



Preliminary Interim Report:

Recommendations

Interim National Commissioner for
Defence and Veteran Suicide Prevention





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Preface

Content warning

Some of the content in this report may be distressing. I encourage you to use the available supports if you or someone else needs help. These include:

- Triple zero – 000
- Visiting your nearest emergency department
- Lifeline Australia – 13 11 14
- Suicide Call Back Service – 1300 659 467
- Open Arms – Veterans and Families Counselling – 1800 011 046
- ADF Mental Health All-hours Support Line – 1800 628 036
- Beyond Blue – 1300 224 636.

Responsible reporting on suicide

This report has been prepared having regard to the advice provided by Everymind on how to responsibly, accurately and sensitively report on mental illness and suicide. This includes using appropriate language to avoid sensationalising or stigmatising suicide or mental ill health.

As Everymind says,

We need to ensure we are not 'too afraid' to talk about suicide as a community, while respecting and understanding the risks in certain situations.¹

It is important to note that due to the nature of the content in this report, including information provided by third parties and quotes from my engagements with affected members of the community, there may be times when the language used does not always align with best-practice guidance.

Acknowledgement of country

In the spirit of reconciliation the Office of the National Commissioner for Defence and Veteran Suicide Prevention acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

¹ Everymind, 'Language and suicide,' <https://everymind.org.au/suicide-prevention/understanding-suicide/role-of-language-and-stigma>, accessed on: 18 July 2021.

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Recommendations

The recommendations listed below are from the *Preliminary Interim Report: Interim National Commissioner for Defence and Veteran Suicide Prevention* (the Preliminary Interim Report).

The recommendation numbers align with the chapter numbers of the Preliminary Interim Report. Please see the Preliminary Interim Report for more detail.

Recommendation	
Recommendation 3.1	❖ The Australian Government should ensure that the implementation of recommendations from former, current or future inquiries associated with veteran suicide are regularly monitored and publicly reported on. Evaluation processes should be used to measure the effectiveness of recommendations that have been implemented and facilitate the process of continuous improvement.
Recommendation 3.2	❖ An independent body should oversee the Australian Government’s monitoring, public reporting and evaluation of the implementation of recommendations associated with veteran suicide outlined in recommendation 3.1.
Recommendation 3.3	❖ The Australian Government should prioritise the implementation of the outstanding recommendations from past reviews and inquiries, particularly those that I have identified in my report, including: <ul style="list-style-type: none"> • through the Joint Transition Authority, ensuring that Australian Defence Force (ADF) members and their families are prepared for the transition process, including by making sure ADF members have a career plan that is updated every 2 years and by actively preparing them for aspects of civilian life² • the Department of Veterans’ Affairs (DVA) offering education and vocational training to ADF members upon their transition, and trialling an education allowance to provide a source of income for veterans who wish to undertake full-time education or vocational training³ • DVA developing a 2-track transition program for serving members leaving the ADF that identifies ‘at-risk’ groups and provides them with access to intensive transition services that include additional support for claims case management, healthcare support, employment assistance and social connectedness programs⁴ • providing dedicated welfare officers and peer-support workers in each unit within the ADF to assist the cultural change process and to support those who may be at risk as a result of mental health issues or suicidal behaviours⁵

2 Productivity Commission, *A Better Way to Support Veterans* (Canberra, 2019, Report no. 93): Recommendations 7.1 & 7.2, 50.

3 Productivity Commission, *A Better Way to Support Veterans*: Recommendation 7.3, 50–1.

4 Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*: Recommendation 15, xv.

5 National Mental Health Commission, ‘Final Report: Findings and recommendations’, *Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and Their Families* (Canberra, Commonwealth of Australia, 2017): Recommendation 4, 52.

Recommendation

- accepting and implementing all recommendations made in the *Inquiry into Transition from the Australian Defence Force*⁶
- simplifying and harmonising the legislative regime, including simplifying the types of entitlements veterans can receive as specified by different legislation
- establishing, funding and promoting a free Veterans' National Legal Service and a Veteran's National Legal Helpline⁷
- Defence and DVA developing a program to engage ADF members and veterans with lived experience of mental ill health who rehabilitated and were able to subsequently redeploy to be 'mental health champions', to assist in the de-stigmatisation of mental ill health⁸
- improving Defence and DVA systems and processes to identify and support members and veterans who may be at risk of suicide⁹
- DVA and Defence evaluating and monitoring the implementation of initiatives, programs and trials.^{10,11,12}

Recommendation 4.1 ❖ The Australian Government should fundamentally reconsider the purpose of the Department of Veterans' Affairs (DVA) rehabilitation and compensation legislative framework. The current framework, which is premised on a compensation model, should be replaced with a wellbeing model, which incorporates concepts of social insurance more aligned with the National Disability Insurance Scheme. This model should include safety net access to payments.

Recommendation 4.2 ❖ DVA should continue to simplify the claims process wherever possible. This should include expansion and continued monitoring of 'streamlining', 'straight-through' and Combined Benefits Processing initiatives, claims simplification through MyService, and similar simplification processes.

6 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force* (Canberra, Commonwealth of Australia, 2019): xxi–v.

7 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families* (Canberra, Commonwealth of Australia, 2018): Recommendation 5, 19.

8 Senate Foreign Affairs, Defence and Trade References Committee, *Inquiry into the Mental Health of ADF members and Veterans*: Recommendation 12, xiv.

9 Department of Veterans' Affairs & Department of Defence, *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case* (Canberra, Commonwealth of Australia, 2017): Recommendation 9, 2.

10 Australian Government, *Veterans' Advocacy and Support Services Scoping Study*: Recommendation 12, 21.

11 Department of Veterans' Affairs & Department of Defence, *Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case*: Recommendation 8, 2.

12 Productivity Commission, *A Better Way to Support Veterans*: Recommendation 17.2, 74.

Recommendation

Recommendation 4.3	<ul style="list-style-type: none">❖ DVA should ensure that staff are skilled in trauma-informed practice to make sure interactions are productive and safe for all parties, and lead to positive outcomes for clients. This should apply to staff processing claims as well as those who engage with clients. This is especially important for teams that often work with clients who are vulnerable, have high needs or are experiencing distress, such as staff working in Triage and Connect, Coordinated Client Support, the Wellbeing and Support Program, and other similar areas.
Recommendation 4.4	<ul style="list-style-type: none">❖ DVA should expand programs and initiatives that support people with complex cases and high needs to access wrap-around support, and should rigorously evaluate these initiatives to ensure that they are effective and reflect a trauma-informed approach.
Recommendation 4.5	<ul style="list-style-type: none">❖ The Australian Government should amend the <i>Privacy Act 1988</i> (Cth) to enable Defence and DVA to be treated as a single entity in order to allow seamless information sharing that supports Australian Defence Force (ADF) members and veterans making applications and accessing entitlements and compensation.❖ The Australian Government should ensure strong protections accompany these amendments to protect the privacy of ADF members and veterans, and to prevent any real or perceived adverse impacts on a person's service, including Reserve service.
Recommendation 5.1	<ul style="list-style-type: none">❖ The Australian Government should independently evaluate current Australian Defence Force (ADF) policies, practices and processes aimed at preventing and reporting unacceptable behaviour in order to determine their effectiveness and to ascertain what is required to enable the early identification and confidential reporting of 'unacceptable behaviour', which includes bullying, harassment, sexual misconduct and abuse of power. Particular focus should be given to ensuring the prevention of unacceptable behaviour, enabling safe reporting and the satisfactory resolution of complaints, and preventing career detriment or retribution arising from reporting unacceptable behaviour.
Recommendation 5.2	<ul style="list-style-type: none">❖ Defence should implement a mechanism to enable reports of unacceptable behaviour to be made outside the chain of command, and to protect the identity of the complainant or witness, so that psychological and physical harm can be dealt with properly.

Recommendation	
Recommendation 5.3	❖ Defence and the Department of Veterans' Affairs should review and analyse the findings of the UK Defence Sub-Committee report <i>Protecting Those Who Protect Us: Women in the Armed Forces from Recruitment to Civilian Life</i> , and investigate whether there are parallels in the experiences of Australian ADF members and veterans. Consideration should also be given to how potential initiatives identified to improve experiences for UK military personnel and veterans can be applied to the Australian context.
Recommendation 6.1	❖ Defence should commission an external review and evaluation of the culture within the Australian Defence Force (ADF) associated with mental ill health and help-seeking behaviour. Following this, Defence should implement a cultural change and de-stigmatisation program throughout the ADF to normalise early access to mental health services. This could include: <ul style="list-style-type: none"> • a peer-support program, from enlistment or appointment, to help normalise help seeking within the ADF • case studies where Defence members who have experienced mental health concerns and/or mental illness have still been able to redeploy and/or progress through their careers.
Recommendation 6.2	❖ Defence should undertake a scoping study to develop options for ADF members who may otherwise be medically discharged. These may include the development of specialist rehabilitation units, where personnel can be posted instead of being medically discharged. The focus of these rehabilitation units could be to enable and support career progression and identify career opportunities, both within the ADF and external to it. Importantly, the full working day should be filled with appropriate activities.
Recommendation 6.3	❖ Defence should ensure that all uniformed psychologists are clinical psychologists. This will provide a flexible resource for the ADF that will flow into the veteran community over time. Organisational psychology services can be provided to Defence by the Australian Psychological Society or contracted services. Reporting of the number of psychologists within the ADF must differentiate between clinical psychologists and other psychologists.
Recommendation 6.4	❖ Defence should ensure that uniformed clinical psychologists are employed in all ADF base or formation headquarters, and, where appropriate, at unit level.

Recommendation

- Recommendation 6.5** ❖ The Australian Government should develop and implement processes to ensure continuity of care between ADF-provided health care and civilian health care providers for transitioning personnel. This may include Defence allowing those who have transitioned out of the ADF to continue to access ADF-provided health care, with the transitioning individual given the choice of whether they want to access that health care on a temporary or ongoing basis.
- Recommendation 6.6** ❖ The Australian Defence Force Academy should offer psychology, social work and chaplaincy degrees to assist with improving the availability of practitioners who have Defence and veteran expertise in these fields. This will:
- encourage practitioners to specialise in Defence and veteran fields
 - ensure that those practitioners who do work with ADF members and veterans have an understanding of military service and its effect on those who serve.
- Over time, this will mean practitioners in the community will have Defence and veteran expertise, as these practitioners themselves transition out of Defence.
- Recommendation 6.7** ❖ The Australian Government should implement programs and incentives for mainstream healthcare professionals to improve their understanding of issues relevant to effectively treating veterans (i.e. veteran cultural competency). The Australian Government should build upon the Royal Australian and New Zealand College of Psychiatrists (RANZCP) training pilot – which trained a limited number of psychiatrists in veteran and military health – by providing additional funding to train more psychiatrists in these areas. Emphasis should be placed on ensuring that the psychiatrists who receive this training are located throughout the nation, particularly in areas with high demand among veterans and low availability of psychiatrists. The Australian Government should ensure that the training program undergoes ongoing monitoring and evaluation (by the RANZCP or other appropriate organisation) to make sure it is producing professionals who meet the needs of the veteran community.
- Recommendation 6.8** ❖ The Australian Government should consider including veterans as a priority group for Primary Health Networks (PHNs), and providing funding and program stability for PHN initiatives to support veterans.

Recommendation

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| Recommendation 6.9 | ❖ The Australian Government should consult the RANZCP on amending the Department of Veterans' Affairs (DVA) fee schedule for psychiatrists. This could include the Australian Government aligning DVA rates for psychiatrists who provide services to veterans with the rates for psychiatrists in the Australian Medical Association fee list. |
| Recommendation 6.10 | ❖ The Australian Government should fund, and work with state and territory governments to facilitate, a scoping study to determine the effectiveness of veteran specific wards or centres in key hospitals, such as the Jamie Larcombe Centre, in providing the best outcomes for the veteran community. This study should also identify the need to either expand existing capacity or establish additional wards and centres in all states and territories. In addition, the study should identify whether these wards and centres currently receive adequate funding and resourcing to meet demand. Consideration should be given to whether synergies could be created by establishing specialist centres for emergency services and veterans. |
| Recommendation 6.11 | ❖ The Australian Government should independently evaluate DVA's fee schedules for services to ensure that veterans are not at a disadvantage in competing for already scarce healthcare services and resourcing. This may include examining the funding discrepancy between DVA, the National Disability Insurance Scheme and the private sector. |
| Recommendation 7.1 | ❖ Defence and the Department of Veterans' Affairs (DVA) should reform and reimagine transition out of the Australian Defence Force (ADF). Defence should: <ul style="list-style-type: none"> • support ADF members to prepare for their transition from the first day of service, with a particular focus on preparing them for the mental and practical challenge of cultural adjustment • proactively initiate engagement with each ADF member about their post-military career, and work with the member to tailor transition supports to their individual circumstances, taking into account their civilian ambitions, service experience and strengths • improve service continuity between Defence and DVA. |

Recommendation

DVA should:

- proactively engage with ADF members who are about to transition and ensure that they are aware of the suite of available support services through DVA and Open Arms – Veterans & Families Counselling
- proactively assess each person's records and give advice about, or automatically provide payment for, any recorded injuries
- ensure that any future support needs or claims are identified early, and that claims processes are in place and, where possible, finalised before the transitioning ADF member leaves service
- improve service continuity between Defence and DVA.

Recommendation 7.2

- ❖ Defence should assign peer supporters to all new recruits and appointees. Peer supporters should focus on providing one-to-one mentoring, guidance, preparation for post-military life and general advice; and Defence must adequately train them for this role. Peer supporters must have lived experience of the ADF. Peer support should remain available throughout the service member's career and into post-service life. This may mean different peer supporters over the course of a member's career, and during and after transition.

Recommendation 7.3

- ❖ Defence should explore additional opportunities to integrate lived experience and peer support into its transition programs.

Recommendation 7.4

- ❖ The Australian Government should ensure that Defence designs and delivers military training courses and qualifications so that ADF members can attain equivalent civilian qualifications simultaneously. Alternatively, the Australian Government should partner Defence with civilian vocational or tertiary education providers to give civilian qualifications for each military course.
- ❖ The Australian Government must ensure that ADF members depart with appropriate recognition of the skills and experience they have acquired through military service, aligned with suitable civilian employment qualifications. This includes:
 - providing formal civilian qualifications for any completed courses
 - aligning training, wherever possible, to nationally accredited units of competency, and supporting ADF members to ensure that dual military and civilian competencies are obtained
 - streamlining processes for Recognition of Prior Learning (RPL), and working with ADF members to identify and address any outstanding skills gaps before they leave service
 - supporting veterans to undertake RPL processes once they have left Defence.

Recommendation

<p>Recommendation 7.5</p>	<ul style="list-style-type: none"> ❖ Defence should explore initiatives that better support service members to gain civilian skills and qualifications in their intended post-service career path prior to their transition. This includes arrangements (which should be strongly encouraged, if not mandated) to allow ADF members leave to complete vocational qualifications, training or work experience not provided in the ADF.
<p>Recommendation 7.6</p>	<ul style="list-style-type: none"> ❖ The Australian Government and state and territory governments should continue to work with businesses and peak industry bodies to promote the benefits of employing veterans, and evaluate the effectiveness of these initiatives.
<p>Recommendation 7.7</p>	<ul style="list-style-type: none"> ❖ The Australian Government should ensure that all ADF members transitioning out of Defence have undertaken a comprehensive, compulsory transition program prior to their discharge. The Joint Transition Authority should design this course, incorporating the following principles: <ul style="list-style-type: none"> Integration of lived experience of transition – The course should integrate the lived experience of those who have left service and transitioned to civilian life. It is important that the realities of transition are adequately conveyed, incorporating not just the positive stories, but also the challenges and the potential detrimental impact of transition. Psychological and social preparation – The course needs to have a focus on the psychological and social preparation for civilian life, as well as the practical and administrative elements of transition preparedness. Availability even after leaving – The full course, or relevant elements of it, should be available to people who have already left service. This is important, as different support needs may arise following discharge, or a transitioning member may not be in the right mental state to engage with, or fully understand, parts of the course at the time of transition. Mental and other health information – The course should incorporate mental and other health information. It should focus on both the practical aspects of accessing mental health support and aim to break down stigma associated with mental ill health. It should also include information about other pressures that may affect health and wellbeing; for example, alcohol and other drugs, nutrition, exercise, sleep, and so on. Veteran specific support services – The course should provide specific information about available veteran specific support services, such as Open Arms and supports provided by DVA and others. It should provide information on how to access supportservices including, where relevant, how to navigate DVA systems in order to access the services.

Recommendation

Families – The course should incorporate significant involvement of families: families need to know how the realities of transition may affect them. Families should also be aware of the information being presented to the ADF member, as well as services and supports that they can access themselves.

Families – The course should incorporate significant involvement of families: families need to know how the realities of transition may affect them. Families should also be aware of the information being presented to the ADF member, as well as services and supports that they can access themselves.

Ex-service organisations (ESOs) – The course should include involvement from ESOs. ESOs can be an important source of social support for transitioning service members and veterans.

Active engagement – The course must be more than just a passive provision of information. It needs to actively engage participants with the content.

Continuous evaluation – Defence needs to continuously evaluate the course's effectiveness through outcome measures, and not rely simply on attendance numbers or completion rates.

Personalised support – The course should involve opportunities to identify individuals who require more personalised support, if support needs are identified that cannot be addressed in a group setting.

Complementary to early preparation – The course should not replace early preparation and personalised support for transition, but should be an important complementary element, particularly for those who are transitioning involuntarily or unexpectedly.

Peer-reviewed, evidence-based approaches – The course should incorporate the use of innovative tools and evidence-based approaches that support individuals to understand cultural adjustment, such as the Military–Civilian Adjustment and Reintegration Measure tool developed by the Gallipoli Medical Research Foundation.

Recommendation 8.1

- ❖ The Department of Veterans' Affairs (DVA) and Defence should develop a process to formally partner ex-service organisations with Australian Defence Force (ADF) members from their commencement of service in the ADF.

Recommendation 8.2

- ❖ The Australian Government should work closely with state and territory governments and community organisations involved in veteran support to explore and build on initiatives that coordinate and streamline veteran services across the Australian Government, state and territory governments, and community and health sectors.

Recommendation	
Recommendation 8.3	❖ The Australian Government should create an independent entity to identify ex-service organisation and veteran support organisation groups, capacity build, deconflict services, focus funding, integrate services across the community and all levels of government and provide dynamic communication channels. The entity should ensure that ADF members, veterans and their families have an awareness of the services and supports available to them.
Recommendation 8.4	❖ The Australian Government should compile and maintain a consolidated, up-to-date, database of community veteran support organisations, and make key information from this database accessible to the public. The Australian Government should work with community veteran support organisations to design this database, including the public interface and any accompanying processes that will support better identification and promotion of community veteran support organisations. Preferably, these tasks should be conducted through the independent entity referred to in recommendation 8.3.
Recommendation 9.1	❖ Defence should include questions on planned post-discharge housing arrangements for Australian Defence Force (ADF) members as part of its transition planning. ADF members without suitable housing arrangements should be supported to work with community housing providers to put such arrangements in place.
Recommendation 9.2	❖ The Department of Veterans' Affairs (DVA) and Open Arms – Veterans & Families Counselling should introduce procedures to enquire into and record the housing circumstances of all clients with whom they come into contact.
Recommendation 9.3	❖ DVA should explore the introduction of a system similar to Centrepay, whereby veterans can have a portion of their DVA payments automatically directed to pay rent.
Recommendation 9.4	❖ Funding from the Australian Government and state and territory governments should be made available to support appropriate community projects that provide crisis, short-term and long-term housing for veterans and families so as to avoid veteran homelessness.
Recommendation 9.5	❖ The National Housing and Homelessness Agreement (NHHA) should be updated to include veterans as a priority cohort. Through the NHHA, the Australian Government and state and territory governments should: <ul style="list-style-type: none"> • agree on targets to reduce veteran homelessness • develop an ongoing data collection process that enables an accurate understanding of the extent of veteran homelessness.

Recommendation

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| Recommendation 10.1 | ❖ The Australian Government should ensure the continuation of the work I have begun on compiling a register of suspected or confirmed deaths by suicide of Australian Defence Force (ADF) members and veterans. |
| Recommendation 10.2 | ❖ The Australian Government and state and territory governments should ensure that processes are in place so that deaths by suicide of ADF members and veterans are identified as early as possible and recorded consistently by Coroners. |
| Recommendation 10.3 | ❖ Defence and the Department of Veterans' Affairs should ensure that they are capturing all data relevant to suicide risk and protective factors where these issues relate to service and issues arising during service. |

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