilot) program.</p> <p>The overarching objectives of the Living with Disability, Families Stronger Together (pilot) program are, through the provision of the program, to:</p> <ul style="list-style-type: none"> • Strengthen the family unit • Assist members and their families in the rehabilitation and recovery process • Assist families in coping with the member's disability <p>What we find in this evaluation can to be used to refine the design of the program beyond the pilot phase, and to improve linkages with other elements of the SAP.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Dr Daniel Bananno La Trobe University</p>	<p>764-14 Foot orthoses for the prevention of overuse lower limb injuries in Naval recruits: A randomised controlled trial</p>	<p>Introduction and reasons for performing the project: Overuse lower limb injuries are common in initial Defence training [1]. The most common injuries include shin, knee, achilles and arch/heel pain [1, 3]. Lower limb injuries can affect a recruit's physical and mental health, be financially costly, and result in lost training time, all of which increases the risk of not completing basic training [4]. As such, finding effective injury prevention strategies will provide benefits to recruits and, more broadly, to the Defence community [4].</p> <p>Overall aims of the project and expected outcomes: This study is designed to determine if prefabricated foot orthoses (arch supports), which are an inexpensive intervention, can reduce the incidence of common overuse lower limb injuries in Naval recruits during their 11-weeks of basic training. The main injuries of interest (shin, knee, achilles and arch/heel pain) are among the most common causes of lower limb pain that occurs with activity among Defence members [1] and the broader community [5]. This study primarily aims to reduce the occurrence of these injuries by approximately half.</p> <p>Secondary expected outcomes from the use of foot orthoses will include a reduction in overall lower limb injuries, fewer recruit drop-outs, less training days lost, and improved lower limb function (based on the Lower Extremity Functional Scale (LEFS) [24]). We expect to develop clinical prediction rules to help identify recruits likely to develop a lower limb over-use injury and those likely to benefit from foot orthoses will be able to be identified for future cohorts.</p>
<p>CAPT Kane Pfsingst 1 PSYCH - Army</p>	<p>765-14 Psycho-physiological response to real-world unavoidable stress: Indexed by allostatic load of soldiers during survival training</p>	<p>The aim of the study is to better understand the nature of stress for soldiers in response to dynamic environments. It is hypothesised that participants who experience lower level stress response will experience better health outcomes.</p>
<p>Ms Kelly Hand Australian Institute of Family Studies On behalf of MHP&R</p>	<p>766-14 The role of the family in Australian Defence Force member rehabilitation. Study Two: Perspectives of Defence member families</p>	<p>The Role of the Family in Australian Defence Force Member Rehabilitation project aims to explore the role of families in the rehabilitation of Defence members who are seriously wounded, injured and ill. Specifically, the project will focus on the rehabilitation experiences of Defence members who have been classified as having a complex health condition within the Australian Defence Force Rehabilitation Program (ADFRP) database.</p>

Approved Research		
Principal Investigator and Institution	Protocol number and Title	Description
Dr Kelly Stanton Heart Research Institute and University of New South Wales	767-14 The Effect of Moderate and High Intensity Exercise on Cardiovascular Health and Cardiac Remodelling	<p>Our project will assess the effect of exercise on markers of cardiovascular disease (CVD) and cardiac remodelling. Exercise is associated with a decreased risk of CVD however the optimal timing, type, frequency and duration of exercise is not well defined. The detailed effects of exercise on risk markers of CVD and the mechanism behind cardiac remodelling are also not well characterised. Thus the interface between exercise, risk markers, atherosclerosis and cardiac function remains an understudied area of great public health importance.</p> <p>We will assess if exercise, in particular moderate and high intensity exercise, is associated with a decreased risk of CVD by assessing the effect of exercise on biomarkers that are associated with an increased risk of atherosclerosis. Atherosclerosis has been shown to start in childhood and progresses for many years before people have symptoms of CVD, which can include heart attacks and strokes. This presents an opportunity for early intervention to prevent clinical disease. We will look at cardiovascular risk markers in the blood in newly enlisted male Army soldiers before and after undertaking a moderate intensity exercise program, as part of their Army Recruit Course. We then aim to assess the incremental effects of a high intensity exercise program by assessing the same markers in those recruits who go on to complete their Infantry Initial Employment Training (IET). Specifically we will assess the effect on lipid profiles, insulin resistance, markers of inflammation and endothelial dysfunction.</p> <p>High intensity exercise has also been shown to be associated with changes to the size and function of the heart, known as 'athletes heart'. The mechanism and the significance of these changes are not well understood. Further, few studies have looked at the changes in the heart in response to an set exercise program. The second part of our project will examine structural and functional changes of the heart induced by moderate and high intensity exercise. We will conduct echocardiography on male Army soldiers before and after moderate and high intensity exercise programs as part of the Army Recruit Course and Infantry IET, in order to observe how the heart responds to stress. Understanding how the heart responds to stress will help us understand normal and abnormal remodelling in health and disease.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>Mr Samuel Mettam Defence Materiel Organisation</p>	<p>770-14 LAND 75 Phase 4 Dismounted Battle Management System (BMS-D) Risk Reduction Activities (RRA) Activity 2</p>	<p>The purpose of Land 75 Phase 4 BMS-D Risk Reduction Activities (RRA) is to validate and elicit requirements for the next generation of the Dismounted Battle Management System (BMS-D) delivered under Land 75 Phase 3.4. Success of the RRA will result in a next generation BMS-D that is optimal to the user in terms of Size, Weight and Power (SwaP) and meets the user’s Command and Control (C2) needs on the battlefield.</p> <p>The BMS-D Concept Demonstrator is a next generation BMS-D which can be integrated onto the Tiered Body Armour System (TBAS), and worn by the soldier. The BMS-D is designed to provide the dismounted commander with enhanced situational awareness, and the ability to digitally distribute orders and operational overlays to their subordinates. The current baseline for the dismounted soldier and commander is their TBAS and their normal combat load. The BMS-D will be an additional item to their combat load, and Diggerworks (responsible for the soldier combat system) have been regularly engaged to provide guidance on integration of BMS-D with the soldier.</p> <p>Activity 2 will involve the use of a BMS-D Concept Demonstrator to validate and elicit functionality and usability requirements for the BMS-D Future Mission System. It will involve the following sub-activities:</p> <ul style="list-style-type: none"> • Obstacle course to identify potential impacts on movement and comfort of the soldier. • Fire and movement drill • Impact of existence/absence of having Position Location Indication for each individual soldier, on the commander’s situational awareness. • Load carriage transition • Analyse of the functionality and usability of the BMS-D concept demonstrator. <p>Evidence will be collected through the use of questionnaires and observations, and presented in an Activity Report.</p>

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
<p>MAJ Maureen Montalban Directorate Army Health, Army Headquarters</p>	<p>773-14 Statistical trends in suicide and self-harm behaviour within the Australian Army</p>	<p>The Australian Defence Force (ADF) Mental Health Prevalence and Wellbeing Study (MHPWS) reports a gradation of severity of suicidality from ideation, planning to attempt. Limited information is available to Army at this point in time as to whether it is the same individuals who are represented in these three groups, or, if they are different individuals. Furthermore, it should be noted that while the ADF MHPWS provides some information specific to the Army population, this is limited to gender, rank and deployment history for those who identified as having had suicidal ideation, plan or attempt in the 12 months preceding data collection for the ADF MHPWS (McFarlane, Hodson, Van Hoof & Davies, 2011).</p> <p>Multiple reporting systems exist within the ADF that captures suicide and self-harm data. These databases hold information in a stovepipe manner pertaining to potential risk factors for suicide. In accordance with ADF Policy, Defence Instruction (General) Administrative 45-2, The reporting and management of notifiable incidents, any notifiable incident, which includes suicide or self-harm, must be reported (ADF, 2010). Within Army, this is reporting via the Army Incident Management System (AIMS). An individual who has been identified on AIMS as having thoughts of suicide may have had a recent relationship breakdown (this information may be been updated on PMKeys), referred to an alcohol treatment program (contained Medical Information Management Index (MIMI)) and has recently suffered a physical injury that resulted in a 'seriously ill' status (contained on Mercury through Notification of Casualty (NOTICAS) and Notification of Medical Condition (MEDICAS) signals).</p> <p>Interrogation of suicide and self-harm statistics within Army will be a time-consuming and labourious exercise due to the number of databases that contain pertinent information. Software platforms exist that allow for quick and easy data analysis, across the various data sources within Defence. Therefore, this research paper seeks to:</p> <ol style="list-style-type: none"> 1) Investigate whether there is an identifiable pattern progression of suicidal behaviour, from ideation, plan and attempt. 2) Investigate whether there is an identifiable pattern progression of self-harm behaviour to suicidal behaviour 3) Identify the common factors amongst individuals who report suicidal and self-harm behaviour. 4) Identify if a health intelligence surveillance tool provides useful and timely information.

Approved Research

Principal Investigator and Institution	Protocol number and Title	Description
MAJ Maureen Montalban Directorate Army Health, Army Headquarters ctd.	773-14 Statistical trends in suicide and self-harm behaviour within the Australian Army	Data has already been collected via AIMS, which is a de-identified database of notifiable incidents within Army. With ADHREC approval, we will be identifying the personnel who have been reported on AIMS to have had suicidal ideation, plans or attempts since 2008. The intent of making personnel identifiable is to link the AIMS cases with demographic details from PMKeyS such as gender, deployment history, Medical Employment Classification (MEC) status etc. Once this has been achieved, PMKeys numbers will be removed from the database. The final report will not include any identifiers.

LOW RISK ETHICAL REVIEW

25. In March 2014, Joint Health Command implemented a panel to review low and negligible risk health and medical research in accordance with National Statement 5.1.18 – 5.1.23. ADHREC was consulted on the parameters of ethical review by the Joint Health Command Low-risk Ethics Panel (JHC-LREP). The implementation of the panel has contributed to the lower number of new applications reviewed by ADHREC. In addition to this Defence People Group and Defence Science and Technology Organisation have low-risk panels.

26. During the 2014 calendar year the JHC-LREP reviewed 24 low or negligible risk applications. Of these, 22 were approved and two are still in progress.

27. The DPG-LREP reviewed 52 low or negligible risk applications. Of these, 30 were approved, 15 were exempt as QA/Evaluations, two were not approved and were referred to ADHREC, one was not approved and four are still in progress.

28. The DSTO-LREP received 36 low or negligible risk applications for review and/or for record keeping purposes. Of these, four were submitted for DSTO LREP review, all of which were subsequently approved as low risk protocols. The other 32 applications were approved by a DSTO Chief of Division or his/her Delegate (a Research Leader) as either low or negligible risk protocols. No applications submitted for consideration during 2014 remain in progress.

MINIMISING DUPLICATION OF ETHICAL REVIEW

29. In accordance with National Statement Chapter 5.3 'Minimising duplication of ethical review', CJHLTH provided the authority for the Directorate Defence Health Research to conduct and administrative review and where appropriate accept the outcome of an ethical review conducted by the Department of Veterans' Affairs Human Research Ethics Committee for joint DVA and JHC research, effective 1 July 2014.

30. The following research projects were accepted under the mutual recognition processes:

- E014/017 Transition and Wellbeing Programme: Mental Health and Wellbeing Transition Study
- E014/018 The Transition and Wellbeing Study
- E014/020 Formation of a Study Roll Military and Veteran Research

RESEARCH MONITORING

31. In accordance with Chapter 5.5 of the National Statement, Defence has a responsibility for ensuring that research approved by their institutional ethical review body (ADHREC) is monitored and should reflect the degree of risk to research participants.

Progress Reports

32. As a condition of approval, researchers are required to submit six monthly progress reports to ADHREC. These reports are due by 1 June and 1 December of each calendar year for the life span of the project. Of the 98 active protocols, 48 progress reports were received for the 1 December 2014 submission date. This means a 49% compliance rate for the 2014 calendar year.

Serious Adverse and Adverse Events

33. Researchers are required to report serious adverse events within 72 hours and adverse events within 30 days. To facilitate the provision of relevant information, the Directorate Defence Health Research Coordination developed a template for the reporting of serious adverse and adverse events.

34. During 2014, only one adverse event was reported. This event did not raise any concerns about the ethical validity of the research.

COMPLETED RESEARCH PROJECTS

35. In accordance with the National Statement section 5.5.5, researchers are required to submit a final report at the completion of their research. ADHREC were advised that during 2013 the following ADHREC approved research projects have been completed.

36. It is a condition of ADHREC approval that the researchers intend to publish the results in an accessible medium, except where security implications prevent this. Research can be published in a number of formats: as a Masters Thesis or Doctoral dissertation, in various medical and scientific journals, in technical reports, or as part of a presentation or poster at a seminar or conference.

37. The table below details the protocols that were completed during the reporting period and lists the related publications.

Protocol number and Title Research Title	Principal Investigator and Institution	
488-07 1- Defence Deployed Middle East Area of Operations Health Study -Prospective study 2- Census (Retrospective) study 3- Cancer and Mortality study	Prof Alexander McFarlane University of Adelaide (Centre for Traumatic Stress Studies)	The Middle East Area of Operations (MEA0) Health Study: Census Study Summary Report. Dobson A, Treloar S, Zheng W, Anderson R, Bredhauer K, Kanesarajah J, Loos C, Pasmore K, Waller M 2012.
499-07 General Anthropometry: Generic Protocol	Ms Renee Attwells Human Protection and Performance Division (Defence)	LAND 125 MLC Frame Trial and Evaluation, November Attwells, R 2008
595-10 Team-based decision-making using a classical decision theory model in a naturalistic environment	MAJ Andrew McGeehan Swinburne University of Technology	Team-based decision-making using a classical decision theory model in a naturalistic environment (Thesis). McGeehan, A.
608-11 Comparison of the protection factor provided to users from four respirators using a simulated battlefield protocol	Mr Paul Millier Defence Science and Technology Organisation	Effect of Facial hair Growth on the Respiratory Protection Provided by Two Different Types of Respiratory Protection Devices (U). Freeman J, Fitzgerald N, Miller P
611-11 How we do Defence Chaplaincy: Chaplaincy Provision in the Australian Defence Force	CHAP3 Carl Aiken Royal Australian Army	

Protocol number and Title Research Title	Principal Investigator and Institution	
613-11 Threat of exposure to Improvised Explosive Devices (IEDs) on mental health outcomes for deployed Australian Defence force personnel	MAJ Neil Glasson Australian National University	
617-11 Relationship between nutritional knowledge and eating behaviour in military personnel	Ms Charina Kullen DSTO/ Royal Australian Army	Research discontinued.
641-11 An injury prevention program delivered during pre-week of ADF Infantry training will lead to a decrease in preventable injuries amongst trainees: an experimental study	Mrs Carney Garland Defence – Singleton Health Care – Lone Pine Baracks	
643-11 ADF Cadet study survey 2012	Mrs Anna Whipp Defence – Cadets, Reserves and employer support division	Cadet Survey 2012 Cadet, reserve and employer support division (CRESD) February 2013
644-11 Reanalysis of serum samples containing primaquine or tafenoquine previously collected from ADF personnel	LTCOL Michael Edstein Army Malaria Institute	

Protocol number and Title Research Title	Principal Investigator and Institution	
<p>653-12 Veterans of the Rwanda deployment 1994/95: Understanding outcomes 15 years on (Rwanda Deployment Health Study (RDHS))</p>	<p>Assoc Prof Peter Nasveld The University of Queensland</p>	
<p>656-12 Longitudinal ADF study evaluating retention. (See also 556-09 LASER-Resilience)</p>	<p>Ms Vanessa Barone Defence DSPPR</p>	<p>1 Project LASER Retention Gap Year Report 2010/2011 and 2011/2012 2 LASER Retention: Longitudinal ADF Study Evaluating Retention Annual Survey 2011 report 3 LASER Retention: Longitudinal ADF Study Evaluating Retention Annual Survey 2010 Report 4 Project LASER Longitudinal ADF Study Evaluating Retention – 2010 Cohort results 5 Project LASER: Results of New Enlistee/ Appointee Survey and the Initial Training Survey Officers 2008 Cohort Report 6 Project LASER Longitudinal ADF Study Evaluating Retention 2009 Cohort report (inc. comparison with 2008 cohort, NEAS, ITS and EFTS for all Services) 7 Project LASER 2008 Cohort Results 8 Project LASER 2009 ADF Gap Year Report (this was listed as the 'Project LASER 2008 ADF Gap Year Report') 9 Retention Behaviour in the ADF: The Longitudinal ADF Study Evaluating Retention and ADF Model of Military turnover 10 Project LASER preliminary Results</p>
<p>683-12 Human factors evaluation of Tier 0 and Tier 2 body armour systems during military activities in warm and humid environments</p>	<p>Ms Alison Fogarty Defence Science and Technology Organisation</p>	<p>Thermal Strain Evaluation and User Assessment of Tier 0 and Tier 2 Body Armour Systems in a Jungle Environment Alison Fogarty, Andrew Hunt, Catriona Burdon & Amy Simpson 2014</p>

Protocol number and Title Research Title	Principal Investigator and Institution	
<p>694-13 Reducing alcohol-related incidents over 12 months in at-risk Navy trainees post participation in the in-hospital trauma prevention program, P.A.R.T.Y. (Prevent Alcohol and Risk-related Trauma in Youth); a comparative pilot study</p>	<p>Prof Russell Gruen The Alfred – National Trauma Research Institute</p>	
<p>697-13 Effectiveness of skills acquisition in combat stress exposure/resilience training for infantry soldiers: Indexed by HRV</p>	<p>CAPT Kane Pfindt Joint Health Command</p>	
<p>703-13 Understanding Australian Defence Organisation (ADO) culture, identities and patterns of language: Respecting and growing diversity in the workforce</p>	<p>Dr Elizabeth Thomson University of New South Wales</p>	<p>Battling with words: A study of language, diversity and social inclusion in the Australian Department of Defence. Elizabeth A. Thomson 2013 Secretary of Defence Fellow February 2014</p>
<p>710-13 PTSD symptom clusters in relationship to future psychological distress, post traumatic stress disorder and alcohol misuse in Australian military personnel returning from active service</p>	<p>LT Matthew Robinson ADF Keswick Health Centre</p>	<p>The Role of PTSD Symptom Clusters in Predicting Quality of Life Outcomes Matthew Robinson October 2013 Thesis</p>
<p>712-13 The relationship between reported number of physical training sessions and mental distress in return to Australia psychological screens and post-operational mental health screens</p>	<p>MAJ John McGrogan Joint Health Command</p>	
<p>713-13 An Examination of psychometric testing for special forces soldiers</p>	<p>SGT Anthony Moffitt Edith Cowan University</p>	

Protocol number and Title Research Title	Principal Investigator and Institution	
<p>714-13 A pilot study of the effectiveness of an on-line self-help mental health and wellbeing program (The Wellbeing Toolbox) for veterans and other ex-service personnel and their families aged 18-55 years</p>	<p>Dr Andrea Phelps Australian Centre for Posttraumatic Mental Health, University of Melbourne</p>	<p>O'Connor, J., Lloyd, D., Nursey, J., Clarke, C., Bagnall, S. & Phelps, A. Development of a cognitive-behavioural web self-help program: "The Wellbeing Toolbox". Paper presented at the Australasian Military Medicine Association Conference 2011</p> <p>Lloyd, D. & Clarke, C. The evaluation of an open access self-help web-site. Paper presented at the Australasian Evaluation Society conference 2011</p> <p>Lloyd, D., Clarke, c., O'Connor, J., Connolly, K., Nursey, J., Phelps, A. The Wellbeing Toolbox: Findings of the evaluation of an online mental health and wellbeing resource. Paper presented at the Australasian Military Medicine Association Conference 2012</p> <p>Lloyd, D., O'Connor, J., Clarke, C. & Phelps, A. Self help website evaluation: Reach and effectiveness of an open access resource. Paper presented at the Australasian Evaluation Society conference 2012</p>
<p>770-14 LAND 75 Phase 4 Dismounted Battle Management System (BMS-D) Risk Reduction Activities (RRA) Activity 2</p>	<p>Mr Samuel Mettam Defence Materiel Organisation</p>	

CONCLUSION

38. Although there was a slight decrease in the number of new applications reviewed by ADHREC from previous years, there have been a number of changes including a change to the secretariat and the implementation of a number of new processes that support the ethical review process.

39. 2015 will prove to be a challenging year with the change over of membership, however; the ADHREC are committed to conducting quality ethical review and look forward to the year ahead.

